PCC
PATIENT & CLIENT COUNCIL

Annual Report and Accounts

2025-26

Your Voice,
Our Journey

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PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE screen

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

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Letter: at the address above.

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PATIENT CLIENT COUNCIL ANNUAL REPORT

Chair's Foreword

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

In the context of significant and persistent financial constraint, stark health inequalities, ageing demographics and our unique system of government, the PCC has continued to give careful consideration on how best to fulfil our statutory function of independently representing the interests of the public. In 2025-26, the PCC has developed and published two important reports in this regard and actively pursued our constructive challenge role within the HSC (Health and Social Care) system.

Our 'What the Public Thinks' report, published in October 2025, sets out key findings from a Northern Ireland wide poll on the public's experience, beliefs and understanding of health and social care and 'winter pressures' in Northern Ireland.

It illustrates some of our collective challenges, for example, 51% of Northern Ireland's population felt disconnected from health and social care services and care, whilst 48% of the population did not believe that any action they take, with regards managing their own care, will make a difference to pressures facing the Health and Social Care Services. In short, too many people feel disconnected and disempowered.

Our People to Partners report (October 2025), published in partnership with NICON (Northern Ireland Confederation for Health and Social Care), provides a potential pathway to how we might systematically tackle some of these challenges. It examines how to shift from a 'Doing to the public' culture and practice to one of 'doing with' the public in partnership working. This includes developing different relationships across the system and with the Voluntary and Community sector.

The potential benefits of this approach are significant including more integrated policy and systems, enhanced trust in our health and social care service, and arguably most importantly, an increase in agency, autonomy and control of citizens in their own lives and wellbeing. This is key for tackling health inequalities, helping people live well for longer and in addressing our fiscal/sustainability challenges.

The report contains a number of recommendations and we are extremely pleased with the response from the DoH and HSC system to it, with People as Partners being

embraced as the fourth shift required to deliver upon the Minister's Reset Plan. We will continue to monitor and push for meaningful change and impacts out of this work, which advances how the public experiences the HSC system and their wellbeing.

This work is built upon the fantastic, independent advocacy, engagement and impact work that the organisation delivers and which is outlined in this report. I continue to be amazed by how much the PCC delivers given the size of our budget and team, and I hope you enjoy reading this impressive annual report.

I would like to thank my colleagues on the PCC Council for their continued dedication, leadership and support throughout 2025-26. We welcomed four new Council members in December 2025, after Ministerial appointment. Charlene Brooks, Cllr Gael Gildernew, Cllr Sarah Duffy and Cllr Philip Anderson bring a wealth of experience and knowledge to our ranks and I look forward to working with them to represent the best interests of the public going forward. These appointments bring Council up to its full complement for the first time in recent history. The PCC Council membership is prescribed to reflect the public that it serves, with members from District Council, the voluntary and community sector, trade unions, as well as lay membership. Council is not only tasked with strategic leadership and governance of the organisation, we are a connection to the public and work to represent the interests of the public in health and social care, in line with our statutory functions.

I would also like to thank Meadhbha Monaghan, CEO, for her strong and incisive leadership throughout 2025-26, and the wider staff team for their dedication and skill. I would like to thank our stakeholders within the HSC and voluntary and community sector for their continued engagement with and support for our work.

Finally, I take this opportunity to thank all those members of the public, who have worked with the PCC over the year. This engagement, the support we can offer, and what we learn from the public as an organisation is the foundation of all our work.

Ruth Sutherland CBE

Chairperson

Chief Executive's Statement

I am delighted to present the PCC Annual Report and Accounts 2025-26, which sets out the impact the PCC has made in the past year, working with, and on behalf of, individuals and the wider public.

The PCC is a unique organisation with prominent statutory functions that work to independently amplify public voice and participation in health and social care across Northern Ireland from within the HSC. Our delivery model of providing advocacy support, participation opportunities and seeking systemic policy change in the interests of the public, continues to be vitally relevant and necessary.

The PCC's Statement of Strategic Intent 2022/25, set out our vision for a health and social care service that is actively shaped by the needs and experience of the public. Reflecting on the current context across the HSC, Council considered that the core objectives and approach outlined in the existing SSI remain appropriate and correct. Acknowledging that some of our activities, and the context within which we are working has evolved, the Statement of Strategic Intent was refreshed and updated this year to cover a further two-year period, taking us to 2027. We held a number of sessions with the public on this important work. We continue to adopt a 'plan, do, review' approach to our target outputs and work overall. We consider this the right approach to maximising our limited resources and providing flexible and responsive services for the public within the Health and Social Care System.

2025-26 has seen demand for our services continue to grow. We saw an increase of 43% in independent advocacy support provided to the public compared to 2024-25. Our continued focus on timely resolution, relational working and restorative practice is reflected in 58% of our advocacy cases being resolved this year.

Within this annual report, you will also get a clear flavour of the quality and quantity of valuable data, insights and intelligence we hold from our practice. The complexity of much of this work continues to be evidenced in the number of Serious Adverse Incidents (SAI) in which we have provided support, with 18 new SAI cases opened this year. Throughout 2025-26 the PCC has worked on 53 SAI cases and supported 36 individuals. As of year-end, 21 SAI cases remain open.

We continued to develop 'PCC Support in the Community', an initiative set up to reach members of the public who may not ordinarily access our services and to help combat health inequalities through the provision of advocacy support close to where people live. I am delighted that we have delivered 223 Support in the Community service days, an increase from 80 in 2024-25, in 38 venues across Northern Ireland, an increase from 18 last year.

This year we have also worked to develop and test the organisation's engagement offer to the public and HSC organisations alike, working to be best placed to advise

the HSC system on the best methods for engaging the public. The excellent work of our Engagement Platforms, which bring the public, voluntary and community sector representatives and HSC decision-makers into direct conversation to influence existing and new services and policies, is clearly illustrated. This is reflected in the 43 meetings taking place, with 160 attendances by members. Our membership scheme has continued to grow and we promoted over 120 HSC involvement opportunities with our networks. Through our work on 'People to Partners' and the 'Big Discussion' we have established and developed more meaningful relationships with the voluntary and community sector, and in particular the Northern Ireland Health Collective, which represents over 1500 organisations across Northern Ireland, embodying a 'network of networks' approach.

You will also read about the growing strength of our policy impact and influence function, which continued to focus on a number of themes in 2025-26, outlined in this report. Our work on 'People to Partners' and 'What the Public Thinks' has been a key driver for policy and influence and has been gaining traction and endorsement across the HSC and with the DoH. The reports support our call for the Health and Social Care System to develop different relationships with the public, taking a more systemic approach to public participation, with a view to improving services, developing a more open system and active citizenship focused on wellbeing. We also provided written and oral evidence to the Assembly Health Committee on the Adult Protection Bill, influenced the recommendations of the Public Accounts Committee's Inquiry into GP Access and made 8 responses to public consultations.

I would like to acknowledge the skill and dedication of the PCC staff team, who continue to deliver with compassion, within a limited budget and environment of increasing demand and complexity. Actively listening to the voice and experiences of the public can be challenging, but holds such potential. The overwhelming majority of people we speak to continue to share their stories because they want to improve the system and services for the better. These are also the aims of the PCC and we will continue to work in partnership with the public and system leaders to ensure the public's voice is heard and valued.

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

Meadhbha Monaghan

Chief Executive

SECTION 1: ANNUAL REPORT

Performance Overview

The Performance Overview provides information on the PCC, its main objectives for 2025-26, the principal risks that it faces and an overview of the PCC operational performance across the financial year 2025-26.

The performance report is structured under four broad pillars: summarising the advocacy, engagement and policy impact activity the PCC delivered against our Operational Plan 2025-26 and demonstrating the PCC delivery against the outcomes we set out to achieve in this plan. The performance overview is followed by a performance analysis, providing a comprehensive account of the organisation's performance during the year.

Council purpose and activities

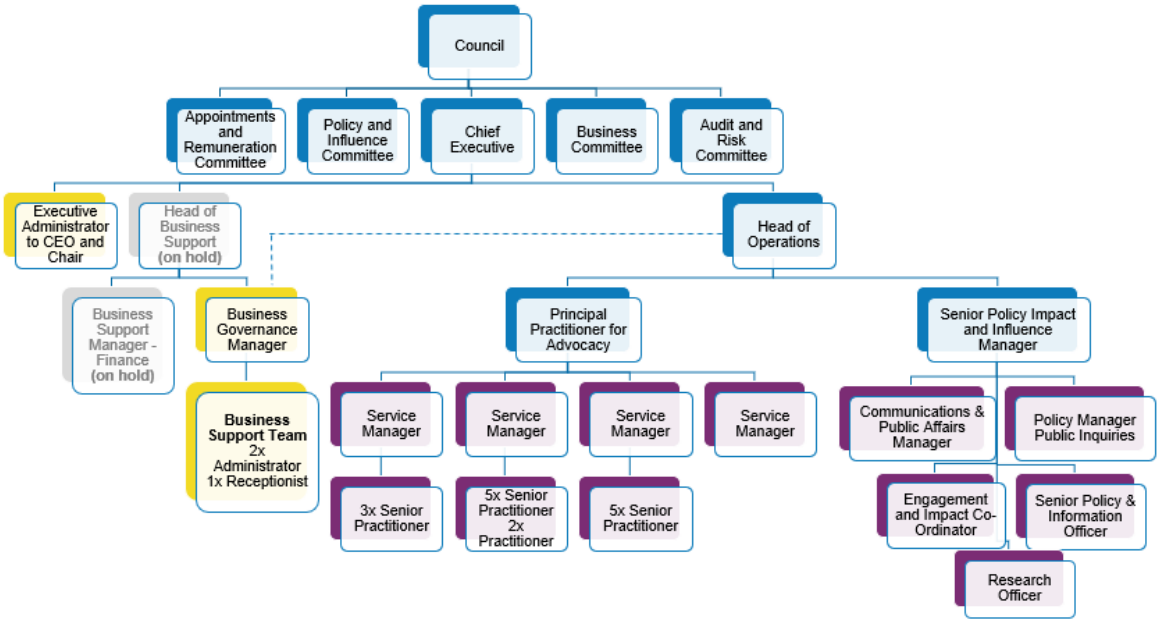
The PCC is an independent, influential voice that connects people to HSC services, so that they can effectively navigate and influence these services.

The PCC was established in April 2009 as part of the reform of Health and Social Care and support is available to a population of approximately 1.9 million[1] across Northern Ireland.

The PCC budget for 2025-26 is £2.3m which includes non-recurrent funding of £157,000 for inquiry related work. The PCC employs 33 members of staff, excluding Council members. See page 94 for Staff composition. Offices are located in; Ballymena, Belfast, Lurgan[2] and Omagh. The PCC website, email address and online form are accessible 24 hours a day, 7 days a week.

Map demonstrating PCC Office Locations

[1] NISRA 22 September 2022
[2] PCC Lurgan Offices closed on 17 April 2026



The role of the PCC is to[3]:

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

Health and Social Care bodies have a duty to co-operate with the PCC in the exercise of its functions. The PCC, along with the Regulation and Quality Improvement Authority (RQIA), has a role in providing independent assurance to the DoH[4]. The PCC's relationship with other HSC bodies is characterised, on the one hand, by its independence from these bodies in representing the interests and promoting the involvement of the public and, on the other hand, the need to engage with these same bodies in a constructive manner to ensure that it is able to efficiently and effectively discharge its functions on behalf of the public. We can only maximise our role and benefits to the public and the HSC system, if we are known and understood by both.

[3] Health and Social Care (Reform) Act (Northern Ireland) 2009
[4] DHSSPS Framework Document - September 2011 | Department of Health

How we work

Throughout 2025-26 we continued to implement our model of practice through which the PCC delivers on its statutory role and functions as set out above. The model places an emphasis on s; meeting people at their point of need and tailoring our support to each individual, focusing on timely resolution and a partnership approach. Using the evidence and insights we gather across our engagement and advocacy work on an individual and group basis, gives us a firm foundation to connect the public with decision-makers, through our policy advocacy work, to influence the Health and Social Care System.

Strategic Context

Our Health and Social Care System is under tremendous strain and significant challenges exist across all services in Northern Ireland, reflected in acute 'winter pressures' and exacerbated by a constrained budgetary position. Within this context in recent years the PCC has seen both a significant increase in demand for the PCC services, and a noted increase in the complexity of cases requiring the PCC input. In response to the greater demand for our services, we continue to strive to maximise our resources and work in partnership with the public, community and voluntary sectors and across the breadth of the HSC system.

Our work continued to be shaped by our Statement of Strategic Intent (SSI) 2022/25, which described our strategic direction and what we want to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference we want to make. However, while the SSI had only been live since

February 2023, much has changed since its inception externally as well as within the PCC itself.

Reflecting on the current context across the HSC and in reprioritising of resources, we can no longer focus on some of the areas originally noted and, in this context, it was considered timely to refresh the SSI to pay greater attention to those areas of our work which will achieve the greatest outcomes in fulfilling our statutory duties. The refresh of our SSI was completed and approved by Council during 2025-26 for a two-year period up to 2027. Two meetings with the public were held during March – April 2026 to provide an update on the changes and on the PCC's future work priorities, and on our plans to engage the public in the development of a new SSI beyond 2027.

Our two high level Strategic Objectives remain as follows:

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

Strategic Objective Two: Through our work in advocacy, engagement and impact, the Health and Social Care System responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care.

Key policies and drivers for change also include:

- Programme for Government 2024-2027 'Our Plan: Doing What Matters Most' – March 2025
- Health and Social Care NI: Three Year Plan – December 2024
- Health and Social Care NI Reset Plan – July 2025
- People to Partners: Developing a Unique Approach for Northern Ireland – October 2025
- Being Open Framework for Health and Social Care NI - February 2026
- Being Human: A Framework for Safety Culture within Health and Social Care in NI – September 2025
- Model Complaints Handling Policy – January 2026
- Neighbourhood Model of Health and Wellbeing: A Vision for Neighbourhood Health And Wellbeing in NI – March 2026
- Mental Health Strategy 2021-31 – June 2021

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

The Strategic Objectives are supported by four Strategic Goals as follows:

Strategic Goal 1 Connect - To connect and support the public via the PCC freephone service, email service, membership scheme and our Engagement Offer.

Strategic Goal 2 Support - To provide individual and group advocacy support to the public including support for early resolution of issues, complaints, SAIs.

Strategic Goal 3 Engage - To provide the public with a range of opportunities to get involved and connected to representatives across Health and Social Care, the voluntary and community sectors and other appropriate bodies.

Strategic Goal 4 Impact - To maximise the influence of the PCC and demonstrate the impact of the work of the PCC on an individual, collective and systems level and communicate this externally.

Operational Plans

Our Statement of Strategic Intent is supported by an annual operational plan which sets out the detailed work plan in support of our key strategic goals. It describes the activity we will undertake, the outputs we plan to deliver but importantly how we will assess and measure the impact of our work. Our annual plan will be agile and responsive to the external environment and we will continually assess our work, its relevance to the public and the need to respond appropriately as the external environment dictates.

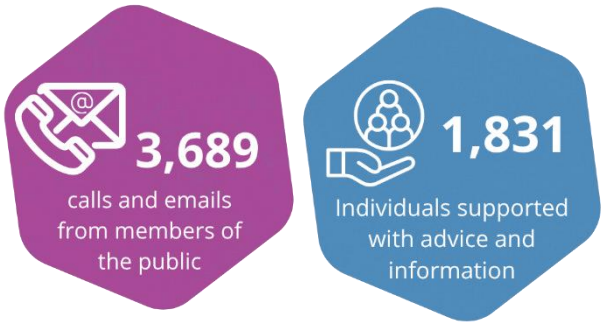
Further information is provided in the Performance Analysis section on page 20.

PCC Connect

PCC Connect is about connecting the right person at the right time to the right information. Our PCC Connect Freephone service, often the first point of entry to the PCC, is the foundation of PCC Support, beginning with the provision of advice and information to the public. PCC Connect also captures the initial stages of PCC Engage structures; particularly our Membership Scheme and our Engagement Offer, which seeks to ensure the public can systematically access involvement opportunities with us, across the HSC and beyond. This is supported by working in partnership with external stakeholders through a ‘network of networks’ approach and ‘positive passporting’.

PCC Connect Freephone service

In 2025-26, through our PCC Connect Freephone service, we received 3,689 calls and emails from members of the public. We supported 1,831 people with advice and information on issues right across health and social care.



Positive Passporting

Adopting a ‘positive passporting’ approach means that the PCC takes time to explore the needs of people engaging with the PCC, identifying what action is possible through the PCC support, and the additional services needed that the PCC may not be able to provide. The aim is for the PCC to connect individuals, through a ‘positive passport’, into those other services. The PCC is committed to engaging with other organisations to enhance the support available for members of the public on issues or concerns they may have. This includes receiving referrals from partner organisations. Formal arrangements are in place with some 30 organisations and ongoing engagement through the PCC membership of Helplines NI.

Support in the Community

We initiated PCC Support in the Community in November 2024 to reach members of the public who may not usually access our services and to help combat health inequalities through the provision of advocacy support. We target locations based on information of under-representation obtained through intelligence from our LucidTalk poll, which shows awareness of the PCC amongst different groups, along with NISRA Multiple Deprivation Measures to help us target certain locations. Our service provides:

- Trained Staff at physical locations, to listen to individuals’ concerns/ issues about health or social care
- Free support and advice, to help individuals find a resolution or raise concerns appropriately
- Access to resources tailored to their needs
- Support through a complaints process, which will always be focused on ensuring the individuals’ voice is heard and listened to.

We link with established and trusted organisations, and other services to enable engagement within local communities. This year the PCC delivered 223 Support in the Community service days in 38 venues across Northern Ireland.

PCC Membership and Engagement Offer

The foundation for the PCC engagement is our PCC Membership Scheme, for those interested in regular updates about developments in health and social care and engagement opportunities. The membership scheme is free and open to all members of the public to join. In 2025-26 we signed up 206 new members of the public to the Membership Scheme. We have directly recruited 38 members of the public to a range of the PCC and HSC engagement activities and promoted 128 involvement opportunities from across the HSC, via our membership scheme and across social media platforms. We have also provided advice and feedback to numerous HSC organisations on the best methods to reach and engage the public in the work that they are carrying out.

PCC Support

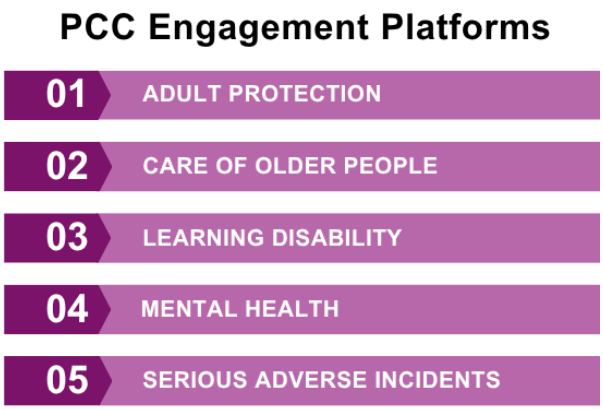
PCC Support is our advocacy and support model. Our model focuses on relationship building and a partnership approach, putting the voice of the person at the centre of our work. This approach uses advocacy and mediation skills on an individual and group basis, to enable us to provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care in the most effective way. Our focus is reaching timely resolution of issues and complaints through conversation, engagement and connection to appropriate services to meet immediate need. Where this cannot be achieved, our advocacy and support carries through to individual and group advocacy casework under PCC Support. We also provide independent advocacy support in serious adverse incidents (SAIs) and Public Inquiries. This year we published our first Advocacy Casebook. This Casebook provides a snapshot into the work of our PCC Support Service and demonstrates the range of issues supported by the PCC.

In 2025-26, the PCC had 745 new cases and 1,831 contacts, an increase of 140 cases and 634 contacts compared to 2024-25.

The infographics below outline the top 5 Service Areas and Complaint Areas that emerged from new Advocacy cases brought to the PCC by the public in 2025-26.

PCC Engage

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



An Engagement Platform is a space to bring together a group of people, with a common theme or interest and lived experience, to work together and make change in health and social care. Engagement Platforms allow participants to communicate their experiences and thoughts, related to a policy programme, with the PCC, as well

as being able to share their views directly with decision-makers in health and social care. Engagement Platforms are a significant opportunity for decision makers in health and social care to have meaningful input from experts by experience, in service areas under review, development and reform. The PCC facilitated five Engagement Platforms in 2025-26. This year we held 43 meetings, with a total of 160 engagement platform attendances by members.

One of the PCC's statutory functions is to undertake research into the best methods and practices for consulting and engaging the public. In particular, the PCC aims to ensure that engagement activity is inclusive, proportionate, and aligned with good practice. The PCC has seen increased demand from across the sector for support and guidance in this area, therefore, this year the PCC developed and tested our Engagement Offer. It presents a clear framework for how the PCC can support organisations to design, deliver and enhance their engagement activity. The Engagement Offer has helped affirm the PCC's role within the system in supporting services to move beyond consultation and towards more collaborative and systemic engagement.

The PCC has provided advice and feedback to numerous HSC organisations and policy teams within DoH. We have seen increased demand in this area, therefore during 2025-26 we continued to develop our engagement structures, working alongside the public and our partners, and building on the learning from previous years. This year the PCC attended 66 working groups and forums.

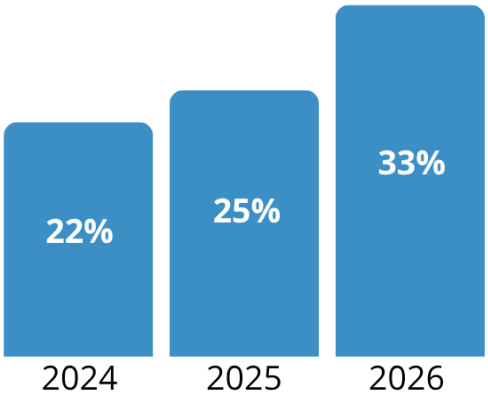
An analysis of the work undertaken across each platform and programme, is summarised from page 44.

PCC Impact

PCC Impact focuses on two key areas: measuring and demonstrating the impact of our work, and communicating this externally, and connecting the evidence gathered through our advocacy and engagement work to influence system wide change in representing the interests of the public.

Raising awareness of the PCC

This year we continued targeted engagement and communication activities as part of our Awareness Raising Campaign. A Northern Ireland wide poll demonstrated that awareness of the PCC went up by 8% in 2025-26, this approximates to 152,000 more people becoming aware of the PCC in Northern Ireland this year.



Awareness of PCC has increased each year

Impact, Influence and Policy

The PCC continued to evolve, develop and grow strength in our policy and influence work in 2025-26, working from the foundations of the draft Position Statement produced last year. This reflected much of the evidence the PCC submitted to ongoing or recently concluded public inquiries. It set out what we have heard from the public through our advocacy and engagement work, our reflections as an organisation and the strategic positions we have taken in relation to certain policy areas across Health and Social Care. Working with Council's Policy Sub-group in 2025-26, this work has continued to be developed with a view to fulfilling our statutory function of representing the interests of the public within HSC.

We have continued to focus on the following areas:

A systemic approach to public participation

At the PCC we firmly believe there is a need to establish a more systemic approach to public participation, which utilises, maximises and aligns the resources, data and intelligence available both within the HSC and with partners across society. Our aim is to ensure the voice of the public is adequately heard and appropriately listened to, to assist the DoH in meeting its objectives and deliver partnership working with the public in the following areas:

- Service Change, Design Commissioning and Delivery;
- Quality and Safety; and
- Clinical and Social Care Governance.

> *"We are working with the PCC on the idea that the whole of our system has People as Partners. Ruth Sutherland and the PCC are strongly influencing all our policies.*
>
> *We have taken a real step in the patient voice influencing our policies beyond what we have had before."*
>
> ***Interim Permanent Secretary for Department of Health, Mike Farrar***

A clear objective of taking a more systemic approach is to improve outcomes for the public and their experience of HSC services, to build trust between the public and services and deliver a genuinely open and transparent HSC. In 2025-

26 the PCC published two influential reports related to this work – 'People to Partners' and 'What the Public Thinks'.

The Importance of Regional Independent Advocacy Services

Advocacy support is not only vital for individuals and families, it is a key part of assurance within the Health and Social Care System. A continued focus of our impact and influence work in 2025-26 has been on promoting the importance of independent advocacy support to individuals and families, but also to the Health and Social Care System. In our written submissions, oral evidence sessions and consultation responses to DoH, we have emphasised the importance of ensuring regional independent advocacy services are a core part of new policy and practices.

Encouraging the joined-up use of Data, Insights and Intelligence to learn early

Better triangulation of information and data, across the HSC system, can help ensure that potential issues are captured early, and services can be improved at the right time. Through our advocacy cases and engagement work, the PCC holds important data, insights and intelligence about health and social care services in Northern Ireland. An example of this work in 2025-26 was the data and intelligence shared by the PCC with the NI Assembly's Health and Public Accounts Committees in their work on Adult Protection and Access to GPs respectively. We have consistently emphasised that joining up and regionalising data and intelligence has the potential to allow the HSC system to learn early and enhance its governance and assurance. Such an approach can be utilised as part of Trusts' quality assurance and governance frameworks, in meeting their statutory Duty of Quality.

