PCC
PATIENT & CLIENT COUNCIL

Annual Report and Accounts

2024-2025

Your Voice,
Our Journey

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PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

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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5th Floor, 14-16 Great Victoria Street,

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Any enquiries regarding this publication should be sent to: info@pcc-ni.net

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We welcome feedback on this report. To do so, please contact us via:

E-Mail: info@pcc-ni.net

Phone: 0800 917 0222

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, 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.

This has been my second full year as Chair of the Patient Client Council and I am increasingly convinced of the uniqueness of the PCC, the necessity of our work and the need for us to continue to develop and grow to represent the best interests of the public in the Health and Social Care System across Northern Ireland.

Our Health and Social Care system is under tremendous strain and significant challenges exist across all health and social care services, including acute winter pressures and a constrained budgetary position.

The external environment has seen a change in the UK Government, a return to locally devolved administration and a newly appointed Health Minister. Minister Nesbitt, MLA, has set out a series of key policy priorities, including an overt focus on health inequalities, the development of a plan for hospital reconfiguration, a three-year HSC strategy, and a 'reboot' of health reform.

In 2024-25, we have continued to focus on the need for the HSC to take a more strategic approach to public participation, to ensure the voices of the public are systematically sought, heard understood and taken account of in relation to policy development, service change and design, commissioning, the quality and safety of services and clinical and social care governance. A strategic approach would focus resources and efforts across the system and increase accessibility for the public and benefit for the system.

In recognising the public as assets across the spectrum of service delivery, from policy making to hospital wards, primary care, social care and community settings, we can begin to change the relationship between the HSC and the public from one of recipients of treatment and care to partnership. It is PCC's strong contention that transforming the Health and Social Care System, and improving the health and wellbeing of the population, can only be achieved through genuine partnership with the public.

In 2024-25 the Council of the PCC has also been very conscious that the organisation cannot effectively do our job, unless we are known by the public and stakeholders across the HSC alike. If the role and remit of the PCC is not understood and/or valued, the public will not be served appropriately. For these reasons the PCC continued its Raising Awareness campaign with the public and sought to

bolster understanding of our role and remit across the HSC, which is outlined in this report.

I would like to thank my colleagues on the PCC Council for their dedication, leadership and support throughout 2024-25 and I would like to pay particular tribute to Mr Paul Douglas, who left the Council of the PCC in January 2025, to take up another role. Paul has been a PCC Council member since April 2019 and I would like to thank him for his calm, insightful and supportive leadership and his rigorous oversight, which has been invaluable to the organisation during a period of significant change.

I would also like to thank Meadhbha Monaghan, CEO; for her continued passion and strong leadership in 2024-25 and I look forward to working with her and the team going forward.

Thank you to the wider staff team and my Council colleagues for their commitment and professionalism. I would like to thank our stakeholders within the HSC and voluntary and community sector for their continual engagement with the PCC.

Finally, I take this opportunity to thank all those members of the public, who have worked with PCC over the year, engaging with us when they are often at their lowest and under the most challenging of circumstances.

Ruth Sutherland CBE

Chairperson

18 July 2025

Chief Executive's Statement

I am delighted to present the PCC Annual Report and Accounts 2024-25, which sets out the impact PCC has made in the past year, working with, and on behalf of, individuals and the wider public.

The work, role and vision of the PCC feels more vital than ever. Patient engagement and safety issues continue to be at the forefront as part of the Muckamore Abbey Hospital and Covid-19 Public Inquiries as well as the Statutory Independent Public Inquiry into Urology Services in the Southern Trust, whilst the Department of Health continues to work on implementing recommendations from previous public inquiries, including the Inquiry into Hyponatraemia-related Deaths and the Independent Neurology Inquiry (INI). This context, in addition to the well-documented financial and service pressures, has resulted in a system under significant strain for HSC staff and the public. These challenges are compounded by the attempt to simultaneously drive forward and implement significant and necessary reform programmes.

In this context our delivery model of providing advocacy support, engagement 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 2022-2025, sets out our vision for a health and social care service that is actively shaped by the needs and experience of the public, which we have been actively pursuing through our operations 2024-25. 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.

In 2024-25 we have seen a slight decrease in the number of advocacy cases, however, this is set against an increase in the number of people we have supported through giving advice and information (1,202 a 14% increase on 2023-24). In general, the demand for our support and advocacy services remains on an upward trajectory over recent years.

Our drive towards early resolution and a focus on restorative practice is reflected in 60% of cases being resolved prior to formal complaint, an increase from 57% in 2023-24 and 45% in 2022-23. This year, we have commissioned the Department of Finance's Innovation & Consultancy Service to quantify the impact and benefits to the rest of the HSC system of PCC's advocacy practice model and early resolution approach, the results of which will be published in 2025-26. The complexity of our work continues to be evidenced in the number of Serious Adverse Incidents (SAI) in which we have provided support, with 22 new SAI cases opened this year. Throughout 2024-25 PCC has worked on 60 SAI cases and supported 76 individuals. As of year-end, 42 SAI cases remain open.

In November 2024 we established ‘PCC Support in the Community’, an initiative set up 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. I am delighted that we have delivered 80 Support in the Community service days, in 18 venues across Northern Ireland, bringing our services directly to people and communities.

Within this Annual Report you will also read about the excellent work of our Engagement Platforms, which bring the public, voluntary and community sector representatives and HSC decision-makers into direct conversation, to influence existing and new services and policies. Not only is this work important in and of itself, we are keen to show its value as a model going forward, and have commissioned the HSC Leadership Centre to review the impact of our Mental Health Engagement Platform to this effect.

You will also read about the continued development of our policy impact and influence function, which continued to focus on a number of themes in 24 -25 including: raising awareness of PCC and our work; the importance of developing a strategic approach, across the HSC, to public participation; how the HSC system can learn better from feedback and complaints made by the public; and the importance of regional advocacy services, not only for individuals and families, but as part of HSC’s duty of quality and governance.

As part of this work we made a closing statement to the Muckamore Abbey Hospital public inquiry and provided written evidence to the Covid-19 public inquiry. We have given evidence to the NI Assembly’s Public Accounts Committee on access to GP and Primary Care, responded to 6 Department of Health Public Consultations and held a joint conference with the Professional Standards Authority on the importance of public participation in delivering patient safety.

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

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

Meadhbha Monaghan

Chief Executive

18 July 2025

SECTION 1: ANNUAL REPORT

Performance Overview

The Performance Overview provides information on the Patient and Client Council (PCC), its main objectives for 2024-25 and the principal risks that it faces. It also sets out an overview of PCC operational performance across the financial year 2024-25.

The performance report is structured under four broad pillars: **PCC Connect, PCC Support, PCC Engage and PCC Impact**, summarising the advocacy, engagement and policy impact activity PCC delivered against our Operational Plan 2024-25 and demonstrating PCC delivery against the outcomes we set out to achieve in this plan. The performance overview is followed by a performance analysis, providing a comprehensive account of the organisation's performance during