Public Voice in governance and assurance

Integrating and listening to the public voice in governance and assurance supports a ***two-way relationship between public bodies and the people they serve***. Public perspectives can help shape decisions and provide assurance that systems, actions, and outcomes align with public expectations, values, and rights. Evidence from international governance and accountability studies shows that when public voice is linked to clear accountability mechanisms, it can strengthen trust, improve institutional performance, and enhance democratic governance. In 2025-26 the PCC continued to put forward this perspective in a number of areas of its work, including our representations to the Health Committee and the DoH on the Adult Protection Bill, with a view to ensuring that listening to the voice of those with lived experience becomes a core part of the governance and assurance aspects of this important legislation and its implementation.

Focusing on these areas we delivered the following activities in 2025-26:

Policy and Influence Council Committee

In recognition of the importance of this growing area of work, the PCC Council formally established a Policy and Influence Committee in February 2026. Previously, Council had formed an interim policy advisory sub-group to support the executive team and develop this work. The Policy and Influence Committee will provide permanent oversight and advice on policy and influence issues going forward and assist the organisation in continuing to develop its important policy function.

Principal Risks and Uncertainties

The significant financial and service delivery pressures across the HSC presents uncertainties for the public and thus for the PCC as we respond to provide the support required by the public to navigate health and social care services, in what is an already overstretched system. The principal risks and uncertainties for the PCC resulting from this are:

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

An ongoing principal risk for the PCC continues to be the level of funding within its core allocation. The large funding gap within the DoH and in Northern Ireland public services more broadly is well-documented. Any reduction in funding to the PCC would have a high impact, particularly as pay costs account for a large proportion of

our budget. Furthermore, as demonstrated by the rising trend in casework resolved through early resolution, the work of the PCC across engagement and advocacy has real potential to mitigate risk in other areas of the HSC system. This includes potential benefits in the areas of quality, safety and staff morale as well as resource efficiency and improving overall outcomes for patients and the public across HSC.

Stagnant, constrained or reduced resource, coupled with an increasing demand for the PCC services, and an increasing complexity in the nature of the casework and support required from the public, poses an ongoing challenge for the PCC in delivering on its statutory functions. It also compounds risk elsewhere in the system whilst limiting potential benefit to the system from the services the PCC provide. A further risk/uncertainty is the impact of ongoing inquiries; the need to ensure that the organisation responds comprehensively and is represented appropriately, giving particular consideration to the PCC's independence and the importance of maintaining public trust and confidence in this.

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

Performance Analysis

The Performance Analysis provides a more detailed look at the PCC's performance across the core functional areas. The performance analysis is structured under the **pillars of PCC Connect, PCC Support, PCC Engage and PCC Impact**. The Analysis provides a balanced and comprehensive overview of the PCC's performance against the indicative targets we set out to achieve as detailed in our Operational Plan 2025-26, and delivery against our key outcomes. To show our performance against indicative targets, in the tables under each pillar a red RAG rating indicates where the PCC have significantly under-delivered on indicative targets, an amber RAG rating indicates where we have moderately underdelivered on targets, and a green RAG rating indicates where we have been very close to our target, met or exceeded it.

PCC Impact Card

1st April 2025 - 31st March 2026

PCC Performance Statistics

PCC Connect

Our delivery against the targets we set out to achieve this year is as follows. Performance in 2024-25 and 2023-24 has been provided where possible for comparison:

Outputs	Indicative Targets	2025 - 26	2024 - 25	2023 - 24
Number of calls to PCC Connect Freephone and Support Emails	4,000	3,689	1,719[5]	3,972
Number of people given advice and information through PCC Connects Service	800	1,831	1,202	1,059
Number of new PCC Members	200	206	136	107
Number of HSC involvement opportunities promoted by the PCC	No indicative target	128	159	-
Number of people signed up through PCC/HSC events and Engagement Opportunities[6]	50	55	104	6
Number of referrals from other organisations	No indicative target	5	5	-
Number of referrals to other organisations	No indicative target	12	14	-
Deliver Support in the Community service days*	160	223	-	-

*New output added in 2025-26 therefore no indicative target was set.

As the figures above demonstrate, we have delivered against all indicative targets we set out to achieve this year under PCC Connect. This year the number of calls to PCC Connect Freephone and Support Emails returned to a green RAG rating, after having issues with our freephone number last year. For a third year we have

[6] Output changed in 2025-26. In 2024-25 it was “Number of people signed up through Make Change Together” and in 2023-24 it was “number of people recruited for engagement activities through ‘Make Change Together’”

surpassed the number of people given advice and information, indicating an increased demand for our Connect Service.

This year we added a new output, to record the number of Support in the Community service days we delivered. This year we exceeded our target of 160 Support in the Community Service days.

PCC Membership

The PCC Membership Scheme is a way for the public to keep informed of news and engagement opportunities from the PCC and other HSC, Community and Voluntary Organisations. The Membership Scheme is free and open to all members of the public to join. In 2025-26 we signed up 206 new members of the public to the Membership Scheme, meeting our target in 2025-26. Members receive our 'Updates' Newsletter which is issued weekly by email and by post on a periodic basis, with 49 email newsletters being sent in 2025-26. We are continuing to encourage our members to move from postal to email to get more frequent updates and to reduce our impact on the environment.

Engagement Offer

Through our Engagement Offer we delivered the following in 2025-26:

- Signed up and supported 6 members of the public to RQIA workstreams re: 'Developing a Co-produced Patient Safety Culture Assessment Framework for HSC';
- Facilitated an engagement event on Framework for Learning and Improvement from Patient Safety Incidents Consultation on behalf of the DoH and registered 26 people to attend. (more information can be found on page 47);
- Supported the HSC Data Institute by recruiting 13 members of the public to a focus group on exploring how GP patient data could be shared with researchers to improve health and social care;
- Engaged on a Project facilitated by the Public Health Agency (PHA) to gain the public's experience and views on delayed discharges;
- Engaged with the PHA and Trusts Service User experience programmes to gain a greater insight into the experiences of the public around A&E;
- Contributed to research being led by Age NI on behalf of the NI Frailty Network on the subject of unplanned hospital stays, to understand the factors that can contribute to the impact of a stay in hospital on frailty levels for older patients; and

- Assisted with recruitment for NIAS meeting to share experiences of NIAS, with two members of the public recruited by the PCC.

We provided advice and feedback to numerous HSC organisations and policy teams within DoH on the best methods to engage and involve the public in the work that they are carrying out. Examples of these included:

- Evaluation of My Home Life
- BSO Regional Interpreting services
- NI Digital Identity Service
- Setting up SPPG's new Regional Gender Identity Engagement Forum

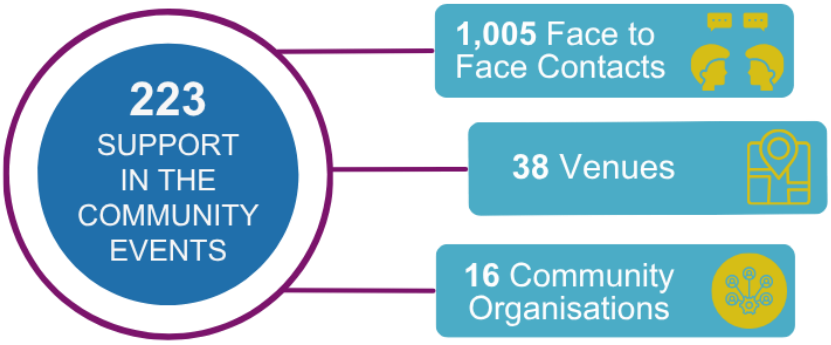
Working with HSC organisations, throughout this year we have promoted 128 involvement opportunities across the HSC via our membership scheme, PCC networks and across the PCC social media. These included opportunities to:

- Join the **Involvement Human Library run by HSC and PHA PPI teams;**
- Share their views and experiences on **Physician Associates in GP and hospital settings;**
- Attend public engagement events for the **consultation on the final report of the Regional Review of Neurology Services;**
- Join **Belfast Trust's Cardiac Surgery Service User Group;**
- Join the **Northern Trust Parents' Voices Forum;**
- Respond to **RQIA's Review of the Learning Disability Hospital Passport** in Northern Ireland;
- Join **Queen's University study to co-design an intervention to promote shared decision-making with older adults living with frailty planning discharge from hospital;**
- Respond to the **Commissioner for Older People for Northern Ireland in developing a new Corporate Plan;**
- Join the **DoH's Regional Being Open Framework - Co-production Group;**
- Respond to the **Nursing and Midwifery Council (NMC) survey on the future of the Code and revalidation;**
- Attend engagement events on the **DoH's Learning Disability Service Model Consultation;**
- Join the **DoH's Breast Services Forum;**
- Share their **experience of antibiotics with the PHA;**
- Join the **Pharmacy Personal & Public Advisory Group;**

- Take part in **Building Research Partnerships (NI) training by PHA and Cancer Trails NI;** and
- Join the **PHA's Safer Mobility Steering Group.**

PCC Support in the Community

Through a programme of locally delivered outreach clinics, PCC Support in the Community has brought independent advocacy directly to underrepresented communities who often face health inequality issues, ensuring that geography, background, or personal circumstances are not barriers to being heard.



Some members of the public received immediate advice and guidance on the day, while others were supported through more complex advocacy processes requiring follow-up and ongoing casework.

The 38 venues included local advice centres, migrant support hubs, community and wellbeing centres, men's sheds, primary care MDTs, and organisations within the voluntary and community sector. By building trust and relationships within these settings, the PCC has created regular and accessible touchpoints for advocacy support and engagement with the public.

> ***I was so desperate and didn't know where to go. I'd really given up when I walked into the Library and the PCC Senior Practitioner introduced herself.***
>
> ***The Support gave me faith and courage. Knowing I had the backup, gave me strength.***
>
> Member of the Public

Support in the Community has proven effective in reaching individuals who may feel hesitant to approach statutory services or navigate complaints systems. By embedding advocacy within trusted local settings, Support in the Community has built confidence, reduced anxiety, and enabled timely resolution of issues and complaints.

> ***The PCC is an invaluable partner… advocating for patients and clients, it strengthens our impact, adds credibility to our work, and reassures service users that their concerns contribute to meaningful change in health and social care***
>
> Partner Organisation

Feedback from service users and partners has been consistently positive, highlighting the professionalism of staff, the accessibility of clinics, and the value of face-to-face engagement. The initiative has also strengthened relationships across the voluntary and community sector, creating sustainable local partnerships that extend the organisation's reach and impact, in a 'Network of Networks' approach.

The project itself received UK wide recognition by receiving the 'Team of the Year' award at the PENNA 2025 annual awards event.

As the programme moves toward integration into core service delivery, the evidence from this year confirms that Support in the Community is an effective, equitable service that places people at the centre and ensures that public voice meaningfully influences health and social care design and delivery across Northern Ireland.

Through this work under PCC Connect, we have been able to deliver against the organisation's two key Strategic Objectives:

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

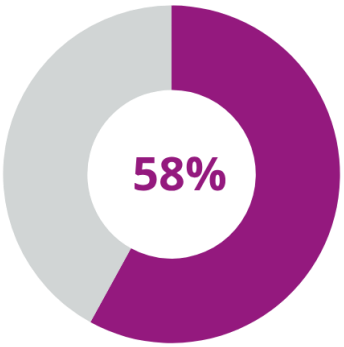
Strategic Objective Two: Through our work in advocacy, engagement and impact, the Health and Social Care System responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care.

PCC Support

Our drive towards restorative practice is reflected by 58% of all cases in 2025-26 achieving timely resolution between people and the HSC Service with which they had an issue or complaint.

During the year, the PCC has continued to develop its service to the public, focusing on a number of key outputs in this area.

Our delivery against the targets we set out to achieve is shown in the following table:



Cases in 2025-26 subject to timely resolution

Outputs	Indicative Targets	2025 - 26	2024 - 25	2023 - 24
Total number of people provided with advocacy through PCC Support	600	727	555	662
Number of new cases	700	745	810	569
Number of new SAI cases	25	18	23	22
Number of people supported with SAIs	40	21	39	45
Group Advocacy Cases*	No indicative target	2	2	-

*New output added in 2025-26 therefore no indicative target was set.

As the figures demonstrate, we have delivered against all of the indicative targets we set out to achieve in 2025-26 relating to PCC Support, with approximate increases of 23% in case numbers and 53% in contacts.

We continue to support people, both individually and on a group advocacy basis with SAIs. There was a small decrease in the number of new SAI cases this year.

Analysis of Advocacy Casework under PCC Support

Our recording and analysis largely follow the DoH and NISRA's definitions and guidance notes.[7] A 'case' is defined as an issue with which the public need dedicated advocacy support from a member of the PCC Practice Team, and that cannot be resolved through general advice or information. A case can range from provision of tailored advice or information, through to engagement with the HSC complaints process and support in Inquiries. The following table shows the breakdown of cases for 2025-26:

	Type of Case	Total Cases	Total Cases Grouped
Advocacy Cases[8]	Cases (excluding SAIs)	727	-
Serious Adverse Incident Cases	SAI (Level undefined)	7	18
	SAI – Level 1	8	
	SAI – Level 2	2	
	SAI – Level 3	1	
	Total Cases		**745**

A 'contact' is a call to the helpline where clients are generally provided with advice and information to allow self-advocacy, signposting, or the issue can be resolved, such that the issue need not become a 'case'.

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

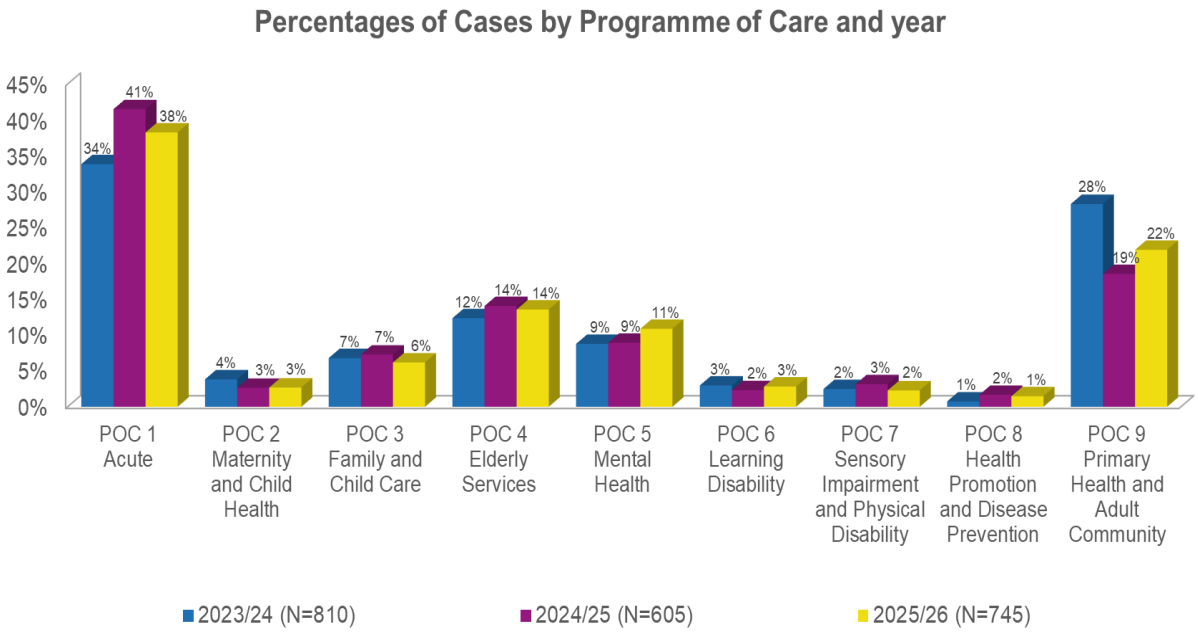
For each new case that the PCC supports, information is collected on the Programme of Care, Service Area and Area of Concern to which the issues relate. Each case can have up to three service areas and up to two advocacy areas (area of concern). An analysis of PCC Support data under Programme of Care,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

[7]Department of Health (2023) *DoH guidance notes For ch8 returns for trust complaints*. Accessed here: CH8 Guidance

[8] Advocacy Cases are no longer separated into 'issue/concern' or 'information only' for 2025-26. All are now considered generally under the term 'Advocacy'

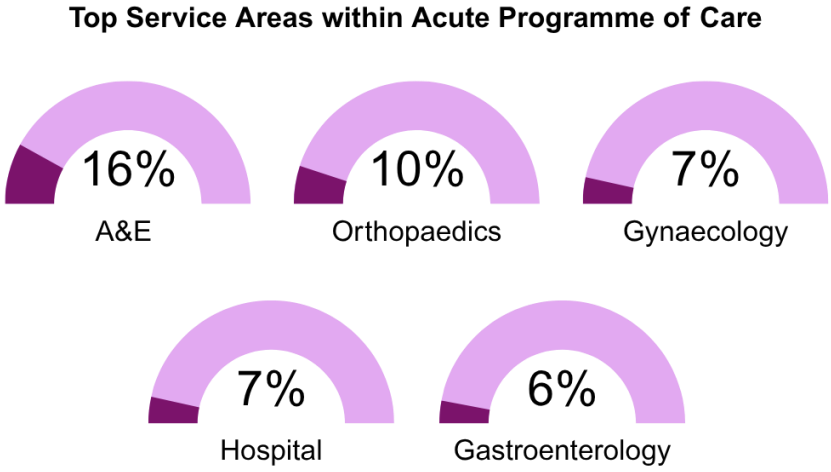
Programme of Care

The following chart shows the percentage of cases relating to each Programme of Care, including data from 2022-23 and 2023-24 for comparison.



The Top 4 Programmes of Care have remained consistent since 2022-23 with those being ‘Acute’, ‘Primary Health and Adult Community’, ‘Elderly Services’ and ‘Mental Health’. In 2025-26, ‘Acute’ was the highest Programme of Care, accounting for 38% of all cases, followed by ‘Primary Health and Adult Community’ (22%) and ‘Elderly Services’ (14%). The proportion of cases relating to other Programmes of Care in 2025-26, are similar to previous years, with some fluctuation seen in a 3% drop in ‘Acute’ and 2% rise in ‘Mental Health’ and ‘Primary Health and Adult Community’.

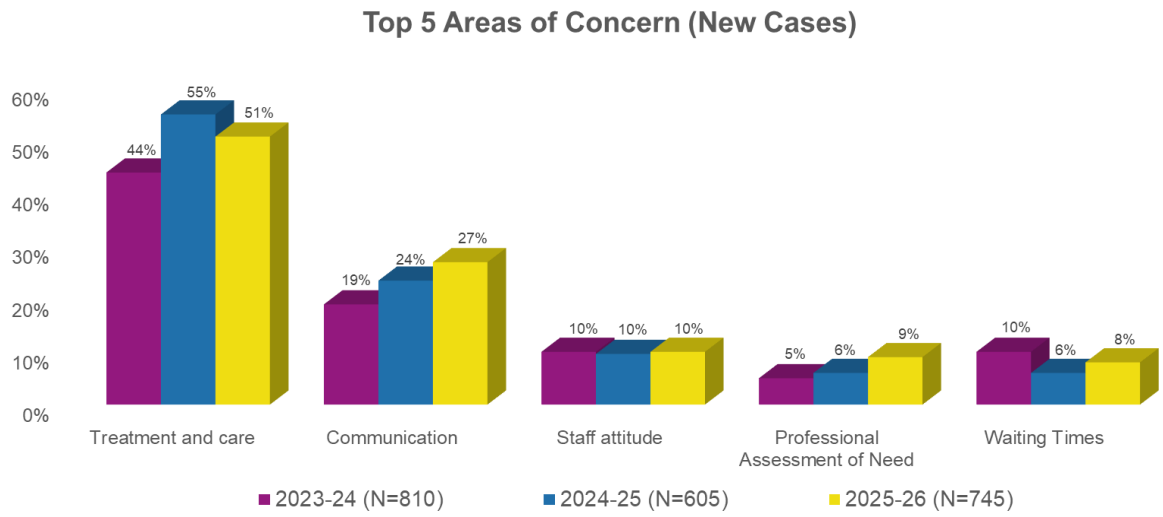
There were 286 Acute cases in 2025-26. Within this, there is no single service which stands out, with cases spread over a broad range of different service areas. The following were the top 5 Service areas that cases within Acute related to:



The second highest number of cases in relation to Programme of Care fell under ‘Primary Health and Adult Community’ which had a total of 163 cases, of which 48% related to GP services. This is a 6% increase compared to 2024-25. However, when considering both Contacts and Cases related to service areas, there were 395 calls relating to GP services. This equates to 53% of all ‘Primary Health and Adult Community’ support.

Areas of Concern

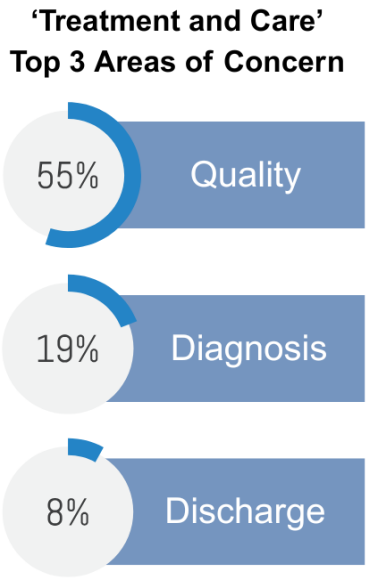
The top areas of concern raised within new Cases in 2025-26 are detailed below, with prior years data for comparison:



As shown in this chart, the top three service areas in 2025-26 have remained the same as in previous years. However, in 2025-26 ‘Professional Assessment of Need’ replaced ‘Medication’ as the fourth highest area of concern, and is therefore applied to previous years for reference. The overall share of advocacy areas has also remained broadly consistent, with a slight reduction of 4% in ‘Treatment and Care’ concerns and a 3% increase in ‘Communication’. ‘Staff Attitude’ remains unchanged whilst there has been an increase of 2% in ‘Waiting Times’, compared to last year.

Treatment and Care (307 cases): Within treatment and care there are a further six sub-categories including quality; diagnosis; discharge; surgery; nursing care; and quantity.

- **Treatment and Care – Quality:** This reflects concerns from people that they or their family members did not receive an acceptable standard of care in a general sense. People felt they were discharged from a service without having had a presenting issue fully addressed, or it was at tmissed completely by



medical staff, at times leading to poor outcomes or required further/corrective treatment or surgery. People also mentioned poor handover between services and issues with availability and attentiveness of staff or services. The services most frequently cited in this area were Mental Health and A&E.

- **Treatment and Care – Diagnosis:** This area of concern relates mainly to people who felt that diagnosis of their presenting health condition was missed by services or an incorrect diagnosis was provided by healthcare staff. Some people expressed concern that delays in onward referrals, or a lack of timely or accurate diagnosis led to serious health consequences. There were reported declines in health whilst awaiting diagnosis for treatment and in some cases, a health issue remained undiagnosed despite multiple presentations to services. The most frequently occurring services cited in 'Treatment and Care - Diagnosis' were; A&E, GPs and Mental Health.
- **Treatment and Care – Discharge:** Those who contacted the PCC about discharge were focused in three main areas; discharge from hospital or a service before treatment was provided to enable a safe return home; disagreements with the care team about the destination following discharge; and a delay in discharge due to lack of care providers, aids or adaptations, or lack of availability in the desired geographical location. Disagreements around discharge were usually due to the assessed level of need, either relating to a safe return home or where assessments for residential care were felt to be excessive. When considered alongside a similar area of concern 'discharge/transfer arrangements', Social Care and Mental Health services emerged as the most prominent service areas.

Communication (204 cases): The cases here reflected a range of issues where communication from health services to people was perceived to be either lacking, absent or incorrect. In some cases, key decisions around treatment, diagnosis and support were not communicated to a person or their family members. For others, the lack of communication was an issue during a treatment journey or whilst awaiting information on test results and progress of complaints. There were also concerns that important information was not accurately recorded on medical notes. A number of people felt they were not listened to when they raised an issue or that the issue was not taken seriously. There were some cases were people felt communication from services did not meet the standards required for those with a learning disability or language barriers. The main services receiving calls related to communication were GPs, Social Care, Social Services and Mental Health.

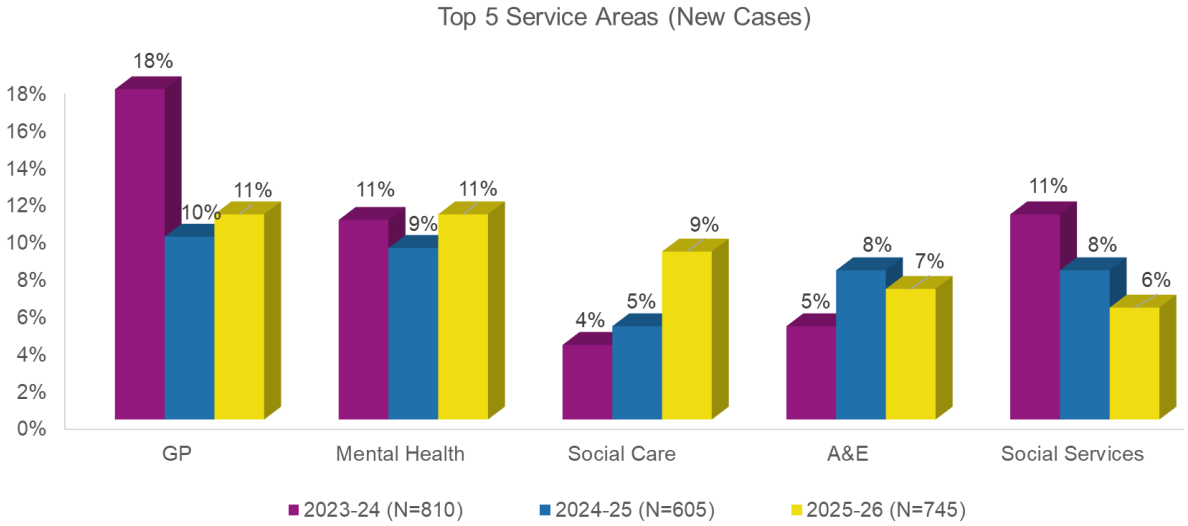
Staff Attitude (78 cases): These calls related to people feeling they were not treated appropriately by staff. Often this was in a quite general sense, such as staff appearing dismissive or unsympathetic to the needs of people using the service. In some calls, people provided examples and quotes that were reportedly said by staff members as evidence or poor attitude and behaviour. People reported feeling 'harassed', 'shouted at' or that comments were 'hurtful' in not taking issues seriously. People at times sought the PCC support as an intermediary because the relationship between them and their doctor, consultant or other healthcare staff member had completely broken down. The services in which staff attitude occurred most frequently as an area of concern were Mental Health, A&E, Social Service and Maternity services.

Professional Assessment of Need (67 cases): This area of concern relates to cases where people felt the level of support or treatment provided did not meet the needs or wishes of them or their family members. In many cases, this included discharge from hospital into a social care or residential setting, but also in the private home with a domiciliary care package. In mental health services, there were concerns around early discharge before people felt well enough, or had adequate supports and medication in place. The services in which 'Professional Assessment of Need' occurred most frequently as an area of concern were Social Care and Mental Health.

Waiting Times (61 cases): This is a combined category that includes waiting times for inpatient, outpatient and a smaller number related to community settings. Many calls here related to waiting times for surgery or other procedure requiring hospital admission or day surgery. Often people sought information on waiting times, or expressed frustration about the lack of communication around waiting list progress and surgery dates. There were calls from people concerned about waiting lists growing and surgery dates shifting, and some people reported becoming more unwell due to direct effects on their condition or the associated impact on their mental health and family life. Some people indicated, as a result, that they had pursued private health care. Again, some cited delays in accessing domiciliary care packages or Occupational Therapy assessments for adaptations to support living in the home. Waiting times also impacted GP or Dental services and the wait to receive an autism or ADHD diagnosis. The highest number of calls for waiting times were Orthopaedics and Social Care.

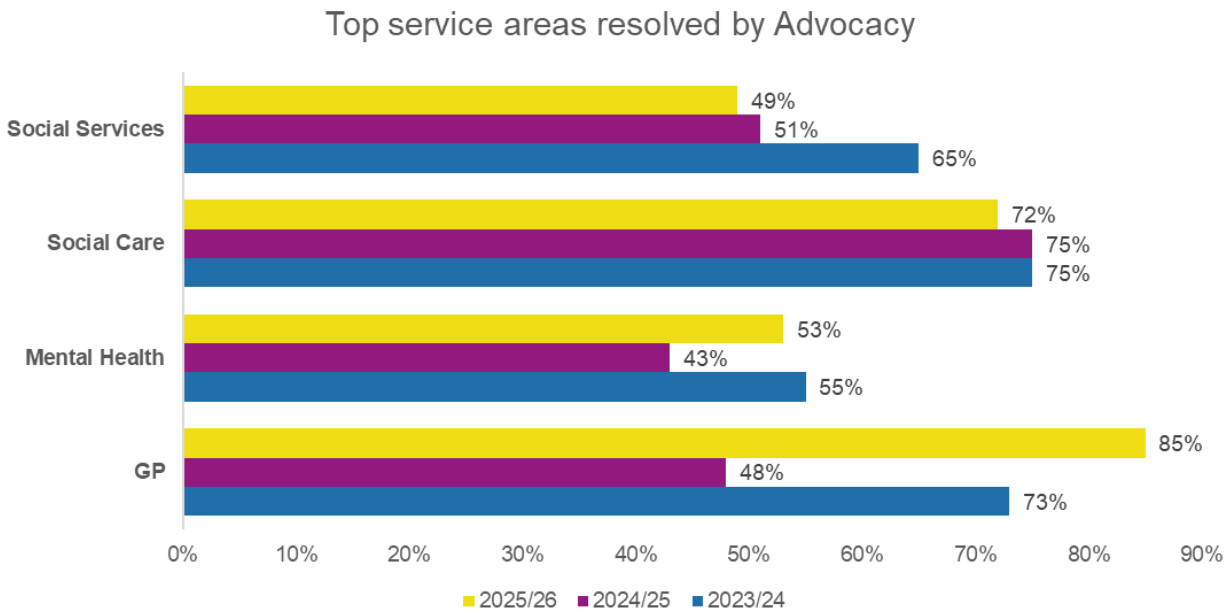
Service Area

The top five service areas to which new cases opened in 2025-26 related to, are shown in the chart below, with prior years data included for comparison.



In the previous two years from 2023/24, ‘Residential and Nursing Homes’ had featured as the fifth highest service area in which people had concerns. This year, it has dropped to 4% and has now been replaced with ‘Social Care’. GP services have consistently remained the highest service area as a proportion of new cases. Although the increase compared to last year was 1%, due to the overall rise in number of cases, this actually represents an increase of 31 cases.

In 2025-26, 58% of cases were resolved in a timely manner. Resolution rates, through advocacy, for different service areas have remained quite consistent this year. However, in 2025-26 Social Services did not feature in the top three resolution rates, instead Social Care emerged as a prominent service area here. The 2025-26 resolution rate for cases relating to Social Care are thus shown to allow for comparison to previous years. GP services saw a considerable increase in its resolution rate through advocacy.



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

GP Services (359 contacts and 92 Cases)

There were a wide range of issues related to GP services (within the last 12 months). The most frequently occurring included:

- **Access to GP appointments** through phone booking systems remains an ongoing issue for people around accessing appointments, making multiple attempts by phone, or finding there are no appointments left if they do get speaking to reception. Difficulties in booking an appointment also contributed to delays in receiving a diagnosis, treatment or medication and access to other services within the GP Practice such as taking bloods, scans and district nursing. Other issues included querying information on medical records and medical forms; accessing test results; and adjustments to attend a GP for reasons including mental illness and sensory challenges.
- **Support to make a complaint** about a GP Practice, or delays in a response to an existing complaint which in most cases were referred to SPPG as part of the 'Honest Broker' resolution service. The PCC practitioners were occasionally asked to act as an intermediary due to distress or breakdown in relationships.
- **Prescriptions/medications** including a refusal to provide or discuss changes to a medication, or where it has been changed or removed without agreement. One area of note was 'shared care' arrangements, mainly in relation to a private diagnosis of ADHD, where GPs have not agreed to provide medication to a patient following this diagnosis.
- **Removal from a GP service** due to moving out of catchment area or following an alleged dispute or conflict with the GP or other staff in the GP

Practice. Others reported difficulties registering with a new GP due to lack of availability in their local area, having been removed from a previous practice list.

- **Treatment and Care** issues refer to a general dissatisfaction with the quality and safety of treatment experienced throughout the patient journey, leading to a poor experience including adverse clinical outcomes or subjective feelings of being treated poorly. Some people felt delays in onward referrals, and a missed or delayed diagnosis prevented an opportunity for timely treatment to be provided.
- **Staff attitude** related to instances where people felt they were spoken to in an impolite or unsympathetic way, or felt dismissed when trying to explain issues to their GP. These concerns also include other GP Practice staff such as medical receptionists.

Mental Health (89 cases)

- **Treatment and Care** where the majority of issues related to quality and safety of treatment across acute mental health and community settings. There were people unhappy with the detention process and those having difficulty with admission to mental health acute care. The PCC received a growing number of calls relating to referrals for ADHD assessments and difficulty in engaging in 'shared care' arrangements following a private assessment.
- **Diagnosis of mental health** conditions which in some cases were delayed due to staffing issues, which also led to delays in referrals to mental health services or difficulties in transitioning between services. Other calls related to incidents on acute mental health wards with other patients, including alleged mistreatment by staff on the wards (see 'Safeguarding' section, page 39).
- **Communication** relating to care and discharge plans, and treatment pathways within the community and acute settings. Other areas included changes to medication, assigning keyworkers, and difficulties in getting updates on family members currently in the acute setting. Communication was also an issue in relation to progress of existing complaints and SAIs.
- **Professional Assessment of Need** concerns people who have been seeking access to particular care and support, which did not match the assessed need provided by mental health services. This included concerns that a discharge home or to another service did not meet the level of need.
- **Medication** mainly relates to changes to prescriptions for mental health medication against the wishes of the person, either due to a clinical decision or a change in official policy/guidance by regulators. Some people reported negative impacts and worsening of mental health symptoms following reduction, removal or inadequate monitoring of medication.

Social Care (61 cases)

- **Communication** issues related to changes in care packages for older people. For some, this change happened suddenly or without any communication around the decision and a reported general lack of engagement. Some were also frustrated with a lack of information provided to them about family members. At times, this was due to disagreement around capacity and 'next of kin' status.
- **Professional Assessment of Need** mainly related to assessment processes that were felt not to have involved the patient or family members adequately, or did not inform them of outcomes or changes such as a reduction in care packages provided in the home, or difficulty in getting a new assessment when a family felt that needs have significantly changed.
- **Treatment and Care** encompasses a wide range of issues relating to quality and safety of care, quantity of care provided and discharge processes. Several people were unhappy that an agreed or desired level of care was not being provided in the home.
- **Discharge** actions relate to people who were assessed as no longer requiring the level of care being provided, which was often challenged by family members. This included instances of people deemed suitable for independent living with some supports in place, or conversely being assessed as requiring residential care when family members wanted the person to come home.

A&E (57 cases)

- **Treatment and Care** issues mainly related to the treatment and assessment provided when attending A&E. Some people said they were discharged, only to later require treatment for a missed or incorrect diagnosis. Others were dissatisfied at being discharged from A&E without medication or pain relief. There were also some concerns raised about the conditions in A&E wards, both for patients and staff, including corridor care and makeshift beds/wards.

- **Staff Attitude** relates to instances of people feeling staff were rude, unhelpful or dismissive in their interactions whilst awaiting or receiving care at A&E. This included doctors, consultants, nursing and reception staff. Some cases note staff behaviour as an issue when trying to receive updates on their care or when trying to seek clarity on discharge, test results or raising a concern.

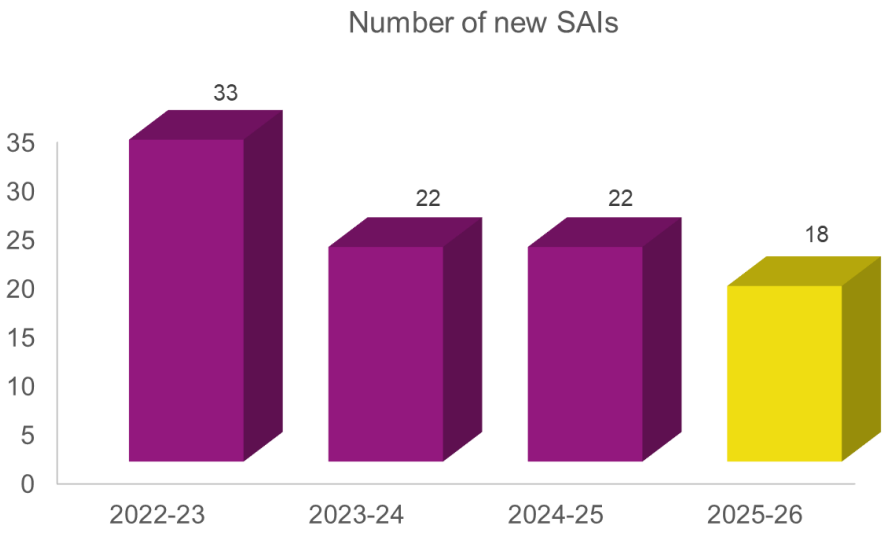
- **Complaints Handling** is an issue that occurs when a complaint has already been made relating to A&E services. Cases mainly relate to 3 areas; no initial response provided by the Trust to a complaint; delays in, or lack of communication regarding a complaint in process; and those who were unhappy with the response provided by the Trust to a complaint.
- **Communication** was an issue at A&E in relation to a lack of communication from the service and people feeling they were not listened to in their communications to staff. Some people reported a 'communication breakdown' due to staff changes. Communication around medical notes was felt lacking by some and 'mixed messages' was mentioned as an issue.

Social Services (36 cases)

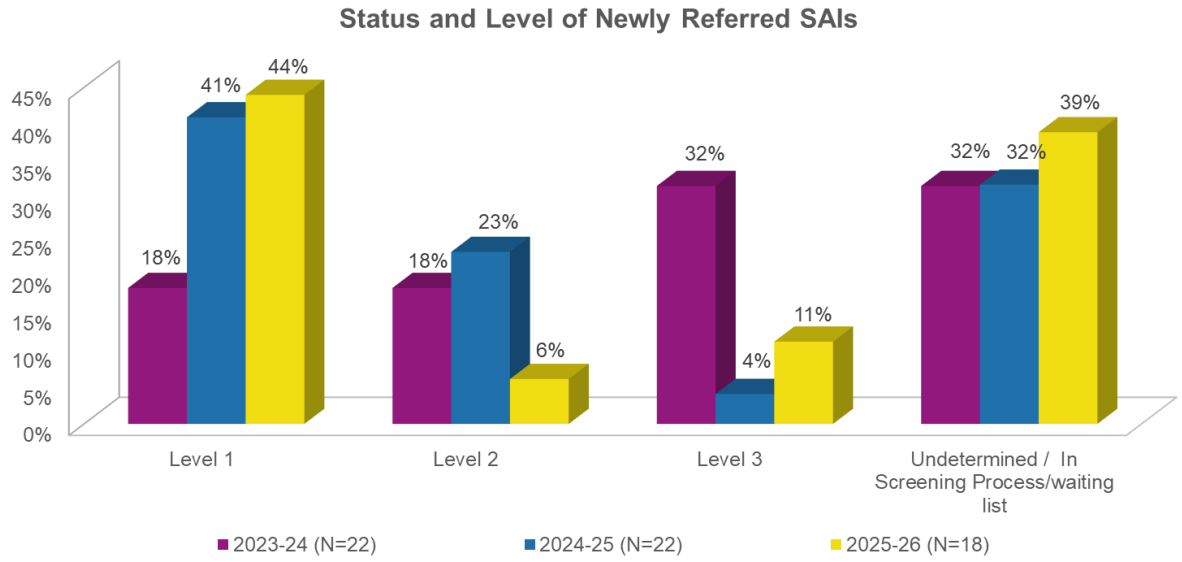
- **Communication** was an area of concern for people seeking information from social workers assigned to them or their family, mainly relating to family and childcare. Some people felt key aspects of social services involvement were not communicated and changes to decisions around care had not been discussed with the family.
- **Treatment and Care** issues for Social Services relates to the quality and quantity of treatment received. Some people expressed concern about services not available in Northern Ireland and implementation of support plans for children put in place by social services. There were concerns that opportunities to provide support had been missed.
- **Professional Assessment of Need** as with other service areas relates to concerns about decisions made regarding support and protections put in place by social services teams and mainly concerns complex issues such access to children and other decisions affecting the family unit.

Serious Adverse Incidents

The PCC continues to provide independent advocacy support for clients during SAI investigations. In 2025-26, there were 18 new SAI cases, which is a decrease of four cases since 2024-25. The chart below shows SAI cases over recent years for comparison. Open caseloads are likely to be much higher as support to families may extend over a number of years.



The provision of support to families in a SAI process has been provided by Senior Practitioners within the PCC. Service Managers will link families with particular Senior Practitioners depending on the level of the SAI and the programme of care to provide the best possible support. The PCC's continued development of working relationships with colleagues in the five HSC Trusts has served to improve the support provided to families. Increased understanding of the role of the PCC and developing relationships can ensure case issues are escalated to Senior Managers in Trusts, if the SAI process is not running to the satisfaction of the families involved. Complex case meetings chaired by a Service Manager in the PCC allow Senior Practitioners an opportunity to discuss these particular cases, seek advice and peer support, as well as seek escalation both within the PCC and within Trusts if encountering challenges.



This year there was an increase in the proportion of Level 1 SAIs, from 41% in 2024-25 to 44% in 2025-26. There was one Level 2 SAI this year, a reduction from 23% to

6% compared to the previous year whilst the share of Level 3 SAIs increased slightly to 11% in 2025-26.

Several SAI cases have remained open for several years as investigations continue. Through the 18 new SAI cases in 2025-26, the PCC supported approximately 23 individuals. This includes family members and not just the client who raised the case and can vary as the case progresses. When we look at SAI cases opened before this reporting period, but that still remain open, there are currently 21 SAI Cases open to the PCC for support (Level 1 (6); Level 2 (3); Level 3 – (3); Undetermined Level – (9)). This represents a total of 36 individuals supported by the PCC. When SAI cases currently open are combined with cases opened this year but closed/resolved, there were 53 SAI cases supported by the PCC.

There is also one Group Advocacy case for 16 Families that followed a SAI review into Radiology Services in the NHSCT. Many issues raised by these families were outside the scope of the SAI and are now being pursued with the Trust through a complaints process.

Safeguarding

During 2025-26 a total of 19 safeguarding referrals were made by the PCC, alongside the identification of 109 cases where safeguarding concerns were present. These figures reflect the PCC's strong commitment to recognise, respond and act upon any risks to the safety and wellbeing of our clients.

Safeguarding is a core organisational priority, robust processes are in place to ensure that every concern raised, whether it's by a member of the public/family member or disclosed directly by a client, is recorded, reviewed and acted upon appropriately. All safeguarding concerns are assessed by the Practitioners and escalated to Service Managers to ensure timely decision making and clear guidance on required actions.

Where necessary, referrals are made to the relevant Heath and Social Care Trust with information shared responsibly with other organisations such as RQIA, particularly where the concerns relate to regulated services. This collaborative approach reflects that safeguarding is a shared responsibility.

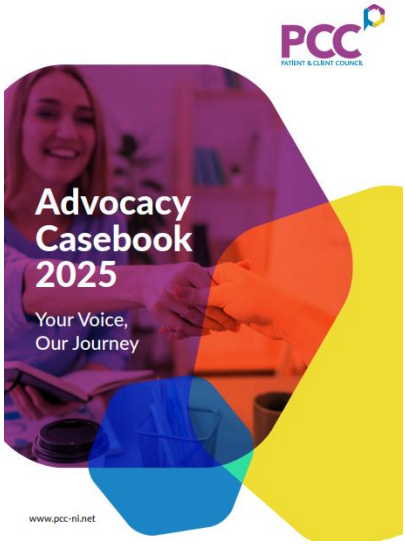
The PCC remains alert to emerging patterns or trends in safeguarding concerns and recognises the importance of early identification and proactive responses. Regular monitoring and analysis support continuous improvement with the PCC response to safeguarding concerns.

Governance arrangements provide an additional layer of assurance. Quarterly safeguarding reports prepared by Service Managers and the Principal Practitioner are presented to Council to ensure oversight and adherence to organisational policies, procedures and the statutory safeguarding frameworks for adults and children in NI.

The PCC also recognises that safeguarding concerns may be raised anonymously, in these cases all information is escalated to the appropriate authorities including PSNI, RQIA, HSC Trusts or independent providers.

A commitment to continuous learning is central to safeguarding practice. All staff undertake annual safeguarding training to maintain up to date knowledge, reinforce best practice and ensure confidence in responding effectively to concerns that are raised.

Advocacy Casebook 2025



In 2025 we published our first Advocacy Casebook. This Casebook provides a snapshot into the work of our PCC Support Service and provides a rich insight into how independent, professional advocacy can positively impact on people's lives; helping them to have their voice heard, uphold their rights and address inequality. It illustrates the diverse range of people who access independent advocacy services in Northern Ireland and the breadth of issues supported by the PCC.

Advocacy helps breach gaps in systems that leave people in difficult situations. It ensures best practice across public services, and it promotes positive systemic change when necessary.

Read our Advocacy Casebook 2025 here: PCC Advocacy Casebook 2025

CASE STUDY: The Infinity Room

Following the tragic death of their two-year-old son, Noah, in November 2022, the McAleese family approached the PCC to seek support in improving the hospital experience for families facing the critical illness or loss of a child. Reflecting on their time in the Emergency Department, they felt that while staff were compassionate, the clinical environment was not appropriate for families enduring such traumatic circumstances.

Through our resolution approach, the PCC Senior Practitioner supported the family to engage constructively with the local Trust. This collaboration led to the development of "Noah's Protocol," a proposed framework to strengthen trauma-informed care in Emergency Departments, including staff training, bereavement support, anticipatory grief tools and the creation of a dedicated family space. The family also developed "Noah's Story" as a professional learning resource to support staff education.

As a direct outcome of this partnership working, the Northern Trust committed to developing and funding a dedicated bereavement and family support space within Causeway Hospital's Emergency Department. In November 2025, the 'Infinity Room' - named in honour of Noah's love of Toy Story, was officially opened. Designed as a quiet, private sanctuary, the Infinity Room provides families with a dignified and compassionate environment during the most difficult moments of their lives.

Meadhbha Monaghan, PCC Chief Executive said:

> ***Noah's story is a powerful reminder of the importance of listening to the lived experiences of families. Through their courage and compassion, Noah's family have turned personal loss into lasting change that will help many others. The creation of the Infinity Room and the development of Noah's Protocol demonstrate what can be achieved when families, advocates, and health professionals work together in partnership with compassion and purpose.***
>
> ***The PCC is privileged to have supported the McAleese family in making their vision a reality, ensuring that families facing the most difficult moments are met with care, dignity and understanding***

Read more here: New 'Infinity Room' opens in memory of two-year-old Noah McAleese

The PCC, in agreement with the McAleese family, has shared the learning from this work with the other Health and Social Care Trusts in an effort to inform service improvement across the region.

Through this work under PCC Support, we have been able to deliver against the organisation's two key Strategic Objectives:

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

Strategic Objective Two: Through our work in advocacy, engagement and impact, the Health and Social Care System responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care.

PCC Engage

Our delivery against the targets we set out to achieve this year is as follows. Performance in 2024-25 and 2023/24 has been provided where possible for comparison:

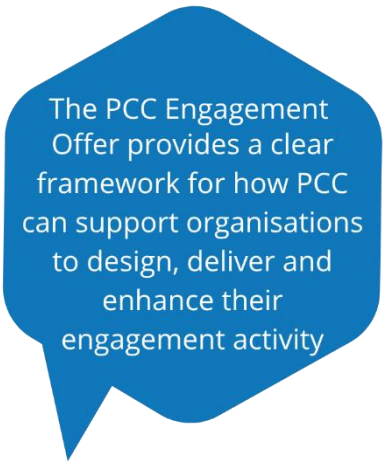
Outputs	Indicative Targets	2025-26	2024-25	2023/24
Number of engagement platforms	5	5	6	6
Number of engagement platform meetings	24	43	75	-
Number of engagement platform attendances by member[9]	122	160	174	105
Number of working groups and forums the PCC attended[10]	*	66	-	-

*New output added in 2025-26 therefore no indicative target was set.

As seen from the figures in the table above, in 2025-26 we met our indicative targets for outputs under PCC Engage.

Engagement Offer

In 2025-26 the PCC developed and tested an Engagement Offer to provide greater clarity and consistency in how we support effective public engagement across the Health and Social Care System. This work was undertaken to solidify the PCC's approach to engagement and to further articulate our statutory remit in representing the public voice and promoting meaningful involvement in decision making.



It champions the PCC's role as an independent body operating at a regional level, uniquely positioned to connect the insights and experiences of patients, clients, carers and communities with those responsible for planning and delivering services.

[9] Output changed in 2025-26. In 2024-25 it was "number of engagement platform participants"
[10] Output changed in 2025-26. In 2024-25 it was "number of engagements with Departmental and statutory bodies/external bodies"

In particular, there has been a strong emphasis on the PCC's role in providing independent advice on best methods of engagement, ensuring that engagement activity is inclusive, proportionate, and aligned with good practice.

As a result, the PCC has seen increased demand from across the sector for support and guidance in this area. This has affirmed the PCC's role within the system, supporting services to move beyond consultation towards more collaborative and impactful engagement.

Adult Protection Engagement Platform

The Adult Protection Engagement Platform continued to focus on Adult Protection legislation for Northern Ireland. In 2025, the Adult Protection Bill was formerly introduced by the Health Minister Mike Nesbitt and completed the second stage in June 2025. The Bill has since moved to Committee stage.

The Engagement Platform continued to meet with and receive updates from the Adult Protection Bill team on the Bill throughout 2025-26. Platform Members repeated the importance of including lived experience voices throughout each stage of the Bill. The Platform were influential in shaping the content of the Adult Protection Bill in these three areas:

- **The use of CCTV**
- **The importance of Independent Advocacy**
- **Ensuring families are informed in the first instance where there is suspected abuse of their loved ones**

In November 2025 a membership review was conducted by the Engagement Platform lead. The Platform now has a membership of 16 core members representing lived experience from individuals, carers and representative from the Community and Voluntary Sector.

Care of Older People Engagement Platform

Over the past year, the Care of Older People Engagement Platform underwent a refresh to strengthen membership and expand opportunities for members to contribute to regional work across the Health and Social Care System. From 19 expressions of interest, 12 new members were recruited and attended meetings during this reporting period.

While the Platform held two formal meetings during the year, members have been actively contributing to a wide range of regional programmes, advisory groups and improvement initiatives.

Members have contributed to initiatives including:

- My Home Life NI Quality Improvement Programme
- The PCC Big Discussion including a Roundtable
- The development of a co-produced Patient Safety Culture model with RQIA
- Supported research led by Queen's University Belfast exploring shared decision-making with frail older adults during hospital discharge planning
- Joined the Public Health Agency's Safer Mobility PPI initiative
- Social Care Collaborative Forum Commissioning and Contract Workstream
- Regional Dementia Project Board
- DoH Regional Review of Care Home Minimum Standards workstream

This reflects a deliberate shift towards ensuring that the lived experience of older people and carers is embedded directly within policy development, service design and quality improvement work across the system.

Learning Disability Engagement Platform

The Learning Disability Engagement Platform have continued to meet with the PCC and the DoH leads throughout 2025-26. The Platform have voiced their concerns over the content of the Learning Disability Service Model which is due to be rolled out over the next three years; highlighting the Service Model does not reflect the needs of individuals with more complex needs. Concerns included day centre provision being replaced by day opportunities. Whilst this move may suit many in the Learning Disability community, the Platform felt it would not be suitable for individuals who are currently thriving in day centres. They also raised concerns about day centres opening hours, transport arrangements and respite.

Engagement Platform Impact:

- Contributed to PCC response to the Learning Disability Service Model Consultation, reiterating concerns raised to the DoH at Engagement Platform meetings
- Provided lived experience input to RQIA regarding the development of a refreshed Hospital Passport
- PCC Engagement Platform Lead attended a regional event for Learning Disability across NI "Do you see me now" in Stormont raising the profile of Platform

Mental Health Engagement Platform

The Mental Health Engagement Platform has continued to influence and shape Mental Health strategies and policy. This year the Platform grew in number, having successfully recruited 11 new members. These new members have broadened the range of lived experiences represented on the Platform.

The Platform has frequently met with both the DoH and SPPG. The Platform's lived experience has been instrumental in the development of the Regional Mental Health Service (RMHS) refreshed implementation plan. Additionally, the Platform is an enabling structure of the Regional Mental Health Service, and its input has been acknowledged in the DoH's Mental Health Deliverability report.

The Platform have engaged with numerous projects this year including:

- Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) who had sought service user engagement/lived experience with Mental Health Nursing
- NIAS Lived experience voice and contributed to NIAS Corporate Strategy
- One Platform member took part in a post graduate student's short video to talk about Mental Health services in Northern Ireland
- Platform members took part in lived experience event 'From Engagement to Empowerment'
- Worked alongside the Regional Service User Consultant to develop a refreshed implementation plan for the next three years for the RMHS
- Members shared their lived experience on the development of a Deliverability Report to identify priorities within the Mental Health Strategy

Serious Adverse Incident Engagement Platform

In 2023, DoH established a redesign structure to support the development and introduction of a new Serious Adverse Incident framework for Northern Ireland. The PCC subsequently set up an Engagement Platform of individuals who had in-depth experience and knowledge of the current SAI process to directly inform this redesign process.

The DoH launched a public consultation on the introduction of a new Regional Framework for Learning and Improvement from Patient Safety Incidents and supporting documentation to replace the current SAI Procedure in Northern Ireland on 10 March 2025, the consultation closed on 20 June 2025. The PCC submitted an organisational response, which reflected considerable learning from the insights and lived experience of our engagement platform members. A Consultation Analysis Report, was published by the Department on 19 February 2026.

During this consultation period the SAI Engagement Platform was largely paused as its work was directly related to the development of the new regional framework. The PCC has indicated to the Department the importance of public engagement during the implementation stage of a new regional framework, and our intent is to work with SAI engagement platform members in 2026/27 on next steps.

In addition, the PCC facilitated an online consultation event on the Framework for Learning and Improvement from Patient Safety Incidents Consultation on behalf of DoH. This online event was attended by individuals who represented a range of experiences and backgrounds, including members of the public with lived experience of the current SAI process, those with a general interest, members of the voluntary and community sector, HSC staff, HSC leaders, healthcare regulation and the PCC Council members. Participants were split into breakout rooms with conversations facilitated by a PCC member of staff, and a DoH representative listening in.

Through this work under PCC Engage, we have been able to deliver against the organisation's two key Strategic Objectives:

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

Strategic Objective Two: Through our work in advocacy, engagement and impact, the Health and Social Care System responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care.

PCC Impact

Our delivery against this year's targets is as follows. Performance in 2023/24 and 2024-25 for comparison has been provided where possible:

Outputs	Indicative Targets	2025-26	2024-25	2023/24
% engagement with social media[11]	2.5%	5.9%	2.7%	2.5%
Number of people engaging with the PCC website	25,000	26,900	19,400	27,883
Number of Impact Cards Produced	4	4	-	-
Number of consultations responded to	*	8	-	-
% of evaluation feedback from people supported or engaged through the PCC	18%	17.8%	18.2%	9%

*New output added in 2025-26 therefore no indicative target was set.

As demonstrated in the table, we met our indicative targets across four Impact outputs for 2025-26. This year we surpassed our target for the number of people engaging with the PCC website.

Raising Awareness Campaign

The PCC Awareness Raising Campaign began in September 2024, and continued throughout 2025-26. We utilised the 2025 Lucidtalk demographic polling information to drive communication activities to target groups who are less aware of the PCC.

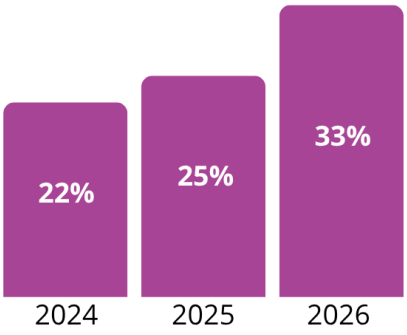
[11] These figures represent our Facebook and LinkedIn analytics combined. In previous years this figure included Facebook and X (formerly Twitter) combined. Analytics were removed from X's basic accounts therefore we cannot provide an accumulated figure for Twitter and Facebook like previous years in 2024-25. Additionally, in January 2026 PCC made the decision to stop posting on X.

These included:

- Continuation of distribution of promotional materials to key stakeholders
- Features and adverts: The PCC has featured in a number of magazines, online editorials and ezines during 2025-26
- We created two videos; PCC Feedback and PCC Engage, to help raise awareness and understanding of our advocacy service and engagement platforms.
- In May 2025, Health Minister Mike Nesbitt officially launched the PCC's new website **www.pcc-ni.net** and suite of animated videos to increase awareness and accessibility of PCC services.

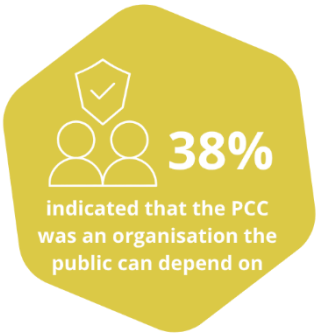
Key Achievements:

A third (33%) of respondents had heard of The Patient and Client Council. This approximates to 209,000 more members of the public being aware of the PCC compared with 2023/24 and represents a steady increase year on year.



Awareness of PCC has increased each year

There was also an increase in perception of the PCC's dependability to 38%, up from 34% in 2025.



We were delighted to be shortlisted as finalists for Best Use of Social Media in the Public Sector Category at the Northern Ireland Social Media Awards in October 2025.

Policy and Influence

Publications, Evidence and Submissions

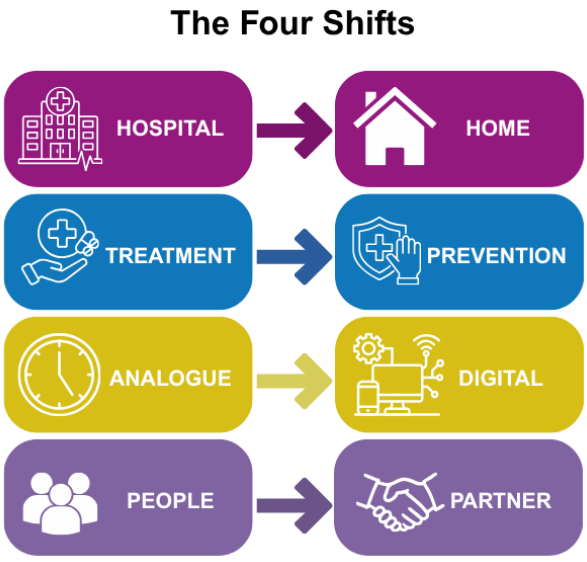
People to Partners

Building on our work to develop a more systemic approach to public participation, the PCC convened a roundtable hosted at Hillsborough Castle on 3 September 2025. Participation reflected the diversity of senior government, community and voluntary systems leaders across all sectors, including those with lived experience.

The purpose was to explore the potential collaborative advantage of a new relationship with the public in delivering public sector goals and drive wellbeing in Northern Ireland.

Read the key recommendations here: [People to Partners – Developing a Unique Approach for Northern Ireland]

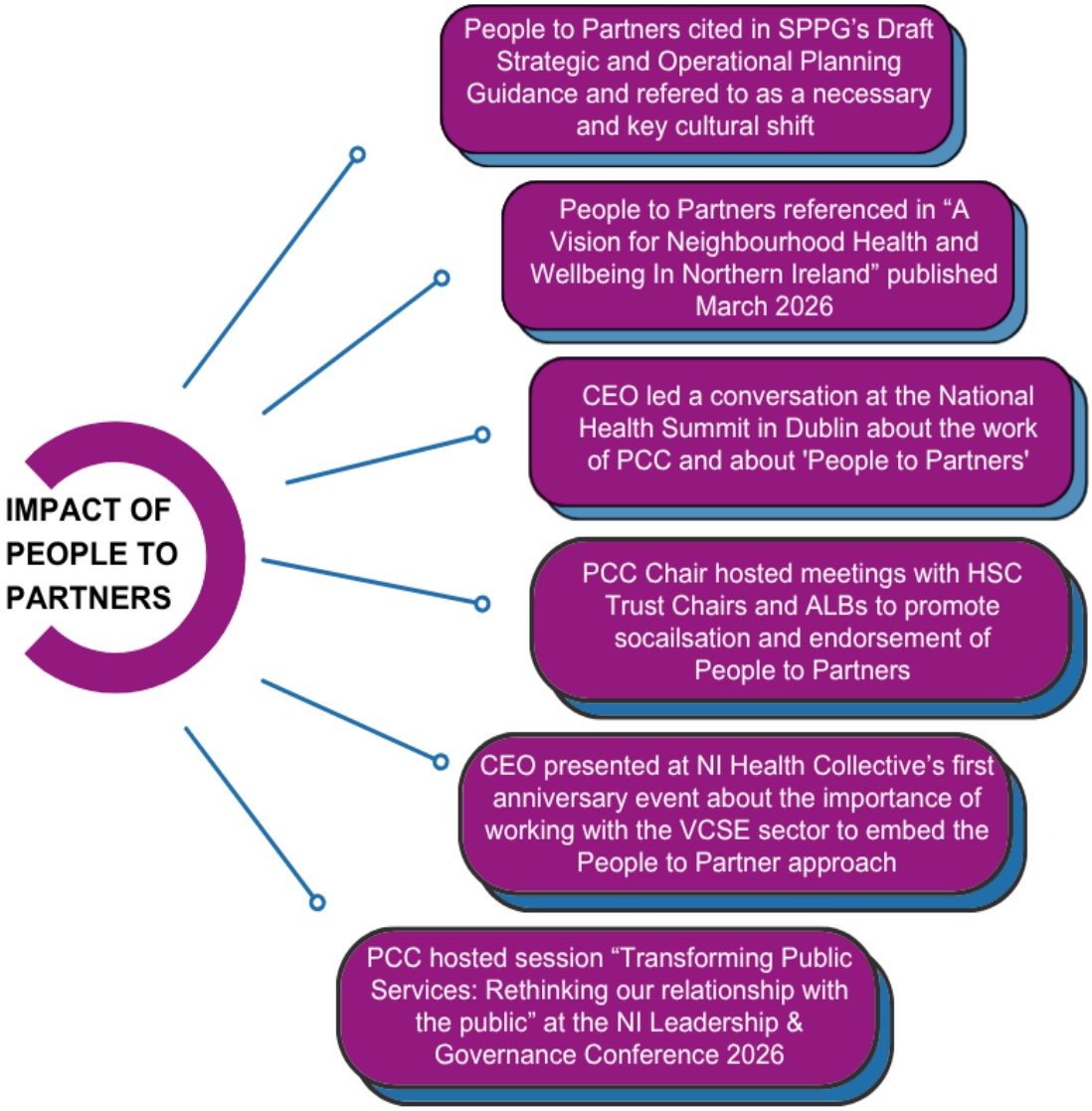
The report was launched and very positively received at the NICON Annual Conference in October 2025, with the conference adopting People to Partners as the fourth necessary shift within Health and Social Care.



Impact of People to Partners

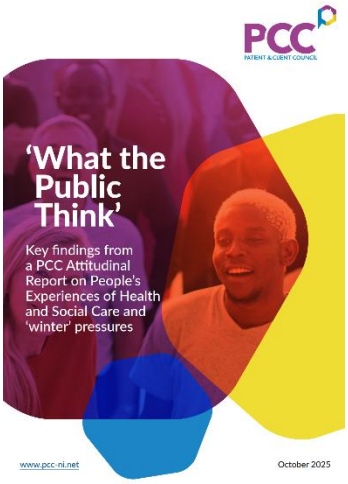
The PCC welcome the positive reception 'People to Partners' has received from the DoH, HSC organisations, the voluntary and community sector and beyond.

Key Achievements of People to Partners include:

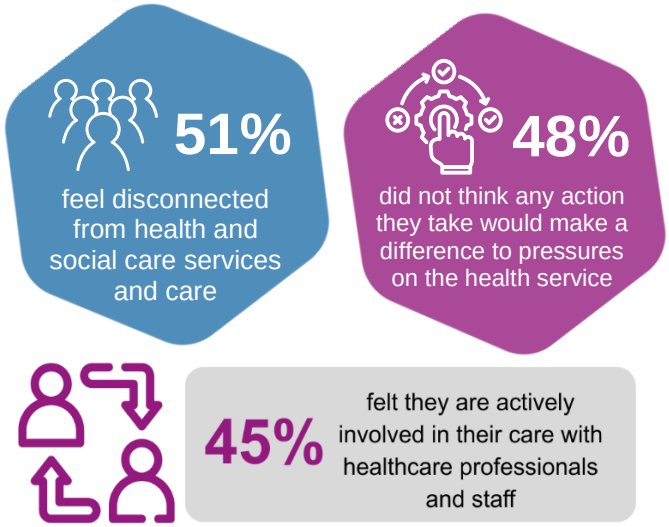


What the Public Think

In October 2025 the PCC published 'What the Public Think' which sets out a summary of the key findings from a region wide poll on people's experience, beliefs and understanding of health and social care 'winter pressures' in Northern Ireland. The report creates a regional baseline to inform and support the 'Big Discussion – Whole System Flow' work led by the Chief Nursing and Chief Medical Officers to plan a collaborative, system-wide response to anticipated pressures. It also sets out key findings to inform and support the broad range of initiatives set out in the Minister for Health's HSC Reset Plan.



Building on the findings of the 'What the Public Thinks' and 'People to Partners' reports, PCC has worked throughout 2025-26 with the Department and partners to explore a systemic approach to engagement with the public, focusing on the 'Older People' population.



The full report is available on our website: PCC Reports

Access to General Practice

Public Accounts Committee Report

In February 2025 the PCC provided evidence to the Public Accounts Committee in relation to GP Access and primary care provision. The Public Accounts Committee produced a report: Public Accounts Committee - Inquiry into Access to General Practice in Northern Ireland. The importance of hearing the "patients' voice" and the work of the PCC, was commended specifically by the Public Accounts Committee in their report produced in November 2025.

> *The Committee .... strongly agrees with the PCC who stated that more could be done with GP and primary care services to understand the patient experience at a regional level*

In addition, the PCC participated in, and provided advice to, the GP Visioning roundtable and worked with NICON on how to best engage with the public in relation to GP and Primary Care provision. The PCC continue their engagement with RCGPNI in representation of the public voice at regional level, in relation to the important issues of GP Access and GP Visioning, and the future of Primary Care.

Adult Protection Bill

The PCC's work in relation to the proposed Adult Protection Bill continued in 2025-26. The PCC Adult Protection Engagement Platform met regularly with the DoH on its progress.

Key Achievements:

- In October 2025 the PCC provided a written submission to the Health Committee on the draft Adult Protection Bill.
- In January 2026 provided oral evidence on proposed amendments and key considerations arising from the Draft Bill. Our evidence was based on our experience of working with the public in this important area, with particular reflections on our evidence submissions to the Muckamore Abbey Hospital Inquiry.

The PCC's evidence focused on a number of key areas including:

- **Listening to and hearing people's and family's experiences should be the first line of defence when safeguarding vulnerable people - hearing the voice of the public should be woven into the fabric of the Bill and the proposed Adult Protection Board's Work**
- **The importance and potential of independent regional advocacy services**
- **Ensuring the Bill creates robust, independent governance arrangements for the Adult Protection Board**

The PCC continues to have constructive engagement with the DoH and the Health Committee in this area.

Consultation responses

With a view to influencing systemic and service level change in the best interest of the public, the PCC submitted responses on the following public consultations in 2025-26:

- Framework for Learning and Improvement from Patient Safety Incidents Consultation;
- The PCC Submission to the Health Committee on the Adult Protection Bill
- Consultation on The Public Health Agency's Partnership and Engagement Strategy;
- Learning Disability Service Model Consultation;
- Consultation on the Draft Revised Mental Health (NI) Order 1986 Codes of Practice;
- Letter response to Paul Frew MLA Individual Duty of Candour;
- Neighbourhood Model of Care; and
- PHA Involvement Matters.

These consultation responses reflected our key strategic priorities, and were based on what we have learnt as an organisation from our advocacy and engagement work, what we have heard directly from the public and our submissions to public inquiries.

To read our consultation responses visit: Consultation Responses.

Public Inquiries

> *[a] considerable number of respondents felt that the shielding community was often 'forgotten' or 'ignored' as changes to guidance and restrictions for the wider population were announced*

The PCC's policy impact and influence work continues to be shaped by our responses, evidence and recommendations coming from public inquiries. To this end we have continued to work on and monitor UK and NI Public Inquiries in 2025-26. The third module of the UK Covid-19 Inquiry considered the impact of the Covid-19 pandemic on the healthcare systems of the UK. The module report referenced the PCC June 2020 'Impact of Shielding' Survey Report, which highlighted the impact of these policies on people with vulnerabilities.

Bereavement Charter

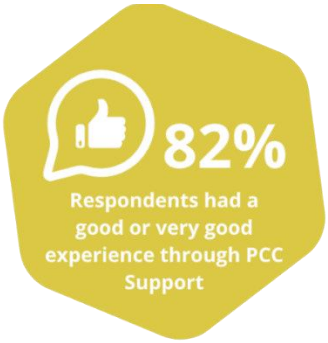
The PCC continues to be involved with work to create a Bereavement Charter for NI. This year the PCC were involved in the drafting of statements for both the Children and Young People and Adult Bereavement Charters. This finalisation of the charter statements is expected to occur in 2026.

Evidencing the PCC's Impact

In 2025-26, we introduced quarterly Impact Cards to provide the public with clear accessible updates on our work and demonstrate the impact it is having within Health and Social Care services across Northern Ireland.

Feedback

This year we were within our target of 18% for returns of surveys on our support services reflecting a total of 102 people we assisted.



"I felt that we were listened to.

Our Pracitioner was amazing. Providing support and guidance at every step and keeping us informed."

Advocacy Service Client

"From start to finish anyone I dealt with at the PCC was very professional, it is a brilliant service to have to help and offer support at a difficult and scary time in ones life."

Advocacy Service Client

Events, Conferences and Visits

NICON 2025

The annual NICON Conference took place on 15-16 October in La Mon Hotel, Belfast.

As part of our commitment to strengthening public participation and influencing system improvement, the PCC had significant presence at the event.

The PCC contributed across several key sessions. We:

- ✓ Hosted a panel session **'People as partners: A new relationship with the public?'** during which we launched our People to Partners Paper.
- ✓ Participated in the panel session **'From concept to reality - Building a safe and compassionate culture within HSC'** highlighting the importance of patient voice in HSC Governance, Assurance and the need for triangulation of data.
- ✓ Facilitated a 'Cafe Conversation' focused on '**Seeking Resolution - One Conversation at a time**' to raise awareness of early resolution, our independent advocacy service and to promote the benefits of a regional advocacy model.

Additional Public Affairs Activities and Meetings

We have engaged with numerous Departmental, statutory or external bodies in 2025-26 to fulfil our statutory functions and pursue our strategic objectives. Key highlights included:

In April we attended:

- **Centre for Independence Living NI's Annual Conference and Networking Even**t
- **Public Sector Leadership and Governance**
- **GMC UK NI Advisory Forum**
- **Royal College of Nursing, Nursing and Midwifery Council, Involve**

In May we attended:

- **2025 Balmoral Show**
- **'Make My Voice Heard'** Launch Event
- Picker ***'Learning from Experiences: The Person Centered Care Symposium 2025'***
- **Helplines NI Awareness Day 2025**
- **Southern Regional College** Stressbusters' Roadshow
- **Supporting Women, Reducing Stigma'** event
- **"Mind the Gap" mental health conference**

In June we:

- Presented the Patient Choice Award at the **RCN Nurse of the Year Awards**.
- Joined the **NI Neurological Charities Alliance's (niNCA)** Neurology Review Consultation Event
- Attended **Tackling Transport Poverty -** Report Launch

- Attended **Together with Solace's** 4 Anniversary Event
- Attended **Mencap's** 'Do You See Me' event
- Attended **My Home Life NI's** Celebration Day

In July we:

- Hosted an information stand at **Belfast Pride.**

In August we:

- Met **Save Our Acute Services (SOAS)**
- Attended the **King's Fund Conference**

In September we:

- Attended **Care Opinion Five Year celebration**
- Attended **CNO's Annual Conference**
- Presented to **ERANO (Empowering Refugees and Newcomers Organisation)**

In October we attended:

- **Professional Standards Authority** UK Policy Symposium
- **Whole System Flow Steering group and Senior Leadership Group o**n the 'Big Discussion'

In November we:

- Attended the inaugural **HSC George Cross Lecture**
- Attended the **Health Committee's Inquiry Report on Access to Palliative Care Services**
- Met with **NI Public Services Ombudsman** to discuss the implementation of the Model Complaints Handling Standards across health and social care, and the importance of a regionalised approach to independent advocacy services
- Met with **Chief Pharmaceutical Officer** regarding the **Neighbourhood Model** and to discuss the enabling shift to a People to Partners approach.

In December we:

- Participated in **CDHN's Policy Roundtable** with community development organisations across NI and Scotland as part of the Common Ground Leadership Exchange.

In January we:

- Met with the **Commissioner for Older People** in Northern Ireland, to discuss COPNI's 'Voices of Concern' report and joint initiative.

- Met with the **Pro Vice Chancellor for the Faculty of Medicine**, Health and Life Sciences at QUB to discuss the role of the PCC, People to Partners, and its importance in clinical education.
- Presented at the 2026 **NIHC 1 Year Anniversary Event** at Hillsborough about the strategic importance of embedding a People as Partners approach

In February we:

- Presented at the **All Ireland Health Summit** on 'People to Partners' approach
- Presented to **All Party Group on Older People**
- Met with **Llais**, who represent people in Health and Social Care in Wales.

In March we:

- Hosted a panel session "**Transforming Public Services: Rethinking our relationship with the public**" at the Northern Ireland Leadership & Governance Conference 2026.

Through this work under PCC Impact, we have been able to deliver against the organisation's two key Strategic Objectives:

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

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PCC Business Development

Operational Plan

A new operational plan for 2025-26 was approved by Council in February 2025 following consultation and agreement with all the PCC staff. This builds upon the PCC's Statement of Strategic Intent 2022-2025 and sets out our detailed work plan in support of our four key pillars/strategic goals. The operational plan also includes a fifth goal of "Governance" to recognise the important role of Governance within the organisation. The operational plan describes the activity we will undertake, the outputs we plan to deliver and how we will assess and measure the impact of our work.

Our annual plan is agile and responsive to the external environment and we continually assess our work, its relevance and the need to develop services as the demand and external environment dictates. An example of this was our PCC Support in the Community initiative started in November 2024. This was not included in our original plan for the year but has been significant in contributing and delivering on the PCC's strategic objectives.

Information Governance

In order to ensure that all information is effectively managed within a robust framework, incorporating policies, procedures and management accountability, in accordance with best practice and legislative requirements, the PCC continued to operate an Information Governance Group during the year on a quarterly basis as part of our Executive Management Team/ Leadership Team meetings. Key outputs for the year include:

- Updating and implementation of an Information Governance Plan;
- Updating of the Information Asset Register;
- Commissioning support to review the Information Assets register and the disposal of data/information held in line with Good Management Good Records (GMGR); and
- Approval to fund the development of the new Information Management System for the PCC by Digital Health Care NI. Work to develop the new case management system for the PCC is at an advanced stage as the current Alemba System contract expired 31 March 2026. This work is being completed by BSO ITS.

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

Information Requests

The PCC received 50 Data Access Requests in the 2025-26 year. These were broken down as follows:

- 11 Subject Access requests;
- 12 Freedom of Information requests;
- 25 Information Requests from the NI Assembly; and
- 2 Right to Erase Data request.

92% of all information requests were responded to within 20 working days. The remaining 8% of information requests had their response times extended past 20 days due to further information/clarification required. These requests were then completed within an extended timeframe.

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

Complaints

The PCC received 5 complaints during the year. All complaints were compliant regarding agreed response times.

Staffing

Recruitment was completed during the year through Agency for a temporary Policy Manager, Public Inquiries and Temporary Band 5 Practitioner role. Other vacant posts for Senior Policy Impact and Information Officer, Senior Data Impact and Influence Officer and Executive Assistant are currently progressing and recruitment for these roles was completed in May 2026. The PCC has continued to prioritise frontline services and two key vacant posts of Head of Business and Finance Manager continue to be placed on hold due to financial resourcing issues.

Partnership agreement

The PCC continued to operate within the structure of the DoH Partnership Agreement which sets out the partnership arrangements between the PCC and the DoH. In particular, it explains the overall governance framework within which the PCC operates, including the framework through which the necessary assurances are provided to stakeholders. Roles/responsibilities of partners within the overall governance framework are also outlined. The partnership is based on a mutual understanding of strategic aims and objectives; clear accountability; and a recognition of the distinct roles each party contributes.

As indicated in the performance overview section, there are a number of principal risks and uncertainties emerging for the PCC in 2025-26 as noted below.

Level of funding within core allocation

An ongoing principal risk for the PCC is the level of funding within its core allocation. In December 2024, in response to correspondence from DoH Finance setting out the future financial position and seeking detailed information on potential reductions in the 2025-26 budget allocation, the PCC submitted plans for savings based on two

scenarios over a three-year period from 2025-28: a flat cash budget and a 1% reduction per annum on the opening 2025-26 budget position.

The PCC submitted details on the impact of each of the scenarios which all resulted in a deficit position from the start of the year, inability to fill vacancies and ultimately reductions in staff to meet the cumulative reductions over the three-year period. While the PCC received its opening allocation for 2025-26 representing flat cash, there was no doubt that even with a flat cash budget allocation, this presented significant challenges for the PCC going forward. For the 2025-26 financial year, the PCC met the savings target only through the non-recruitment of two significant posts within the PCC's Business Support and Governance team – the posts of Head of Business and Finance Manager, which remain vacant.

In addition, the PCC made further savings to meet the required target, by consolidating team office space and ending the lease for the PCC Lurgan office as also proposed in the scenario planning exercise last year.

To date, the PCC have prioritised funding to front-line services, protecting positions within the organisation that directly contribute to supporting the public and representing the interests of the public in health and social care.

In January 2026, DoH requested the completion of a financial scenario planning exercise for ALBs of 5%, 10% and 15% potential reductions due to the wider financial pressures for the incoming year 2026/27.

The only option for the PCC to meet any savings target going forward, including the minimum 5% asked of the PCC within the scenario planning exercise, would be to make savings within the PCC pay budget, resulting in redundancies. Given the vacant posts the PCC are carrying already, reduction in funding and the resulting staff redundancies would affect services to the public, as it would affect posts that directly contribute to supporting the public and representing the interests of the public in health and social care.

Demand in relation to Inquires and the need to have appropriate representation

There are currently significant health related public inquiries underway in Northern Ireland including the Muckamore Abbey Hospital Inquiry and the national COVID 19 inquiry.

The PCC has been involved in providing evidence and responding to questions in respect of these inquiries. As the Urology Inquiry and Muckamore Abbey Hospital Inquiry are due to report in May/June 2026, this will continue to put pressure on the organisation and results in a risk that the PCC will be unable to undertake all of its core work and priorities set out in the Statement of Strategic Intent and Annual Operational Plans, as some staff are required to be redirected to support the Inquiry work.

The PCC will continue to support its staff in this work, and seek to balance how it responds to these Public Inquiries while seeking to continue to progress its core

work. The PCC will continue to discuss capacity issues and potential implications with DoH sponsor branch. The current resource allocated to the PCC for Inquiry related legal and associate spend was due to end in March 2026. Following the approval of a Business Case in February 2026, additional resource has been allocated for 2026/27 to enable the PCC to access legal and associate support regarding its role in responding to statutory inquiries.

Property and Estates

During 2024-25, BSO continued to consolidate its office estate which included future provision to meet the PCC's needs in Belfast. The decision was taken to not proceed with remaining in Great Victoria Street for a further 12 months and accelerate the consolidation to its existing office estate by the lease expiry for the office in Great Victoria Street. This resulted in the PCC being required to vacate the Great Victoria Street offices by April 2025. SPPG provided office accommodation to the PCC in the Linenhall Street offices in May 2025 as well as providing a private office on the ground floor to accommodate accessibility to the public. As the only statutory HSC organisation with a mandate to represent the public voice, building and maintaining awareness and the accessibility to the public of the PCC, and maintaining a robust reputation is of critical importance, this was a critical move for the PCC.

The PCC is due to end the lease on its Lurgan office by May 2026 and SPPG have provided an additional adjoining office to the existing office in Linenhall Street to accommodate staff moving from Lurgan but more importantly securing future office accommodation in Belfast for the PCC.

Sustainability Report

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

- Increasing the use of digital and electronic records hence reducing the use of 'paper' records to a minimum;
- Continuing the use of video-conferencing for meetings, reducing the amount of travel to and between meetings. Whilst face to face meetings increased during 2025-26, video conferencing is being used for meetings at all levels including Council, Council committees, internal staff meetings, meetings with other organisations and membership/user engagement meetings;
- Continuing with the Hybrid Working Scheme Pilot as recommended by BSO during 2023/24 which allows staff to continue with a blended approach of part home/part office. Again, this way of working has a significant impact on the carbon footprint by reducing the amount of travel between home and the workplace; and
- As a result of hybrid working, and greater reliance on technology, printing and photocopying continues to reduce.

SECTION 2: ACCOUNTABILITY REPORT

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

a) Corporate Governance Report which is comprised of:
- Directors' Report;
- Statement of Accounting Officer Responsibilities; and
- Governance Statement.

b) Remuneration and Staff Report; and

c) Accountability and Audit Report.

Corporate Governance Report

Directors' Report

The Patient and Client Council is made up of Members appointed by the 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, no members of staff sit on the governing body (unlike the position in service delivery organisations such as the Health Care Trusts and the Public Health Agency). The Patient and Client Council Members are listed below:

- Ruth Sutherland Chair (appointed 15 May 2023 to May 2027)
- Mr Patrick Farry (appointed 1 April 2019 to 31 March 2027)
- Mr Alan Hanna (appointed 1 April 2019 to 31 March 2027)
- Mr Tom Irvine (appointed 12 September 2022 to 11 September 2026)
- Mr Stephen Mathews (appointed 12 September 2022 to 11 September 2026)
- Ms Briege Arthurs (appointed 1 February 2024 to 31 January 2028)
- Mr Gary McMichael (appointed 1 February 2024 to 31 January 2028)
- Mr Tom Sullivan (appointed 1 February 2024 to 31 January 2028)
- Ms Emma O'Neill (appointed 1 February 2024 to 31 January 2028)
- Ms Rhoda Walker (appointed 1 February 2024 to 31 January 2028)
- Cllr Paula Bradley (appointed 1 February 2024 to 31 January 2028)
- Dr Julie Aiken (appointed 1 February 2024 to 31 January 2028)
- Cllr Cadogan Enright (appointed 1 March 2024 to 29 February 2028)
- Cllr Gael Gildernew (appointed 1 December 2025 to 1 December 2029)
- Cllr Sarah Duffy (appointed 1 December 2025 to 1 December 2029)
- Charlene Brooks (appointed 1 December 2025 to 1 December 2029)
- Cllr Philip Anderson (appointed 15 December 2025 to 15 December 2029)

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

The diagram below shows the structure of the Council:

Under the PCC's legislation and Standing Orders, the Chief Executive and Executive Management Team (EMT) have delegated responsibility for the day to day activities of the PCC and report to Council on the discharge of these duties. The EMT includes:

- Chief Executive, Meadhbha Monaghan (appointed Chief Executive on 13 March 2023, previously Head of Operations from 15 May 2020 to 12 March 2023).
- Head of Operations, Úna McKernan (appointed 4 September 2023).
- Senior Policy Impact and Influence Manager, Peter Hutchinson (appointed 3 July 2023).
- Principal Practitioner for Advocacy, Katherine McElroy (appointed 1 June 2024, previously Service Manager 9 August 2021 to 31 May 2024).

Interests held by Council and Senior Staff

Senior members of staff or Council Members had no significant interests, which would conflict with their management responsibilities to report for 2025-26. The

Declaration and Register of Interests, where applicable, can be found on the PCC website https://pcc-ni.net/about-us/our-council.

Statement of Accounting Officer Responsibilities

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

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

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

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

As the Accounting Officer, I have taken all the steps I ought to have taken to make myself aware of any relevant audit information and to establish that the 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 2025-26

1. Introduction/Scope of Responsibility

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

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

The PCC works closely with the other HSC organisations. As set out in the HSC Framework Document, the PCC's relationship with other HSC bodies is characterised by, on the one hand, its independence from these bodies in representing the interests and promoting the involvement of the public in health and social care, and on the other hand, the need to engage with the wider HSC in a positive and constructive manner to ensure that it is able to efficiently and effectively discharge its statutory functions on behalf of patients, clients and carers including the wider public.

The PCC continues to develop and embed new relationships and networks across the HSC family and other sectors, including commissioners, regulators, providers and the community and voluntary sector, recognising the value of partnership working.

The Business Services Organisation (BSO) provides a range of essential services to the PCC, through a number of Service Level Agreements (SLAs). Systems are also in place to support the inter-relationship between the PCC and the DoH, through regular meetings and by providing regular reports.

2. Compliance with Corporate Governance Best Practice

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

The Council undertook a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit in March 2025 and followed up with a

workshop in April 2025 to agree their action plan for the year. This was approved at their Council meeting on 29 July 2025. The Council agreed 36 actions with 28 fully completed in year, 3 partially completed and 5 commenced. In accordance with the 2025-26 annual internal audit plan, BSO Internal Audit also carried out an audit of Board Effectiveness during July and August 2025 which also served to comply with the 3 year external audit requirement for the DoH Governance Unit. Internal Audit provided satisfactory assurance in relation to Board Effectiveness. Their findings noted that the Council meet regularly, is well attended and is being well supported by its Committees which provide robust updates on all aspects of the PCC Business. There is robust and timely reporting from Committees to Council, reporting is managed through a meeting content calendar which detailed required documentation for each meeting.

Council agendas are well structured and cover key business areas such as Governance, Finance, updates on Operations and the PCC Strategic Plan and Risk. Internal Audit attended the Council meeting held on 29 July 2025 and found it to be well structured and professional, with good engagement and challenge where appropriate. The ARAC also completed a self-assessment using the National Audit Office Audit Committee Self-Assessment Checklist in May 2025.

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

3. Governance Framework

The key organisational structures which support good governance in the PCC are:

- PCC Council;
- Audit Risk and Assurance Committee (ARAC);
- Business Committee;
- Appointments and Remuneration Committee;
- Policy and Influence Committee; and
- The Executive Management Team (EMT).

The PCC is a Body Corporate incorporated by Section 16 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. It consists of a Chair and members, appointed by the DoH under the Public Appointments process. The Council constitutes the governing body of the PCC. The Patient and Client Council (Membership and Procedure) Regulation (Northern Ireland) 2009 stipulates that there shall be sixteen members and a Chair. The Public Appointments process was undertaken during 2025 to appoint the four outstanding vacancies. As at 31 March 2026 the Council had 16 members (excluding the Chair). We welcomed four new Council members in December 2025, after Ministerial appointment. These appointments bring Council up to its full complement for the first time in recent history. The PCC Council membership is prescribed to reflect the public that it serves, with members from District Council, the voluntary and community sector, trade unions, as well as lay membership. Council

is not only tasked with strategic leadership and governance of the organisation but are a connection to the public and work to represent the interests of the public in health and social care, in line with our statutory functions. The role and functions of the Council, as set out in the HSC Code of Conduct and Code of Accountability (March 2018), updated October 2022, are as follows:

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

The Council holds formal meetings, at least quarterly, with the addition of regular Council workshops to enable key issues to be considered in more depth. During 2025-26, there were four full Council meetings and one short Council meeting held. All of these were held online. There were five Council workshops, all held in person. All meetings were quorate.

The PCC has three fully functioning Council Committees: Audit and Risk Assurance Committee (ARAC), Business Committee and Appointments and Remuneration Committee. In March 2026, Council approved the establishment of a Policy & Influence Committee.

The purpose of the ARAC is to give an assurance to the Council and the Accounting Officer on the adequacy and effectiveness of the PCC's system of internal control. The ARAC has an integrated governance role, encompassing financial governance and organisational governance, all of which are underpinned by risk management systems. The ARAC meets at least four times a year. ARAC comprised four members throughout 2025-26. Representatives from Internal and External Audit and an Independent Adviser from HSC Leadership Centre are also in attendance. During 2025-26 the ARAC met on four occasions and all meetings were quorate.

The Appointments and Remuneration Committee function is to advise the Council about appropriate remuneration and terms of service for the Chief Executive, taking account of performance, subject to the direction of the DoH. The Committee comprises two members and one meeting was held during the year. The terms of reference for the Appointments and Remuneration Committee are currently under review including updating the membership. In the interim an additional member of the Council has been appointed to the committee.

The Business Committee was established to scrutinise and provide advice to the Council across a number of business areas including operational performance activity and financial performance, safeguarding and complaints, information governance, estates and health and safety. The Committee comprises four members and meets four times a year. The Committee met four times during 2025-26. All meetings were quorate.

In late 2024 it was agreed that a Policy sub-group of Council should be set up as a temporary advisory group to Council and the Executive Team on policy and influence issues, with a view to assisting the organisation with developing this function. With the support of the sub-group it is considered that the Policy and Influence function has considerably developed over the last year and has become a key part of how the PCC represents the best interests of the public and fulfils its statutory functions. Taking the development and work in this area into consideration, Council agreed to establish a formal Policy and Influence Committee in 2025-26.

PCC Council Attendance Register 2025-26:

Name	Council Meetings Attended	Meetings held during appointment
Ruth Sutherland *	4	5
Stephen Mathews	5	5
Alan Hanna	5	5
Paddy Farry	4	5
Tom Irvine	5	5
Briege Arthurs	5	5
Gary McMichael	5	5
Cllr Paula Bradley	5	5
Cllr Cadogan Enright**	3	5
Emma O'Neill	4	5
Dr Julie Aiken	4	5
Rhoda Walker	5	5
Tom Sullivan	4	5
Charlene Brooks	1	1

Cllr Gael Gildernew	1	1
Cllr Sarah Duffy	1	1
Cllr Philip Anderson	1	1

*****PCC Chair Ruth Sutherland attended a HSC Chairs meeting with the Minister during one Council Meeting.

****** Cllr Enright's appointment has been suspended by the Minister 1 December 2025 pending investigation.

4. Business Planning and Risk Management

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

4.1 Business Planning

The PCC meets its statutory obligations primarily through advocacy support, policy influence and engagement with the public on a range of issues with a particular focus on any Ministerial priorities. The PCC Statement of Strategic Intent (SSI) 2022 – 2025 described what we wanted to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference that we want to make to Health and Social Care Services in Northern Ireland.

Reflecting on the operational outcomes listed in the SSI, there have been significant developments in many of these areas. However, reprioritisation of resources and developments in the external policy environment meant that we would no longer focus on some of the areas in the original SSI and in this context, it was timely to refresh the SSI to pay greater attention to those areas of our work which will achieve the greatest outcomes in fulfilling our statutory duties, whilst capturing the evolution in the PCC's work. The refresh was concluded during 2025-26 with further public engagement on our priorities March – April 2026.

The PCC Annual Operational Plan 2025-26 detailed how progress towards the 'Statement of Strategic Intent' goals would be achieved and demonstrated. The Annual Operational Plan continues to better demonstrate impact and outcomes and alignment with the draft Programme for Government, as well as with the PCC legislative mandate and the priorities highlighted by the public.

A performance report is presented to Council every quarter, providing an update on the Operational Plan, setting out progress against objectives and explaining any variances. An advocacy report is also presented, including more in-depth analysis of performance in this area. An Impact and Influence update is presented setting out the PCC's strategic engagement and policy advocacy work, representing the interests of the public. All reports are also provided on a quarterly basis to Sponsor Branch.

4.2 Risk Management
The PCC Risk Management Strategy and Policy was approved during 2024-25 and sets out the PCC risk management process, which is a five-stage approach as follows:

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

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

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

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

Third Stage: Risk Appetite
Given that the PCC is publicly funded and that it is part of Northern Ireland's Health and Social Care System, Council has determined that the PCC's overall risk appetite will be 'averse'.

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

Fifth Stage: Risk Monitoring and Review
The management of risk in the PCC is recorded and monitored via the Departmental local risk registers and the Corporate Risk Register (CRR).

Consideration of the CRR in early 2024 highlighted the need to undertake a complete overview of this in light of a number of changes in the external environment and changes to the level of risk likely to be experienced by the PCC. It was proposed that a redevelopment of the CRR would be completed and presented to ARAC in the first instance and approved by Council. This would include a more succinct and up to date description of each of the risks identified ensuring as far as possible that there is no duplication.

Internal Audit recommend HSC organisations develop their assurance framework and mapping to include:

- Defining and considering assurances using the three lines model;
- An assessment of control effectiveness; and
- More clearly aligning assurances to the controls they are providing assurances over.

The new CRR was approved by ARAC in October 2024 and Council in November 2024 and reflected these recommendations and a RAG rating (suggested in HM Treasury Guidance) on the effectiveness of controls from assurance work has been applied.

The CRR is presented at ARAC on a quarterly basis. Risk is also presented and discussed at all Council meetings to allow discussion on the management of risk by the PCC. This includes the presentation of a paper providing a brief overview of the five risks from the Corporate Risk Register, issues arising and action being taken.

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

All the PCC staff are made aware of their responsibilities in respect of risk management, through their functional leads and completion of the risk management e-learning programme and application of the departmental risk registers.

The Corporate Risk Register is formally reviewed and updated on a quarterly basis, initially by the Executive Management Team (EMT) before it is brought to ARAC followed by Council.

4.3 Information Risk

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

The Head of Operations is the Senior Information Risk Officer (SIRO) for the PCC. Information Governance reports and plans are formally discussed as part of the Executive Management Team/Leadership Management Team meetings on a quarterly basis. This includes the Information Asset Owners.

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

The PCC receives practical information governance support from the BSO, through an SLA, including the services of the Data Protection Officer.

The PCC continues to work with BSO ITS, as our IT provider, to take necessary measures in relation to cyber security risks, and ensure that staff are made aware of risks and actions.

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

All the PCC staff have access to the information governance policies and procedures through the PCC SharePoint site. All staff are also required to complete the regional HSC information governance e-learning programme, incorporating Freedom of Information, Data Protection, Records Management and IT Security/cyber security. No reportable incidents occurred during the year.

A review is progressing regarding the Information Assets register and in particular issues of disposal of data/information held in line with Good Management Good Records (GMGR).

Approval to fund the development of the new information management system for the PCC was given by Digital Health Care NI this year. Work to develop the new system for the PCC is at an advanced stage as the current Alemba System contract expired 31 March 2026. Agreement to access the system was reached pending the introduction of the new system. This work is being completed by BSO ITS.

5. Fraud

The PCC takes a zero-tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response Plan, which are kept under review and updated as appropriate. No fraud or error was detected in 2025-26 (2024-25 nil).

6. Public Stakeholder Involvement

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

The PCC has worked throughout 2025-26 to deliver public stakeholder involvement at strategic and operational levels, in partnership with the public and members from our Membership Scheme supporting work on our themed engagement platforms. These provide members of the public with a forum for engagement on specific areas of work and connect them with representatives across health and social care and voluntary and community sectors. This is critical in fulfilling our statutory functions of promoting the involvement of the public and representing their interests.

The PCC approach of a ‘network of networks’ has facilitated individuals, organisations and decision-makers to engage on HSC issues at both generalist levels through to more focused, specific work. Throughout 2025-26, we have further progressed and strengthened this approach through the PCC ‘Positive Passporting Initiative.’ This concept is anchored within the PCC service standards of mediation, partnership, and a relationship-based approach to working in partnership with other agencies to ensure the service user, at point of contact with the PCC, has an avenue of advocacy and support that the PCC will positively passport the individual to should their support needs extend beyond the PCC’s role and statutory remit.

In October 2025, the PCC launched its “People to Partners” report. Redefining the social contract is essential for creating systems that genuinely meet the needs of our public. That’s what People to Partners is all about - building a collaborative approach between people and services, that embraces agency and emphasises shared responsibility and community strength. Not just within health, but across our public services. Leading from within health, our ambition at the PCC is to build a movement for change.

This report developed in partnership with the NI Confederation for Health and Social Care (NICON) explores the development of a unique approach to building a new relationship with the public: Can we 'do with' (not 'for') to drive wellbeing in Northern Ireland? Driving wellbeing through improved citizenship in Northern Ireland requires a strategic and collaborative approach that focuses on shifting mindsets and organisational culture within and beyond healthcare and actively engaging citizens as partners in the process. To realise a vision of building a new relationship with the public, next steps require socialisation of this idea and further engagement on progressing the recommendations which will continue in 2026/27.

Between March and April 2025, the Chief Nursing Officer (CNO) and Chief Medical Officer (CMO) convened the ‘Big Discussion’ workshops across Health and Social Care in Northern Ireland to design a system approach to addressing ‘winter’ pressures. The need to engage with the public was a strong and recurrent theme emerging from these workshops and the CNO asked the PCC to consider how a ‘Big Discussion’ with the public on this issue might be approached. The PCC recommended that the work should be carried out in different phases, with an initial phase focused on generating a regional baseline understanding of the public’s beliefs and feelings about health and social care, and their knowledge of winter pressures. In many cases, a regional baseline for measurement of what the public knows, believes or thinks about health and social care services in Northern Ireland does not exist. In the attitudinal survey the PCC were interested in gaining an understanding of:

- What is important to the public in accessing health and social care;
- Public knowledge of winter pressures;
- How the public receive and understand information about HSC services and winter pressures;
- Public knowledge and experience of staying well during winter; and
- What influence the public think they can have in helping to alleviate pressures on services.

The PCC designed the first phase and attitudinal survey with the intention that it would have broader applicability to a range of initiatives that are ongoing across health, as set out in the Minister for Health's Reset Plan in the coming years. This work was published as the PCC's "What the Public Think" report in October 2025.

The PCC introduced a pilot scheme in 2024 to engage the public through a community outreach approach allowing the PCC expand access to its advocacy and engagement services siting the PCC staff in community venues across Northern Ireland. The purpose of the programme was to reach out into these communities to provide an ease of access to our services and membership. This was in response to evidence from our Lucid Talk survey about underrepresented communities. The pilot programme ran from November 2024 to December 2025, with 255 'Support in the Community' events held across 38 venues, reaching 922 members of the public. This outreach approach will continue indefinitely.

Our work continued to be shaped by our SSI 2022-2025, which described our strategic direction and what we want to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference we want to make. However, while the SSI had only been live since February 2023, much has changed since its inception externally as well as within the PCC itself.

Reflecting on the current context across the HSC and a reprioritisation of resources, we will no longer focus on some of the areas originally noted and, in this context, it was considered timely to refresh the SSI to pay greater attention to those areas of our work which will achieve the greatest outcomes in fulfilling our statutory duties. The refresh of our SSI was completed and approved by Council during 2025-26 for a two-year period up to 2027. Two meetings with the public were held during March – April 2026 to provide an update on the changes and on the PCC's future work priorities and plans to engage the public in the development of a new SSI beyond 2027.

7. Assurance

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

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

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

Internal Audit has a key role in providing assurance on the effectiveness of the system of internal control. External Audit provides an opinion on the financial

statements for the organisation. The ARAC receives, reviews and monitors reports from both Internal and External Audit. Representatives from Internal and External Audit attend all ARAC meetings.

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

- Monitoring of performance against objectives;
- Organisation processes for information management;
- Financial information being presented to Council and;
- Business and Corporate support functions including HR, Estates, Health & Safety, Safeguarding and the approval of policies and procedures.

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

8. Sources of Independent Assurance

The PCC obtains independent assurance from:

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

8.1 Internal Audit

The PCC utilises an Internal Audit function which operates to defined standards and whose work is informed by an analysis of the risk to which the body is exposed and annual audit plans are based on this analysis. During 2025-26 the following internal audit assignments were conducted:

Audit Assignment	**Level of Assurance received**
Promotion and Awareness Raising	Satisfactory
Financial Review	Satisfactory
Board Effectiveness	Satisfactory

Internal Audit's definition of levels of assurance:

Satisfactory: Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.
Limited: There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.
Unacceptable: The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

8.2 Follow up on Previous Recommendations

During March 2026, BSO Internal Audit reviewed the implementation of accepted outstanding Priority One and Two Internal Audit recommendations, where the implementation date has now passed. 9 (69%) of the 13 recommendations examined were fully implemented and 4 (31%) were partially implemented. From the 13 recommendations reviewed in this follow up, none related to significant findings which would have caused limited/unacceptable assurances to be provided. Work will continue during 2026/27 to address those recommendations that have not yet been fully implemented.

8.3 Overall Opinion from the Head of Internal Audit

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

"Overall, for the year ended 31 March 2026, I can provide **satisfactory** assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control".

8.4 BSO Shared Services Audits

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

Shared Services Audit	**Level of Assurance Received**
Payroll Shared Service	Satisfactory
Accounts Receivable	Satisfactory
Accounts Payable Shared Service	Satisfactory

8.5 External Audit

In her 'Report to Those Charged with Governance' for the year ending 31 March 2025 the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements without modification.

9. Review of Effectiveness of the System of Internal Governance

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

9.1 Budget Position and Authority

"The Budget Act (Northern Ireland) 2026, which received Royal Assent on 20 March 2026, together with the Northern Ireland Spring Supplementary Estimates 2025-26 which were agreed by the Assembly on 23 February 2026, provide the statutory authority for the Executive's final 2025-26 expenditure plans. The Budget Act (Northern Ireland) 2026 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2026/27 financial year."

10. Internal Governance Divergences

10.1 Update on prior year governance issues which no longer continue to be considered governance issues:

Estates

During 2024-25, BSO continued to consolidate its office estate which included future provision to meet the PCC's needs in Belfast. The decision was taken not to proceed with remaining in Great Victoria Street for a further 12 months and accelerate the consolidation to its existing office estate by allowing lease expiry for the office in Great Victoria Street. This resulted in the PCC being required to vacate the Great Victoria Street offices by April 2025. SPPG provided office accommodation to the PCC in the Linenhall Street offices in May 2025 for 12 months as well as providing a private room on the ground floor to accommodate accessibility to the public. As the only statutory HSC organisation with a mandate to represent the public voice, building and maintaining awareness of the PCC, ensuring accessibility to the public of the PCC services whilst maintaining a robust reputation, is of critical importance. This was a critical move for the PCC as securing appropriate office accommodation within the BSO estate but that safeguards the PCC's independence from HSC service delivery organisations is also an imperative.

The PCC is due to end the lease on its Lurgan office by May 2026 and SPPG have provided an additional adjoining office to the existing office in Linenhall Street to accommodate staff moving from Lurgan. In extending the PCC accommodation beyond the 12 months, this secures future office accommodation in Belfast for the PCC.

10.2 Update on prior year governance issues which continue to be considered governance issues:

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

The PCC has been involved in providing evidence and responding to questions in respect of all these inquiries. Given the number and scale of these inquiries and the amount of work required to provide evidence and respond to questions, this has placed ongoing and increasing pressure on the organisation.

The PCC is a small regional organisation, and therefore has limited capacity. While additional assistance has been engaged through the HSC Leadership Centre, and external legal advice has been approved and funded by the DoH (to support the PCC in respect of the MAH Inquiry, Urology Inquiry and the UK Covid Inquiry), it is still necessary for core the PCC staff to support this work. This may impact on the PCC's ability to undertake all of its core work and this is particularly relevant given that the Urology Inquiry and MAH Inquiry are due to report in May/June 2026. As a core participant to the MAH Inquiry, the PCC will need to be responsive to this.

The PCC will continue to support its staff in this work, and seek to balance how it responds to these Public Inquiries while seeking to continue to progress its core work. The PCC will continue to discuss capacity issues and potential implications with DoH sponsor branch. The current resource allocated to the PCC for Inquiry related legal and associate spend was due to end in March 2026. Following the approval of a Business Case in February 2026, additional resource has been allocated for 2026-27 to enable the PCC to access legal and associate support regarding its role in responding to statutory inquiries. However, given the current challenging fiscal environment, funding for a Policy Manager role, that has been instrumental in shaping the PCC's policy work in relation to Inquiries, was not supported.

Information Governance: Alemba and Information Management Systems

A review commenced in 2024-25 and is progressing well regarding the Information Assets register and in particular issues of disposal of data/information held in line with Good Management Good Records, supported by an Associate from the HSC Leadership Centre. However, work remains to be done in strengthening information governance across the PCC.

The PCC had been operating with a number of legacy systems dating from 2012 including the Alemba case management system. Approval to fund the development of the new Information Management System for the PCC was given by Digital Health Care NI. Work to develop the new case management system for the PCC is at an advanced stage as the current Alemba System contract expired 31 March 2026. This work is being completed by BSO ITS. This new system will replace the old legacy systems and will allow for an information management and reporting system that allows the PCC to comprehensively record data, store data and documents securely and produce accurate and automated reports on this information across the multiple functions of the organisation, leading to greater efficiencies across the PCC's management reporting systems. While developments noted above are well underway, these will remain as governance issues until both projects complete during 2026-27.

Financial Resources: The functions and role of the PCC as described in articles 17 to 20 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 are wide ranging and imply a pivotal role for the PCC which arguably is not reflected in its current budget allocation, which equates to approximately £1 for each person living in Northern Ireland that the PCC represent. The PCC have previously developed and submitted to the Department a Strategic Outline Case (Feb 2023) which seeks to address the PCC's resourcing issues.

In December 2024, in response to correspondence from DoH Finance setting out the future financial position and seeking detailed information on potential reductions in the 2025-26 budget allocation, the PCC submitted plans for savings based on two scenarios over a three-year period from 2025-28: a flat cash budget, and 1% reduction per annum on the opening 2025-26 budget position.

The PCC submitted details on the impact of each of the scenarios which all resulted in a deficit position from the start of the year, inability to fill vacancies and ultimately reductions in staff to meet the cumulative reductions over the three-year period. While the PCC received its opening allocation for 2025-26 representing flat cash, there was no doubt that even with a flat cash budget allocation, this presented significant challenges for the PCC going forward. For the 2025-26 financial year, the PCC met the savings target only through vacancy control and the ongoing non-recruitment of two significant posts within the PCC's Business Support and Governance team – the posts of Head of Business and Finance Manager, which remain vacant.

In addition, the PCC made further savings to meet the required target, by ending the lease for the PCC Lurgan office as also proposed in the scenario planning exercise last year. To date, the PCC have prioritised funding to front-line services, protecting positions within the organisation that directly contribute to supporting the public and representing the interests of the public in health and social care.

In January 2026, DoH requested the completion of a financial scenario planning exercise for ALB's of 5%, 10% and 15% potential reductions due to the wider financial pressures for the incoming year 2026/27.

The only option for the PCC to meet any savings target going forward, including the minimum 5% within the scenario planning exercise, would be to make savings within the PCC pay budget, resulting in redundancies. Given the vacant posts the PCC are carrying already of Head of Business Support and Finance Manager, reduction in funding and the resulting staff redundancies would affect services to the public and would affect posts that directly contribute to supporting the public and representing their interests in health and social care. Furthermore, turnover on the Business Support Team has affected continuity and ability to deliver at pace.

10.3 New governance issues identified during 2025-26

Demand vs Capacity: the PCC has increasingly demonstrated its value throughout the many challenges faced by the HSC system and the patients, clients, carers and communities that health and social care serve, across advocacy, engagement and increasingly in our thought-leadership and policy influencing work. As services have struggled, demands on the PCC have grown, and the organisation has willingly responded.

Ministerial policy has consistently placed the voice of the patient and client at the centre of HSC care and decision making. Enabling and investing in that voice from an independent source is critical in providing constructive challenge and assurance to the wider system. Our Health and Social Care is under tremendous strain and

significant challenges exist across all health services in Northern Ireland, reflected in acute 'winter' pressures and a constrained budgetary position. Within this context in recent years the PCC has seen both a significant increase in demand for the PCC advocacy services, and a noted increase in the complexity of cases requiring the PCC input. This year alone, demand for support has increased by 43%, yet resources have remained static for 3 years. In response to the greater demand for our services, we continue to strive to maximise our resources and work in partnership with the public, community and voluntary sectors.

The PCC have previously developed and submitted to the Department a Strategic Outline Case (Feb 2023) which sought to address the PCC's resourcing issues, however opportunities to secure additional recurrent funding for the PCC, as set out in the Strategic Outline Case have been limited. Persistent increases in demand and complexity, vs capacity, will continue to pose a risk to PCC's ability to deliver on its statutory functions and its role within the HSC system going forward.

11. Conclusion

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

Further to considering the accountability framework within the PCC and in conjunction with assurances given to me by the Head of Internal Audit I am content that the PCC has operated a sound system of internal governance during the period 2025-26.

M. Monaghan

Meadhbha Monaghan
Chief Executive Officer

Performance Report for the year ended 31 March 2026

PROMPT PAYMENT POLICY

Public Sector Payment Policy - Measure of Compliance

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

	2026 Number	2026 Value £	2025 Number	2025 Value £
Total bills paid	449	850,587	463	744,255
Total bills paid within 30 day target	448	850,309	463	744,255
% of bills paid within 30 day target	**99.8%**	**100%**	**100%**	**100%**
Total bills paid within 10 day target	435	842,110	452	739,555
% of bills paid within 10 day target	**96.9%**	**99%**	**98%**	**99%**

Remuneration Report for the year ended 31 March 2026

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

Senior Managers include the Chief Executive Officer, the Head of Operations, the Senior Policy Impact and Influence Manager and Principal Practitioner for Advocacy.

Appointments and Remuneration Committee
The membership of the Appointments and Remuneration Committee is comprised exclusively of Council members. The Chief Executive Officer and a nominated HR Officer (from BSO) shall provide information, advice and support to the Committee.

The Appointments and Remuneration Committee for 2025-26 membership is:

Members
Ruth Sutherland (Chair)
Alan Hanna
Charlene Brooks

The main functions of the Committee are:

- To advise the PCC Council on the appropriate remuneration and terms of service for the Chief Executive to ensure that they are fairly rewarded for their individual contribution to the organisation, ensuring that any directions issued by the DoH on pay are scrupulously observed. This would include having proper regard to the organisation's circumstances and performance.

- To oversee the proper functioning of performance and appraisal systems. The appraisal for the Chief Executive Officer will take place during the first quarter of each year. Performance of the Chief Executive is assessed using a performance management system which comprises of individual appraisal and review. The Committee considers the remuneration policy as directed by Circular HSS (SM) 3/2001 issued by DoH in respect of Senior Executives, which specifies that the CEO be subject to the HSC Individual Performance Review System. The overall objective of the Senior Executive remuneration arrangements is to achieve a fair, transparent and affordable pay and grading system for all Senior Executives employed across the HSC.

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

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

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

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

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

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

Name	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
Non-Executive Members	2025-26	2024-25	2025-26	2024-25	2025-26	2024-25	2025-26	2024-25
Mrs Ruth Sutherland (Chair)	20-25	20-25	-	-	-	-	20-25	20-25
Mr Alan Hanna	0-5	0-5	-	-	-	-	0-5	0-5
Mr Patrick Farry	0-5	0-5	-	-	-	-	0-5	0-5
Mr Stephen Mathews	0-5	0-5	-	-	-	-	0-5	0-5
Mr Tom Irvine	0-5	0-5	-	-	-	-	0-5	0-5
Ms Briege Arthurs	0-5	0-5	-	-	-	-	0-5	0-5
Mrs Emma O'Neill	0-5	0-5	-	-	-	-	0-5	0-5
Ms Julie Aiken	0-5	0-5	-	-	-	-	0-5	0-5

Mrs Rhoda Walker	0-5	0-5	-	-	-	-	0-5	0-5
Ms Paula Bradley	0-5	0-5	-	-	-	-	0-5	0-5
Mr Gary McMichael	0-5	0-5	-	-	-	-	0-5	0-5
Mr Tom Sullivan	0-5	0-5	-	-	-	-	0-5	0-5
Mr Cadogen Enright	0-5	0-5	-	-	-	-	0-5	0-5
Ms Gael Gildernew*	0-5	-	-	-	-	-	0-5	-
Ms Sarah Duffy*	0-5	-	-	-	-	-	0-5	-
Mrs Charlene Brooks*	0-5	-	-	-	-	-	0-5	-
Mr Philip Anderson**	0-5	-	-	-	-	-	0-5	-
Mr Paul Douglas***	-	0-5	-	-	-	-	-	0-5

*Gael Gildernew, Sarah Duffy and Charlene Brooks started 1 December 2025.
**Philip Anderson started 15 December 2025.
***Paul Douglas left 1 January 2025.

SENIOR EMPLOYEES' REMUNERATION AND PENSION ENTITLEMENTS (Audited Information)

Senior Executive Pay Structure Reform

With effect from 1 April 2023, the DoH introduced revised Senior Executive pay arrangements via a Senior Executive Pay Structure Reform which impacted all Senior Executives in post at 1 April 2023, as set out within DoH circular HSC (SE) 1/2025. An incremental scale has been introduced, initially set out as an 8-point scale, annually reducing by 1 point to achieve a 5-point scale by year 4 of the reform (1 April 2026). All incremental progression on this scale during transition to the revised 5-point scale is automatic however robust performance management processes continue to operate, overseen by the PCC's Remuneration Committee applying the standards as set out within the Performance Management Framework. The 2023/24 and 2024-25 Senior Executive Pay Award circular was received from the DoH on 13 May 2025 and the 2025-26 Senior Executive Pay Award circular was received from the DoH on 29 January 2026; all payments were made during 2025-26. The estimated impact of these changes are reflected within the Senior Employees Remuneration Table below.

Name	Salary* £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
Executive Members	**2025-26**	**2024-25**	**2025-26**	**2024-25**	**2025-26**	**2024-25**	**2025-26**	**2024-25**
Meadhbha Monaghan	95-100	85-90	-	-	17	21	115-120	110-115
Peter Hutchinson	55-60	50-55	-	-	15	13	70-75	65-70
Úna McKernan	70-75	70-75	-	-	18	17	90-95	85-90
Katherine McElroy**	55-60	40-45 (FYE 55-60)	-	-	-	-	55-60	40-45 (FYE 55-60)

*2025-26 Salaries show actual remuneration paid, pay awards relating to 2025-26 were paid out during the year. 2024-25 is reflective of AFC pay awards paid for 2023/24 and 2024-25 as well as chief executives pay settlement accrued for 2023/24 and 2024-25.

** Katherine McElroy - commenced 1 June 2024 - Katherine is non-pensionable in this post.

Name & Position	Accrued pension at pension age as at 31/3/26 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/26	CETV at 31/03/25	Real increase in CETV
Executive Members					
Meadhbha Monaghan CEO	5-10 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	99	78	21
Peter Hutchinson Senior Policy Impact and Influence Manager	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	36	23	13
Úna McKernan Head of Operations	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	57	34	23

Katherine McElroy commenced 1 June 2024 - Katherine is non-pensionable in this post, hence no CETV is available.

Pensions of Senior Management (Audited Information)

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

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

CETVs are calculated within the guidelines prescribed by the institute and Faculty of Actuaries. CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2026. HM Treasury published updated guidance on 27 April 2023; this guidance was used in the calculation of 2025-26 CETV figures.

Real Increase in CETV

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

PAYMENTS TO PAST DIRECTORS AND BEST PRACTICE DISCLOSURES

Payments to Past Directors

There were no payments made to past directors during the year (2024-25: £nil).

Staff benefits

There were no staff benefits paid (2025-26 or 2024-25: £nil).

Retirements due to ill health

During 2025-26 there were no cases of early retirement from the PCC on the grounds of ill health (2024-25: nil)

Off Payroll Engagements

The Agency had no off payroll engagements during 2025-26 (2024-25: nil).

Fair Pay Statement (Audited Information)

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

Fair Pay	2025-26	2024-25
Band of Highest Paid Director's Total Remuneration (£000s):	95-100	85-90
75th Percentile Total Remuneration (£) *	47,809	46,148
Median Total Remuneration (£)	46,581	44,962
25th Percentile Total Remuneration (£)	38,682	37,338
Ratio (75th/Median/25th)	2.0/2.1/2.5	1.9/2.0/2.3

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

The banded remuneration of the highest-paid director in the PCC in the financial year 2025-26 was £95-100k (2024-25: £85-90k). This was 2.5 times (2024-25: 2.3) the 25th percentile of the workforce which was £38,682 (2024-25: £37,338), 2.1 times the median remuneration of the workforce (2024-25: 2.0), which was £46,581 (2024-25: £44,962), 2.0 times (2024-25: 1.9) the 75th percentile of the workforce in which was £47,809 (2024-25: £46,148). The ratio between the median and the highest paid director has increased due to pay awards. No employees received remuneration in excess of the highest-paid director. Remuneration ranged from £23,874 to £74,896 (2024-25: £23,615 to £72,293). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind.

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

Percentage Change for:	2025-26 vs 2024-25
Average employee salary and allowances	3.60%
Highest paid director's salary and allowances	11.63%

The average salary and highest paid director have increased from 2024-25 due to pay awards. No performance pay or bonuses were payable to the PCC employees in these years.

Staff Report

Staff Numbers and Related Costs (Audited Information)

Staff Costs			**2025-26**	**2024-25**
Staff costs comprise:	**Permanently employed staff**	**Others**	**Total**	**Total**
	£	**£**	**£**	**£**
Wages and salaries	1,346,832	111,014	1,457,846	1,343,143
Social security costs	175,158		175,158	148,371
Other pension costs	289,159		289,159	290,436
Sub-Total	1,811,149	111,014	1,922,163	1,781,950
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	**1,811,149**	**111,014**	**1,922,163**	**1,781,950**
Less recoveries in respect of outward secondments			-	-
Total net costs			**1,922,163**	**1,781,950**

Wages and salaries include £nil costs relating to Voluntary Exit Scheme (2024-25: £nil)

Retirement Benefit Costs

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2020 valuation for the HSC Pension scheme which reflects current financial conditions (and a change in financial assumption methodology) has been used for 2025-26.

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

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The public service pensions remedy, known as the 'McCloud Remedy' puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Stage 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Stage 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'. All benefits accrued from 1 April 2022 onwards are calculated under the 2015 CARE Scheme. HSCPS will contact retirees with personalised information to assist in making their retrospective choice regarding the remedy period. Disclosed CETVs are calculated using both rolled back and remediable service, with the higher financial figures given.

In accordance with the Scheme regulations, the tiered contribution thresholds for 2025-26 were amended to reflect the AFC uplift in pay. The revised thresholds are displayed Table 1 below.

Table 1: 01 April 2025 – 31 March 2026

Pensionable earnings (based on actual salary)	Contribution rate (before tax relief) (gross)
Up to £13,259	5.2%
£13,260 to £27,288	6.7%
£27,289 to £33,247	8.5%
£33,248 to £49,913	10.0%
£49,914 to £63,994	10.9%
£63,995 and Above	12.7%

Average number of persons employed

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

			2025-26	2024-25
	Permanently employed staff	Others	Total	Total
	No.	No.	No.	No.
Administrative and clerical	31	1	32	32
Total average number of persons employed	**31**	**1**	**32**	**32**
Less average staff number relating to capitalised staff costs			-	-
Less average staff number in respect of outward secondments			-	-
Total net average number of persons employed			**32**	**32**

The staff numbers disclosed as ‘Others’ in 2025-26 relate to temporary members of staff. The figures exclude the Chair and Non-Executive Directors of the PCC.
*Permanent staff based on 12-month average. ‘Other’ made up of 1 agency staff.

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of packages by cost band	
	2025-26	2024-25	2025-26	2024-25	2025-26	2024-25
<£10,000	-	-	-	-	-	-
£10,000-£25,000	-	-	-	-	-	-
£25,000-£50,000	-	-	-	-	-	-
£50,000-£100,000	-	-	-	-	-	-
£100,000-£150,000	-	-	-	-	-	-
£150,000-£200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total number of exit packages by type	-	-	-	-	-	-
	-	-	-	-	-	-
Total resource cost	-	-	-	-	-	-

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

The table above shows the total exit cost of exit packages agreed and accounted for in 2025-26 and 2024-25. £nil exit costs were paid in 2025-26 (2024-25: £nil). Where the PCC has agreed early retirements, the additional costs are met by the PCC and not by the HSC pension scheme.

Ill health retirement costs are met by the pension scheme and are not included in the table. During 2025-26 there were no early retirements from the PCC (2024-25: nil)

Staff Composition

	Male		Female	
	No.	%	No.	%
Council Members				
PCC Council Members	8	17.4	9	19.6
Council Members Total	**8**		**9**	
Chief Executive			1	2.1%
Admin & Clerical 8b			1	2.1%
Admin & Clerical 8a	1	2.1%	1	2.1%
Executive Management Team Total	**1**	**2.1%**	**3**	**6.5%**
Admin & Clerical Band 7			6	13%
Leadership Team Total			**6**	**13%**
Admin & Clerical Band 6	2	4.3%	13	28.2%
Admin & Clerical Band 5	1	2.1%		
Admin & Clerical Band 4	1	2.1%	1	2.1%
Admin & Clerical Band 2	1	2.1%		
Other Staff Total	**5**	**10.9%**	**14**	**40.4**
Total	**14**	**30.4**	**32**	**69.6**

These figures do not include agency workers.

The total number of staff at 31st March 2026, including the PCC Council members is 46 The percentage of male and female staff is calculated using this figure.

The information in the above table reflects the position of staff in post on 31 March 2026.

The PCC Executive Management Team includes the CEO, Head of Operations and Head of Business Support, Senior Policy Impact and Influence Manager and Principal Practitioner. The Leadership Team consists of Service Managers (4), Communication & Public Affairs Manager, Business & Governance Manager and Policy Manager Public Inquiries (Agency). Please see page 9 for the PCC's organisational structure as at 31 March 2026.

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

The PCC is committed to promoting diversity and inclusion across our workforce, as set out in the PCC Employment Equality of Opportunity policy. This also includes a commitment to our responsibilities under the Disability Discrimination Act (1995) and our commitment to make all reasonable adjustments as set out in the PCC Attendance at Work policy. For information governance and data protection

purposes, the PCC are unable to disclose the exact number of employees in the PCC who have disclosed they have a disability, however this number equates to less than 5% of the workforce.

Staff Absence Data

The PCC sickness absence target for 2025-26, as agreed with the BSO, was 3.41%. The cumulative absence level at 31 March 2026 was 4.94% which represented an increase of 1.53% on 2024-25 figures.

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

Staff Turnover

The overall employee turnover figure for 2025-26 was 3.3% (2024-25 – 6.25%). The figures below do not include agency workers.

	Average Headcount	Leavers	% Turnover
Total (average total headcount over the year)	32*	1	3.3%

*Excludes Council Members

Exit interview feedback

Exit interviews are offered to permanent and temporary employees of the PCC as well as agency workers and can identify where change is necessary to improve the employment experience. Attending an exit interview or completing an exit interview questionnaire is a voluntary process. The PCC had one leaver during the year who declined an exit interview.

Investing in our Team

The PCC remains committed to offering our staff stability as well as maintaining our focus on development, compassionate and collaborative leadership and staff engagement and motivation. The PCC has continued to embed support mechanisms for staff under the new organisations structure introduced during 2025-26.

With the aim of achieving our organisational outcome of managing people effectively, the PCC has invested in an ongoing programme of staff training and support in 2025-26 including:

- Adversity Trauma and resilience training

- ASG Level 2 Awareness Raising, Recognising and Responding Training
- Aspire (Leadership Centre)
- Band 2-4 Development Programme
- Chief Executives Forum Transformative Leadership Programme
- Cyber Security
- Design Thinking (leadership Centre)
- Domestic Abuse/Domestic Violence Awareness (mandatory)
- Fire Warden Training
- Level 4 Advocacy
- Mediation
- Microsoft Co-Pilot
- Model Complaints Handling Policy Awareness
- On Board Training (for new council members)
- Pg Dip Professional Development in Social Work – Ulster University
- Power BI (Leadership Centre)
- Public Inquiries (Associate Leadership Centre)
- Teams Training Refresher
- Trauma Informed Practice (mandatory)
- Our Principal Practitioner for Advocacy received a Specialist Social Work Award at NISCC's Professional Practice Awards.

The HSC Leadership Centre provides a range of management and organisational support to health and social care organisations which the PCC staff have availed of. This includes a programme of development for the PCC Executive Management Team and Leadership Management Team including Coaching Support, training on Design Thinking and Project Management development.

NI Chest Heart and Stroke (NICHS) Work Well Live Well Programme

Work Well Live Well is a workplace health and wellbeing support programme funded by the Public Health Agency (PHA) and delivered by NICHS. The PCC has continued to participate in this programme supported by two PCC staff appointed as Health Champions.

Over the past year, the Health Champions have focused on raising awareness and promoting a culture of health and wellbeing across the organisation, with an emphasis on accessible, practical initiatives that support staff in their day-to-day working lives. Staff have received regular communications aligned to national and international health awareness campaigns. This has included targeted messaging around key dates such as World Mental Health Day and Know Your Numbers Week (blood pressure awareness), helping to increase awareness and encourage proactive management of personal health.

Physical activity and movement have also been promoted throughout the year. Staff have been encouraged to take regular breaks from their screens and incorporate movement into their working day. A key initiative during the year was the

organisation of staff health and wellbeing checks in partnership with NICHS. The checks provided staff with a comprehensive overview of their health, including measurements such as weight, height, body mass index (BMI), blood pressure, and cholesterol levels. Staff also completed a health questionnaire, allowing trained professionals to identify any potential areas of concern and offer personalised advice and guidance where appropriate.

Overall, this year has seen a strong focus on awareness, accessibility, and embedding small, sustainable changes. The Health Champions remain committed to building on this momentum and further developing initiatives that support the health and wellbeing of all staff, contributing to a positive workplace culture across the organisation.

Investors in People (IiP) and Culture development

As a follow-on to the staff survey in January 2025, the PCC developed a programme of events in partnership with the Leadership Centre to explore organisational culture. The purpose of the three sessions was to build momentum following the survey and seek to instil individual responsibilities in shaping the organisational culture and ethos. The days focused on actions stemming from the findings to develop a Culture Canvas for the organisation capturing the application of the values and key behaviours including: an introduction to the key concepts of organisational culture; development of an organisation wide Culture Canvas addressing Values, Purpose, Meetings, Feedback, Decision Making, Priorities, Rituals, Norms & Rules, Behaviours and Psychological Safety. This work will continue in the 2026-27 year.

Staff Engagement

In addition to the three culture days noted above, we also held three all staff engagement days in June, September and December to continue to enhance communication and engagement across the organisation. The engagement days covered a wide range of topics including a focus on Planning and Performance during the year as well as the development of and final agreement on the PCC Operational Plan for 2025-26. Other areas of discussion included the PCC's Advocacy work, the Engagement Platforms, Finance and Governance updates to include dealing with, and learning from, Complaints, Equality Planning, Investors In People, Public Affairs development and an update on the outcomes of the three Internal Audits conducted during the year. The workshops were interactive with staff being given the opportunity to feedback on issues discussed and plan for future sessions. The workshop in December was jointly held with Council members and provided an opportunity for staff and council to discuss values and reflect on key challenges during the year.

Expenditure on Consultancy

The PCC spent £nil on external consultancy during the financial year (2025-26: £nil).

Off Payroll Engagements

The PCC had no off-payroll engagements during the year (2025-26: nil).

Staff Policies/Employment and Occupation

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

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

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

Accountability and Audit Report

Funding Report

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

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

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

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

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

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

Notation of Gifts (Audited Information)
No notation of gifts over the limits prescribed in Managing Public Money Northern Ireland were made.

Assembly Accountability Disclosure Notes

(i) Losses and Special Payments (Audited Information)

There were no losses or special payments made during the year

Losses Statement

Losses statement	2025-26		2024-25
	Number of Cases	£	£
Total number of losses	-	[redacted]	
Total value of losses	[redacted]	-	

Individual losses over £250,000	2025-26		2024-25
	Number of Cases	£	£
Cash losses	-	-	-
Claims abandoned	-	-	-
Administrative write-offs	-	-	-
Fruitless payments	-	-	-
Stores losses	-	-	-

Special payments	2025-26		2024-25
	Number of Cases	£	£
Total number of special payments	-	[redacted]	-
Total value of special payments	[redacted]	-	-

Special Payments over £250,000		2025-26		2024-25
		Number of Cases	£	£
Compensation payments				
	- Clinical Negligence	-	-	-
	- Public Liability	-	-	-
	- Employers Liability	-	-	-
	- Other	-	-	-
Ex-gratia payments		-	-	-
Extra contractual		-	-	-
Special severance payments		-	-	-
Total special payments		-	-	-

(i) Other Payments During the Financial Year

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

(ii) Fees and Charges During the Financial Year

There were no other fees and charges during the year.

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

Meadhbha Monaghan

Chief Executive Officer

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 (PCC) for the year ended 31 March 2026 under the Companies (Public Sector Audit) Order (Northern Ireland) 2013. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the Government Financial Report Manual (FreM) as applied in accordance with the provisions of the Companies Act 2006.

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 PCC's affairs as at 31 March 2026 and of PCC's net result for the year then ended; and
- have been properly prepared in accordance with the Government Financial Reporting Manual and Department of Finance directions issued thereunder.

Opinion on regularity

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

Basis for opinions

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

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

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

Conclusions relating to going concern

In auditing the financial statements, I have concluded that PCC'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 PCC'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.

The going concern basis of accounting for PCC is adopted in consideration of the requirements set out in the Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

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

Other Information

The other information comprises the information included in the Annual Report other than the financial statements, the parts of the Accountability Report described in that report as having been audited, and my audit certificate. 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 certificate 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 the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with Department of Finance directions issued under the Government Financial Reporting Manual.

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 the Government Financial Reporting Manual's directions 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 light of the knowledge and understanding of PCC 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 parts of the Remuneration and Staff Report to be audited is not in agreement with the accounting records and returns; 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 Board and the Accounting Officer for the financial statements

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

- maintaining proper accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- ensuring the annual report, which includes the Remuneration and Staff Report is prepared in accordance with the applicable financial reporting framework; and

- assessing the PCC'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 PCC 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 Companies (Public Sector Audit) Order (Northern Ireland) 2013.

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 PCC through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Companies Act (2006);
- making enquires of management and those charged with governance on PCC'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 PCC'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: 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, testing of journal entries, discussing regularity with management and reading internal audit reports;
- 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 income and expenditure recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.

Dorinnia Carville

Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU

12 August 2026

SECTION 3: ANNUAL ACCOUNTS

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2026

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	2026 £	2025 £
Income			
Other Income (Excluding interest)	4.2	3,298	3,011
Deferred income	4.3	-	-
Total operating income		3,298	3,011
Expenditure			
Staff costs	3	(1,922,163)	(1,781,950)
Depreciation, amortisation and impairment charges	3	(25,188)	(32,962)
Provision expense	3	(1,432)	(31,199)
Other expenditure	3	(411,938)	(515,612)
Total operating expenditure		**(2,360,721)**	**(2,361,723)**
Net Expenditure		**(2,357,424)**	**(2,358,712)**
Net expenditure for the year		**(2,357,424)**	**(2,358,712)**
Adjustment to Net Expenditure for Non Cash Items		43,220	80,161
Net expenditure funded from RRL	23.1	(2,314,204)	(2,278,551)
Revenue Resource Limit (RRL)		2,326,698	2,288,483
Surplus/(deficit) against RRL		**12,494**	**9,932**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2026 £	2025 £
Items that will not be reclassified to net operating costs:			

Net gain/(loss) on revaluation of property, plant & equipment	5.1/5.2	-	-
Net gain/(loss) on revaluation of intangibles	6.1/6.2	-	-
Net gain/(loss) on revaluation of financial instruments	7	-	-
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 2026		**(2,357,424)**	**(2,358,712)**

The notes on pages 116-158 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of FINANCIAL POSITION as at 31 March 2026

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

		2026		2025	
	NOTE	£	£	£	£
Non-Current Assets					
Property, plant and equipment	5.1/5.2	29,313		5,624	
Right-of-use assets	17.1	3,478		17,193	
Intangible assets	6.1/6.2	34,386		-	
Total Non-Current Assets			67,177		22,817
Current Assets					
Trade and other receivables	13	18,353		13,996	
Other current assets	13	10,621		16,814	
Cash and cash equivalents	12	25,941		37,690	
Total Current Assets			54,915		68,500
Total Assets			**122,092**		**91,317**
Current Liabilities					
Trade and other payables	14	(288,614)		(342,638)	
Other liabilities	14	(3,492)		(17,438)	
Provisions	15	(32,150)		(32,150)	
Total Current Liabilities			(324,256)		(392,226)
Total assets less current liabilities			**(202,164)**		**(300,909)**
Non-Current Liabilities					
Provisions	15	(27,693)		(26,261)	
Total Non-Current Liabilities			(27,693)		(26,261)
Total assets less total liabilities			**(229,857)**		**(327,170)**
Taxpayers' Equity and other reserves					
Revaluation reserve		6,613		6,613	

SoCNE Reserve		(236,470)		(333,783)
Total equity		**(229,857)**		**(327,170)**

The financial statements on pages 105 to 108 were approved by the Council on 8 July 2026 and were signed on its behalf by:

Signed  (Chair) Date 8/7/26

Signed  (Chief Executive Officer) Date 8/7/26

PATIENT AND CLIENT COUNCIL

STATEMENT of CASH FLOWS for the year ended 31 March 2026

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

	NOTE	2026 £	2025 £
Cashflows from operating activities			
Net surplus after interest/Net operating cost		(2,357,424)	(2,358,712)
Adjustments for non cash costs		43,220	80,161
(Increase)/decrease in trade & other receivables		1,836	4,440
Less movements in receivables relating to items not passing through the SoCNE			
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		(67,970)	(8,104)
Less movements in payables relating to items not passing through the SoCNE			
Movements in payables relating to the purchase of property, plant & equipment		(28,208)	-
Movements in payables relating to the purchase of intangibles		(34,386)	-
Movements in payables relating to finance leases		13,946	21,993
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	-
Net cash inflow/(outflow) from operating activities		**(2,428,986)**	**(2,260,222)**
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(6,954)	-
(Purchase of intangible assets)		-	-
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		**(6,954)**	**-**
Cash flows from financing activities			
Grant in aid		2,438,137	2,291,803
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		(13,946)	(21,993)
Net financing		**2,424,191**	**2,269,810**
Net increase (decrease) in cash & cash equivalents in the period		(11,749)	9,588
Cash & cash equivalents at the beginning of the period	12	37,690	28,102
Cash & cash equivalents at the end of the period	12	**25,941**	**37,690**

The notes on pages 116-158 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2026

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

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2024		**(282,874)**	**6,613**	**(276,261)**
Changes in Taxpayers Equity 2024-25				
Grant from DoH		2,291,803	-	2,291,803
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(2,358,712)	-	(2,358,712)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	16,000	-	16,000
Balance at 31 March 2025		**(333,783)**	**6,613**	**(327,170)**
Changes in Taxpayers Equity 2025-26				
Grant from DoH		2,438,137	-	2,438,137
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(2,357,424)	-	(2,357,424)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	16,600	-	16,600
Balance at 31 March 2026		**(236,470)**	**6,613**	**(229,857)**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

1. STATEMENT OF ACCOUNTING POLICIES

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

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

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

1.1 Accounting convention

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

1.2 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

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

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

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

Valuation of Land and Buildings

The PCC did not own any Land and Building in the current 2025-26 financial year, or in the 2024-25 financial year.

Modern Equivalent Asset

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

Assets Under Construction (AUC)

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

Short Life Assets

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

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

Revaluation Reserve

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

1.3 Depreciation

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

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

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

Impairment loss

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

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

1.4 Subsequent expenditure

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

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

1.5 Intangible assets

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

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

Recognition

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.6 Non-current assets held for sale

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

Assets classified as held for sale are not depreciated.

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

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

1.7 Inventories

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

1.8 Income

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

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

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

Income is stated net of VAT.

1.9 Grant in aid

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

1.10 Investments

The PCC does not have any investments.

1.11 Research and Development expenditure

The PCC has no Research and Development expenditure under ESA 2010 at 31 March 2026 or 31 March 2025.

1.12 Cash and cash equivalents

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

1.13 Leases

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

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

Short term leases

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

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

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

Low value assets

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

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

Separating lease and service components

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

The PCC as lessee

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

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

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

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

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

Subsequent measurement

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

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

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

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

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

Depreciation

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

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

Leased assets under construction must also be depreciated.

The PCC as lessor

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

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

The PCC will classify subleases as follows:

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

1.14 Private Finance Initiative (PFI) transactions

The PCC has had no PFI transactions during the year.

1.15 Financial instruments

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

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

- Financial assets

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

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

Financial assets are classified into the following categories:

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

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

- Financial liabilities

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

- Financial risk management

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

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

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

1.16 Provisions

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

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

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

1.17 Contingent liabilities/assets

In addition to contingent liabilities disclosed in accordance with IAS 37, the PCC discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

Under IAS 37, the PCC discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the PCC, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the PCC. A contingent asset is disclosed where an inflow of economic benefits is probable.

1.18 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individuals' salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2026. It is not anticipated that the level of untaken leave will vary significantly from year to year.

Retirement benefit costs

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

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

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

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

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation will be used in the 2025-26 accounts. The 2020 valuation assumptions will be retained for demographics whilst financial assumptions are updated to reflect recent financial conditions.

1.19 Value Added Tax

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

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the PCC has no beneficial interest in them. Details of third party assets are given in Note 22 to the accounts.

1.21 Government Grants

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

1.22 Losses and Special Payments

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

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

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

1.23 Charitable Trust Account Consolidation

The PCC held no charitable trust accounts at 31 March 2026 or 31 March 2025.

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

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

IFRS 18 Presentation and Disclosure in Financial Statements:

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

1.25 New accounting standards adopted in 2025-26

The following new or amended accounting standard became effective for the 2025-26 financial year:

IFRS 17 Insurance Contracts

This standard has been reviewed and considered as part of the preparation of the financial statements.

The PCC has concluded that IFRS 17 is not applicable to its activities and therefore it has no impact on the recognition, measurement, or disclosure of transactions or balances within these financial statements.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 2 ANALYSIS of NET EXPENDITURE BY SEGMENT

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

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 3 EXPENDITURE

	2026	2025
	£	£
Staff costs[1]:		
Wages and Salaries	1,457,846	1,343,143
Social security costs	175,158	148,371
Other pension costs	289,159	290,436
Supplies and services - General	-	-
Establishment	231,936	246,919
Transport	29,945	32,969
Premises	76,210	62,589
Bad debts	-	-
Rentals under operating leases	-	-
Interest charges	89	257
FTC expenditure	-	-
PFI and other service concession arrangements service charges	-	-
Research & development expenditure	-	-
Costs of exit packages not provided for	-	-
Miscellaneous expenditure	57,158	156,878
Total Operating Expenses	2,317,501	2,281,562
Non Cash items		
Depreciation	25,188	32,962
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		31,199

(provision provided for in year less any release)	1,432	
Cost of borrowing of provisions (unwinding of discount on provisions)		-
Auditors remuneration	16,600	16,000
Total non cash items	43,220	80,161
Total	**2,360,721**	**2,361,723**

[1]Further detailed analysis of staff costs is located in the Staff Report on page 90 within the Accountability Report.

During the year the PCC purchased no non-audit services from its external auditor (NIAO) (2024-25: £NIL)

There was no NFI during 2025-26 but PCC took part in 2024-25.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 4 INCOME

4.1 Income from Activities

	2026	2025
	£	£
HSC Trusts	-	-
Non – HSC Private Patients	-	-
Non – HSC Other	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
TOTAL INCOME	**-**	-

4.2 Other Operating Income

	2026	2025
	£	£
Other income from non-patient services	3,298	3,011
Seconded staff	-	-
Charitable and other contributions to expenditure	-	-
Donations / Government Grant / Lottery Funding for non current assets	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
TOTAL Other Operating Income	**3,298**	**3,011**
TOTAL INCOME	**3,298**	**3,011**

4.3 Deferred income

The PCC had no income released from conditional grants in 2025-26 and 2024-25.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 5 – PROPERTY, PLANT AND EQUIPMENT

NOTE 5.1 - Property, plant & equipment - year ended 31 March 2026

	Buildings (excluding dwellings)	Information Technology (IT)	Total
	£	£	£
Cost or Valuation			
At 1 April 2025	90,243	48,259	138,502
Additions	6,954	28,208	35,162
Disposals	-	(7,824)	(7,824)
At 31 March 2026	**97,197**	**68,643**	**165,840**
Depreciation			
At 1 April 2025	73,050	42,635	115,685
Disposals	-	(7,824)	(7,824)
Provided during the year	20,669	4,519	25,188
At 31 March 2026	**93,719**	**39,330**	**133,049**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 5.1 (continued) Property, plant & equipment - year ended 31 March 2026

	Buildings (excluding dwellings)	Information Technology (IT)	Total
	£	£	£
Carrying Amount			
At 31 March 2026	**3,478**	**29,313**	**32,791**
At 31 March 2025	**17,193**	**5,624**	**22,817**
Asset financing			
Owned	-	29,313	29,313
Right-of-use	3,478	-	3,478
Carrying Amount			
At 31 March 2026	**3,478**	**29,313**	**32,791**

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

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

	2026	2025
	£	£
Donations	-	-
Government Grant	-	-
Lottery funding	-	-

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 5.2 Property, plant & equipment - year ended 31 March 2025

	Buildings (excluding dwellings)	Information Technology (IT)	Total
	£	£	£
Cost or Valuation			
At 1 April 2024	90,243	48,259	138,502
Disposals	-	-	-
At 31 March 2025	**90,243**	**48,259**	**138,502**
Depreciation			
At 1 April 2024	51,181	31,542	82,723
Disposals	-	-	-
Provided during the year	21,869	11,093	32,962
At 31 March 2025	**73,050**	**42,635**	**115,685**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 5.2 (continued) Property, plant & equipment - year ended 31 March 2025

	Buildings (excluding dwellings)	Information Technology (IT)	Total
	£	£	£
Carrying Amount			
At 31 March 2025	**17,193**	**5,624**	**22,817**
At 1 April 2024	**39,062**	**16,717**	**55,779**
Asset financing			
Owned	-	5,624	5,624
Right-of-use assets	17,193	-	17,193
Carrying Amount			
At 1 April 2025	**17,193**	**5,624**	**22,817**

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

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

	2025	2024
	£	£
Donations	-	-
Government Grant	-	-
Lottery funding	-	-

PATIENT AND CLIENT COUNCIL

NOTE 6 – INTANGIBLE ASSETS

NOTE 6.1 – Intangible assets - year ended 31 March 2026

	Information Technology (IT) £	Total £
Cost or Valuation		
At 1 April 2025	-	-
Additions	34,386	34,386
Disposals	-	-
At 31 March 2026	**34,386**	**34,386**
Amortisation		
At 1 April 2025	-	-
Disposals	-	-
Provided during the year	-	-
At 31 March 2026	**-**	**-**

PATIENT AND CLIENT COUNCIL

NOTE 6 – INTANGIBLE ASSETS

NOTE 6.1 – (continued) Intangible assets - year ended 31 March 2026

	Information Technology (IT)	Total
	£	£
Carrying Amount		
At 31 March 2026	**34,386**	**34,386**
At 31 March 2025	**-**	**-**
Asset financing		
Owned	34,386	34,386
Right-of-use	-	-
Carrying Amount	**34,386**	**34,386**
At 31 March 2026		

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

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

	2026	2025
	£	£
Donations	-	-
Government Grant	-	-
Lottery funding	-	-

NOTE 6.2 – Intangible assets - year ended 31 March 2025

The PCC had no intangible assets for 2024-25.

NOTE 7 FINANCIAL INSTRUMENTS

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

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

NOTE 8 INVESTMENTS AND LOANS

The PCC had no investments or loans at either 31 March 2026 or 31 March 2025.

NOTE 9 IMPAIRMENTS

The PCC had no impairments at either 31 March 2026 or 31 March 2025.

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

The PCC did not hold any assets classified as held for sale at either 31 March 2026 or 31 March 2025.

NOTE 11 INVENTORIES

The PCC did not hold any goods for resale at either 31 March 2026 or 31 March 2025.

NOTE 12 CASH AND CASH EQUIVALENTS

	2026	2025
	£	£
Balance at 1 April	37,690	28,102
Net change in cash and cash equivalents	(11,749)	9,588
Balance at 31st March	**25,941**	**37,690**

	2026	2025
The following balances at 31 March were held at	£	£
Commercial Banks and cash in hand	25,941	37,690
Balance at 31 March	**25,941**	**37,690**

12.1 Reconciliation of liabilities arising from financing activities

	2025	Cash Flows	Non-Cash Changes	2026
	£	£	£	£
Lease Liabilities	17,438	(20,910)	6,954	3,482
Total liabilities from financing activities	**17,438**	**(20,910)**	**6,954**	**3,482**

	2024	Cash Flows	Non-Cash Changes	2025
	£	£	£	£
Lease Liabilities	39,431	(21,993)	-	17,438
Total liabilities from financing activities	**39,431**	**(21,993)**	**-**	**17,438**

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2026	2025
	£	£
Amounts falling due within one year		
Trade receivables	5,256	5,223
Deposits and advances	-	-
VAT receivable	10,486	6,533
Other receivables – not relating to fixed assets	2,611	2,240
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	**18,353**	**13,996**
Prepayments	10,621	16,814
Accrued income	-	-
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	**10,621**	**16,814**
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	**18,353**	**13,996**
TOTAL OTHER CURRENT ASSETS	**10,621**	**16,814**
TOTAL INTANGIBLE CURRENT ASSETS	-	-
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**28,974**	**30,810**

The balances are net of a provision for bad debts of £Nil (2024-25: £Nil).

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2026	2025
	£	£
Amounts falling due within one year		
Other taxation and social security	74,024	102,355
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	-	-
Trade capital payables – intangibles	-	-
Trade revenue payables	9,530	18,574
Payroll payables	-	-
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	34,762	61,624
Other payables	-	-
Accruals	107,704	160,085
Accruals– relating to property, plant and equipment	28,208	-
Accruals– relating to intangibles	34,386	-
Deferred income	-	-
Trade and other payables	**288,614**	**342,638**
Current part of lease liabilities	3,492	17,438
Current part of long term loans	-	-
Current part of imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Other current liabilities	3,492	17,438
Carbon reduction commitment	-	-
Intangible current liabilities	-	-

Total payables falling due within one year	**292,106**	**360,076**
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	**292,106**	**360,076**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

	Other	2026	2025
	£	£	£
Balance at 1 April	58,411	58,411	27,212
Provided in year	1,432	1,432	31,199
(Provisions not required written back)	-	-	-
(Provisions utilised in the year)	-	-	-
Borrowing costs (unwinding of discount)	-	-	-
At 31 March	**59,843**	**59,843**	**58,411**

Amounts included in OTHER relate to a provision made for the potential liability of senior executive pay award of £32,150 (2024-25 £32,150) see Senior Executive Pay Structure Reform note within Remuneration and Staff report (provisions have only been retained for staff pre 1 April 2023) and a Holiday Pay provision of £27,693 (2024-25 £26,261). The total of provisions is estimated as £59,843 for the PCC (2024-25 £58,411).

Holiday Pay and Sick Pay Liability

On 4 October 2023, the Supreme Court handed down the decision in the case of the Chief Constable of the PSNI v Agnew and others. The judgment confirmed that the claimants are able to bring their claims under the 'unlawful deductions' provisions of the Employment Rights (Northern Ireland) Order 1996 and can thus claim in respect of a series of deductions potentially going back to the beginning of their employment or the implementation of the Working Time Regulations in 1998.

At the point that the Supreme Court judgment was provided, the PSNI had accepted the principle, established by a number of cases in both the European and domestic courts, that the claimants were entitled to be paid their normal pay during periods of annual leave, and that "normal pay" is not limited to basic pay but could include elements such as overtime, commission and allowances.

The outcome of this case has widespread implications for all public sector bodies in Northern Ireland in respect of both the pay elements that must be included in holiday pay calculations and the period of retrospection which means that some employees may be able to bring claims to be rectified as far back as 1998 in respect of holiday pay. Under Agenda for Change, the contractual provisions for Sick Pay mirror those for Holiday Pay i.e. payment includes what would have been paid had the employee been in work.

With effect from 1 April 2025, HSC employers have implemented an interim arrangement for the calculation of holiday pay to ensure employees are paid appropriately for periods of annual leave. This interim solution also covers periods of sick leave. This interim arrangement has been agreed with trade unions pending the introduction of the new HR and payroll system in 2026/27. However a provision in respect of the retrospective payment for holiday pay is still required for the period 1998/99 to 2024-25.

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES (continued)

The PCC provision at 31 March 2026 reflects this retrospective time frame. In calculating the provision, the Trust has used payroll data available, for all eligible staff, within the current HRPTS system back to 2014 with averaging applied for the prior years and changes in staffing numbers. Actual staffing numbers are available for 2012/13. Staffing numbers prior to this have been estimated based on an assumed 1% increase per annum.

Revised Working Time Directive (14.5%) and Employer costs rates have been factored in, and compound interest applied. A settlement year of 2028/29 has been used and as such the overall value of the provision has been discounted to determine the net present value.

The key areas of uncertainty include:

i. The reliability of the data used;
ii. The terms of the settlement which is subject to a number of factors including:
    - the determination of a very significant number of cases currently progressing through the Industrial Tribunal;
    - the number of further Industrial Tribunal claims lodged by employees;
    - any settlement of these claims agreed with the claimants or their legal representatives;
    - the number of grievances already lodged by employees in respect of the underpayment/incorrect payment of holiday pay and sick pay which require to be resolved and any settlement negotiations with trade unions;
    - the number of further grievances received; and
    - any potential requirement to include additional numbers of employees within any settlement;
iii. The uptake rate for current or past employees;
iv. The extent of attrition in the workforce
v. Delays in the time it will take to administer the payments, once agreed; and
vi. The extent to which interest will apply.

A sensitivity analysis has been undertaken to determine how sensitive the total provision is to changes in a number of the assumptions. This analysis will support management in making informed decision in respect of any final settlement.

The calculation of the holiday pay and sick pay provision is sensitive to the rates applied in respect of Working Time Directive, Employers National Insurance and compound interest of 8%, as well as the potential uptake in claimants. The table below shows the potential impact of varying applicable rates.

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES (continued)

Analysis	Impact	
	£	%
WTD rate – increase 1%	2,017	7
WTD rate – decrease 1%	(2,017)	(7)
NIC rate – increase 1%	253	1
NIC rate – decrease 1%	(253)	(1)
Compound Interest rate – increase 1%	5,211	18
Compound Interest rate – decrease 1%	(4,335)	(15)
Uptake based on minimum 6 Claims per annum	(29,243)	(100)
Uptake based on minimum 4 Claims per annum	(16,084)	(55)

Comprehensive Net Expenditure Account Charges	**2026**	**2025**
	£	**£**
Arising during the year	1,432	31,199
Reversed unused	-	-
Cost of borrowing (unwinding of discount)	-	-
Total charge within Operating costs	**1,432**	**31,199**

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES (continued)

Analysis of expected timing of discounted flows as at 31 March 2026

	Pensions relating to former directors	Pensions relating to other staff	Clinical Negligence	Other	2026	2025
	£	£	£	£	£	£
Not later than one year	-	-	-	32,150	32,150	32,150
Later than one year and not later than five years	-	-	-	27,693	27,693	26,261
Later than five years	-	-	-	-	-	-
At 31 March	**-**	**-**	**-**	**59,843**	**59,843**	**58,411**

NOTE 16 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2026 or 31 March 2025.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 17 COMMITMENTS UNDER LEASES

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

17.1 Quantitative disclosures around right of use assets

	Land and Buildings	Total
	£	£
Cost or valuation		
At 1 April 2025	90,243	90,243
Additions	6,954	6,954
At 31 March 2026	**97,197**	**97,197**
Depreciation expense		
At 1 April 2025	73,050	73,050
Charged in year	20,669	20,669
At 31 March 2026	**93,719**	**93,719**
Carrying amount at 31 March 2026	**3,478**	**3,478**
Interest charged on IFRS 16 leases	89	89

NOTE 17 COMMITMENTS UNDER LEASES (continued)

17.2 Quantitative disclosures around Lease Liabilities

	31 March 2026	31 March 2025
Maturity analysis	**£**	**£**
Buildings		
Not later than one year	3,500	17,500
Later than one year and not later than five years	-	-
	3,500	**17,500**
Less interest element	(8)	(62)
Present value of obligations	3,492	17,438
Total present value of obligations	3,492	17,438
Current portion	3,492	17,438
Non-current portion	-	-

17.3 Quantitative disclosures around cash outflow for leases

	31 March 2026	31 March 2025
	£	**£**
Total cash outflow for lease	21,000	22,250

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

The PCC had no commitments under PFI and other concession arrangement contracts at 31 March 2026 or 31 March 2025.

NOTE 19 OTHER FINANCIAL COMMITMENTS

The PCC did not have any other financial commitments at 31 March 2026 or 31 March 2025.

NOTE 20 CONTINGENT LIABILITIES

The PCC did not have any quantifiable or unquantifiable contingent liabilities at 31 March 2026 or 31 March 2025.

Public Sector Pensions - Injury to Feelings Claims

The Department of Finance (DoF) is a named Respondent in a class action affecting employers across the public sector and is managing claims on behalf of the Northern Ireland Civil Service (NICS) Departments. This is an extremely complex case with potential implications for the NICS and wider public sector. However, given the complexities, the cases are still at an early stage of proceedings and until there is further clarity on potential scope and impact, a reliable estimate of liability cannot be provided."

Holiday Pay and Sick Pay Liability

The PCC has made provision of the potential liability, back to 1998, for claims for shortfalls to staff in holiday pay, and for breach of contract in relation to sick pay. However, the extent to which the liability may exceed this amount remains uncertain as the calculation will rely on the outworkings of the Supreme Court judgment, and will have to be agreed as part of any negotiated settlement with Trade Unions.

NOTE 21 Related Party Transactions

The PCC is an arms length body of the DoH and as such the Department is a related party with which the PCC has had various material transactions during the 2025-26 year and also during 2024-25.

In addition, there were material transactions throughout the year 2025-26 with the Business Services Organisation who are a related party by virtue of being an arms length body with the DoH.

During the year 2025-26, none of the Council members, members of the key management staff or other related parties has undertaken any material transactions with the PCC.

NOTE 22 THIRD PARTY ASSETS

The PCC held no assets at either 31 March 2026 or 31 March 2025 belonging to third parties.

NOTE 23 Financial Performance Targets

23.1 Revenue Resource Limit

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

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

Following the implementation of review of Financial Process, the format of Financial Performance Targets has changed as the Department has introduced budget control limits for depreciation, impairments, and provisions, which an Arm's Length Body cannot exceed. In 2024-25 the PCC has remained within the budget control limit it was issued. From 2022/23 onwards, the materiality threshold limit excludes non-cash RRL.

	2025-26	2024-25
	£	£
Revenue Resource Limit (RRL)		
RRL Allocated From:	-	-
DoH (SPPG)	-	-
DoH (Other)	2,326,698	2,288,483
PHA	-	-
Other	-	-
Total	**2,326,698**	**2,288,483**
Less RRL Issued To:		
RRL Issued	-	-
RRL to be Accounted For	**2,326,698**	**2,288,483**
Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	(2,357,424)	(2,358,712)
Adjustments		
Capital Grants	-	-

Research and Development under ESA10	-	-
Depreciation/Amortisation	25,188	32,962
Impairments	-	-
Notional Charges	16,600	16,000
Movements in Provisions	1,432	31,199
PPE Stock Adjustment	-	-
PFI and other service concession arrangements/IFRIC	-	-
Profit/(loss) on disposal of fixed asset	-	-
Other (Specify)	-	-
Net Expenditure Funded from RRL	(2,314,204)	(2,278,551)
Surplus/(Deficit) against RRL	12,494	9,932
Break Even cumulative position (opening)	339,366	329,434
Break Even cumulative position (closing)	351,860	339,366

Materiality Test:

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

	2025-26	**2024-25**
	%	%
Break Even in year position as % of RRL	0.54%	0.43%
Break Even cumulative position as % of RRL	15.12%	14.83%

NOTE 23 Financial Performance Targets (continued)

23.2 Capital Resource Limit

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

	2025-26	2024-25
	£	£
CRL Allocated From:		
DoH – Investment Directorate	69,548	-
Total CRL received	69,548	-
Capital expenditure per additions in asset notes	69,548	-
Net Capital Expenditure Funded from CRL	**69,548**	**-**

NOTE 24 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 12 August 2026.

APPENDIX A: COUNCIL MEMBER AND SENIOR STAFF PROFILES

Council Member Profiles

Council Member Profiles		
Photo	**Name & Position**	**Bio**
	**Ruth Sutherland, CBE** Chairperson From: 15 May 2023 to present day	Ruth is Chair of Social AdVentures, a public health social enterprise based in Salford, and Vice chair of Lloyds Bank Foundation, passionate about health and social care and social justice. Ruth began her career as a registered general nurse and progressed to work mostly in public health roles. Following a forty-year career in health and social care, public and voluntary sectors, Ruth stepped down as Chief Executive of Samaritans, UK and Ireland in Nov 2020 to pursue a portfolio career involving non-executive roles, volunteering, executive coaching and consultancy. Ruth has held senior leadership roles in the voluntary sector, working with Children, adults and older people many living with complex needs. Prior to joining Samaritans in 2015, Ruth was CEO of Relate and previously held senior executive leadership roles at the UK charities Rethink, Alzheimer's Society and Scope.

		Ruth was awarded the CBE for services to vulnerable people in 2019 and the Royal College of Psychiatrists Presidents medal for services to people with mental illness in 2019. Ruth was awarded The Daniel Phelan award for outstanding achievement at the UK Charity Awards in 2022.
	**Stephen Mathews, OBE** Council Member From: 12 September 2022 to Present day Interim Chairperson From 1 October 2022 to 14 May 2023	Stephen was Chief Executive of The Cedar Foundation, to October 2021, completing over 30 years' service. Cedar supports over 3000 individuals living with disability, autism and brain injury to live the lives they choose. At Cedar he oversaw the development of a range of specialisms, including Supported Community Living for people with complex needs. He was appointed OBE in 2010 for services to people with a disability. A graduate of the Universities of Ulster and Birmingham he is Chartered Institute of Personnel and Development qualified and a Fellow of the Chartered Management Institute. Stephen is a former Chair of CO3, He continues involvement as a CEO Mentor. Stephen was appointed an Equality Commissioner with the ECNI in 2019, completing his

		term in May 2022. Stephen was reappointed as an Equality Commissioner with the ECNI in February 2023. He is NI volunteer advisor to UK grant giving charitable foundation The Henry Smith's Charity, supporting the investment over £1m pa to NI third Sector organisations.
	**Alan Hanna** Council Member From: 1 April 2019 to Present day	Alan has held several senior management positions in the voluntary sector. He is currently a freelance Consultant working primarily in the voluntary sector. He has also served on a number of public boards as a Non-Executive Director including the HSC Business Services Organisation and the NI Fire and Rescue Service. Much of Alan's work has been in the area of learning disability and he has long personal experience of supporting a close family member with autism and learning disability. Alan has an honours degree in Modern History and an MSc in Organisation and Management. For the past several years he has undertaken a range of interim Executive appointments with voluntary organisations including Diabetes UK, Children's Heartbeat Trust and Belfast Community Circus.

	**Tom Irvine** Council Member From: 12 September 2022 to Present day	Tom graduated from Queens University Belfast with a BSc. in physics. Joining Ford Motor Company 1974 he has extensive experience in finance, human resources and management development training. After spending 32 years with Ford, Tom took early retirement to work in the public sector as a part-time pension lecturer with the North West Regional College and the pension tutor for Unite the Union in Northern Ireland. He has 15 years NED experience in both private and public sectors with 7 years as a Trustee Director of the Ford/Visteon Pension Scheme and 8 years as a Board Member of the NI Local Government Pension Scheme (NILGOSC) with a short term as Chairman and Deputy Chairman. Currently he is an Independent Assessor for Public Appointments in Northern Ireland. Tom holds no other public appointments.
	**Patrick Farry** Council Member From: 1 April 2019 to Present day	Patrick 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.
	**Paula Bradley** Council Member From: 1 February 2024 To: Present day	Paula was first elected in 2005 to the Newtownabbey legacy Council, she served as Mayor from 2010 – 2011. She was successfully elected to the Northern Ireland Assembly in 2011 representing Belfast North. During her time as an Assembly member she served as Chairperson on the Committee for Health and the Committee for Communities. Paula also was an active member on many All-Party Groups including Stroke and Heart Disease, Sexual Health,

		Infertility, Autism and Homelessness. Paula made the difficult decision in 2021 to withdraw from full time politics to look after her mother who had a diagnosis of Vascular Dementia. She was fortunate to return to Antrim and Newtownabbey Borough Council and is now an Alderman for the Glengormley Urban district electoral area. Prior to election to the Assembly Paula worked for Social Services in the Northern Trust in Whiteabbey and Antrim Area Hospitals. This, along with being full time carer for her mother has given her first-hand experience of the challenges in navigating the system.
	**Cadogan Enright** Council Member From: 1 March 2024 To: Present day	Councillor Cadogan Enright has served East Down for almost 20 years and was last re-elected to Newry Mourne and Down Council in May of 2023 for the Alliance Party for the Downpatrick/Lecale area. Cadogan is a qualified accountant with a record of delivering large-scale information technology projects, restructuring large multinational companies and delivering shared service centres arising from mergers and acquisitions. Councillor Enright is active in a wide range of local and national environmental organisations working for sustainable development and

		on environmental conservation projects. He has post-grad qualifications in energy and the built environment. He has used his skills to assist both large governmental organisations and small community organisations transition to cheaper renewable solutions for their energy needs. He is a long-standing member of the Down Community Health Committee, working on health-related issues in East Down and a member of the Strangford Lough Management Advisory Committee
	**Dr Julie Aiken** Council Member From: 1 February 2024 To: Present day	Dr Julie Aiken is Regional Manager with Samaritans in Northern Ireland since 2014. During this time she has developed the presence of the organisation in NI, led on establishing relationships with key marginalised groups and had responsibility for the delivery of Samaritans best practice media guidelines for reporting suicide. She has worked in the community and voluntary sector for nearly 15 years including at the Red Cross where she undertook research on humanitarian crises. In 2013, she was part of the team that delivered the World Police and Fire Games in NI and Giro d'Italia Big Start in 2014. Julie is a Non-Executive Director with the Police Rehabilitation and Retraining Trust. She has a primary

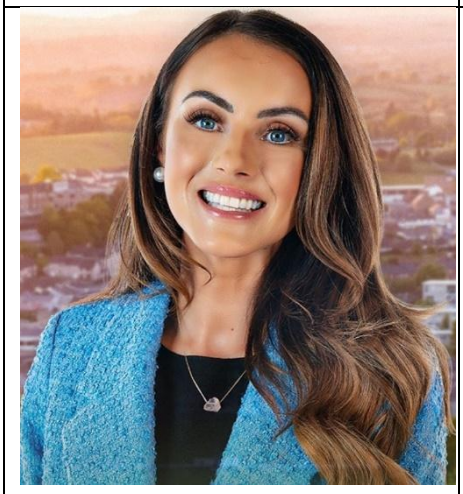
		degree in Psychology (BSc Hons) and a PhD set within a human rights framework. She has spent the last 10 years working in the field of mental health and wellbeing across the UK and Republic of Ireland.
	**Briege Arthurs** Council Member From: 1 February 2024 To: Present day	Briege has over 30 years' experience working within community led regeneration for the private, public and over the past 11 years, voluntary sector as Chief Executive Officer for one of the 4 Area Partnerships within Belfast. Much of her work concentrates on community advocacy and capacity building around tackling health, education inequalities and supporting community cohesion. Under her leadership there has been a focus on social justice and giving voice to those who are most vulnerable. She delivers a city-wide Roma Hub where people can get advice and support to navigate services and access. She has previous experience of serving on a Local Health Commissioning group, and as a volunteer worked to bring a Healthy Living Partnership into her local rural community. She is a member of the NICVA executive committee and the Chinese Welfare Association's advisory group. As a lay member of the Queen's University Belfast Senate for the last six years she has sat on a three committees-

		Planning and Finance, Health and Safety and Standing Committee where she brings her strengths in equality ,diversity and inclusion into every aspect of her work.
	**Gary McMichael** Council Member From: 1 February 2024 To: Present day	Gary McMichael is founder and Chief Executive of ASCERT, a Northern Ireland charity providing services that address drugs, alcohol and mental health issues. He is a member of the DoH Substance Use Strategy Programme Board, Chair of the Belfast Drug and Alcohol Co-ordination Team and sits on a number of other regional strategic groups related to health and social care. Gary has worked in the voluntary and community sector for over 25 years, has served on the board of the Labour Relations Agency as well as a number of charities and charitable trusts. He was formerly an elected member of Lisburn City Council for 12 years until 2005.
	**Emma O'Neill** Council Member From: 1 February 2024 To: Present day	Emma O'Neill is a dynamic health and social care leader with over 20 years of experience championing mental health, family support, and social inclusion across Northern Ireland. As CEO of CAUSE, she passionately advocates for unpaid mental health carers, ensuring their voices influence policy and service development. Emma combines strategic vision with operational expertise,

		supported by a BA Hons in Sociology and Social Policy, an ILM Level 5 in Leadership and Management, and ongoing study toward a Postgraduate Certificate in Leadership at Ulster University. Previously, as Head of Operations at TinyLife, she led early intervention services for families with premature babies and championed equality, diversity, and inclusion. Her broader career includes supporting and advocacy for young carers, managing mental health programmes in schools, and embedding the Think Family model within children's and mental health services. An alumni of the Boardroom Apprentice Programme (2022) and active CO3 member, Emma leads with compassion, innovation, and integrity, creating more equitable services and amplifying underrepresented voices.
	**Rhoda Walker** Council Member From: 1 February 2024 To: Present day	Rhoda has a background in community development, corporate change and partnership working developed throughout her career, primarily in local government. She is currently a freelance consultant for the third sector. A volunteer with the Northern Ireland Rare Disease Partnership since 2016, as Chair she was heavily involved in the development of the NI Action Plan for Rare Diseases. She was awarded an MBE in

		2023 for Services to People with Rare Diseases. She is an ambassador for Medics 4 Rare Disease, a charity raising awareness of rare conditions amongst the medical community and supports Ehlers Danlos Support UK to raise awareness of, and highlight the needs of those with Ehlers Danlos Syndrome, a condition that affects many members of her family. She is Chair of her local voluntary regeneration group.
	**Tom Sullivan** Council Member From: 1 February 2024 To: Present day	Tom Sullivan is the Public Affairs and Policy Manager for the Chartered Society of Physiotherapy in Northern Ireland where he has worked for the last 23 years. Previous employers include British Telecom, the Northern Ireland Association for the Care and Resettlement of Offenders and the British Medical Association. Tom is a former committee member and Secretary of the Irish Association for Cultural Economic and Social Relations. Tom served as a committee member on the management board Public Achievement from 2010 until 2016.Tom is currently a committee member of the Allied Health Professions Federation for Northern Ireland and a member of the Community Rehabilitation Alliance NI.

		He is a member of the Chartered Institute of Public Relations and is currently the Honorary Consul for the Slovak Republic in Northern Ireland which he was appointed to by the Slovak government in 2005. He is a member of the UNITE trade union.
	**Gael Gildernew** Council Member From: 1 December 2025 To: Present day	Gael Gildernew worked in Local Government for 10 years prior to being elected as Councillor to the Clogher Valley DEA of Mid Ulster District Council (MUDC) in May 2023. Since taking office, Gael has served actively across a range of committees and strategic partnerships that shape development and community wellbeing in the district. She sits on both the Development Committee and Policy and Resources Committees within Council. She is also a member of several outside bodies, including the A5/N2 Cross-Border Committee, which she chaired in 2024/2025, Chair of MUDC's Tourism Development Group and sits on; Caledon Regeneration Partnership Board, Community Organisation's of South Tyrone Area Board (COSTA), Sliabh Beagh Partnership and the Tullyvar Joint Committee. Gael was appointed as the Local Government Representative for MUDC on the Southern Trust Area

		Integrated Partnership Board (AIPB) in 2024, non-remunerated and the time commitment is 1 day per month. Gael graduated from Queen's University Belfast with a MSc degree in 'Business for Agri Food and Rural Enterprise, specialising in Business Communications in 2019.
	**Sarah Duffy** Council Member Council Member From: 1 December 20245 To: Present day	Cllr Sarah Duffy was elected to local government in the 2023 council elections as a Sinn Féin Councillor for Armagh City. One year later, she was appointed Lord Mayor of Armagh City, Banbridge and Craigavon, becoming the youngest female mayor to serve in the role. Sarah has a strong interest in women's health and wellbeing, and has been particularly active in campaigning on issues relating to violence against women and children. She currently serves as Chair of Environmental Services within ABC Council, reflecting her wider commitment to protecting and enhancing the environment for local communities. Alongside her council roles, Sarah sits on the Board of Directors of Appleby, a vocational training organisation supporting people with disabilities through social

		enterprise. Her work across governance, community development and advocacy continues to focus on improving public services, promoting equality, and ensuring that every citizen has access to the support they need.
	**Charlene Brooks** Council Member From: 1 December 2025 To: Present day	Charlene Brooks is the CEO of Belfast Healthy Cities, the organisation responsible for delivering Belfast's role as a WHO-designated Healthy City, with a focus on health equity and sustainable urban development. Since joining in April 2024, she has led work to embed health and well-being into urban policy and practice, including initiatives on green spaces, active travel and community prosperity. Charlene brings over 25 years' experience in the voluntary and community sector. Prior to this role, she was CEO of Parenting NI, where she championed early intervention and services supporting families. Her leadership experience includes serving as Chair of NICVA (current) and as the Independent Chair of the Charity Commission NI Stakeholder Forum (2021-2025), advocating for strong partnership working and sector collaboration. She also sits on the VCSE Sectoral Advisory Panel for Belfast (April 2025-present), contributing to

		community planning and strengthening cross-sector relationships. A committed advocate for health and well-being, Charlene is dedicated to tackling inequalities and advancing health equity.
	**Philip Anderson** Council Member Council Member From: 15 December 2025 To: Present day	Philip Anderson has been a professional artist for over 30 years. He is passionate about art and committed to preserving and promoting traditional arts and craft skills. In 2012, as a mature student, Philip graduated from the University of Ulster with a Bsc. Hons. in Business Management. Philip was elected in May 2019 as a Councillor representing the people of Coleraine in Causeway Coast & Glens Council. Philip is currently the Chair of the Leisure & Development Committee and sits on the Planning Committee, Policing & Community Safety Partnership Committee, Peace Plus Programme and is a member of the Partnership Board for both the Causeway Growth Deal and the Coleraine Future Town Fund. Philip also works part-time as a constituency caseworker in a MLA's office.

Senior Staff Profiles

Senior Staff Profiles	
Photo	**Name & Position**
	**Meadhbha Monaghan** Chief Executive and Accounting Officer From: 13 March 2023 To: Present day Email: Meadhbha.Monaghan@pcc-ni.net
	**Úna McKernan** Head of Operations From: 4 September 2023 To: Present day Email: Una.McKernan@pcc-ni.net
	**Peter Hutchinson** Senior Policy Impact and Influence Manager From: 3 July 2023 To: Present day Email: Peter.Hutchinson@pcc-ni.net
	**Anna O'Brien** Communications and Public Affairs Manager From: 1 February 2022 To: Present day Email: Anna.OBrien@pcc-ni.net
	**Fionnuala Murphy** Business and Governance Manager From: 9 May 2023 To: Present day Email: Fionnuala.Murphy@pcc-ni.net

	**Katherine McElroy** Service Manager and Adult Safeguarding Champion From: 30 September 2020 To: 9 June 2024 Principal Practitioner From: 9 June 2024 To: Present day Email: Katherine.McElroy@pcc-ni.net
	**Allison McAreavey** Service Manager From: 1 January 2023 To: Present day Email: Alison.McAreavey@pcc-ni.net
	**Ursula Murray** Service Manager From: 12 April 2023 To: Present day Email: Ursula.Murray@pcc-ni.net
	**Jackie Kelly** Service Manager From: 1 September 2024 To: Present day Email: Jackie.kelly@pcc-ni.net
	**Ann-Marie Doone** Service Manager From: 12 May 2025 To: Present day Email: Ann-Marie.Doone@pcc-ni.net

	**Shauna Carberry** Policy Manager Public Inquiries From: 1 September 2025 To: Present day Email: Shauna.Carberry@pcc-ni.net

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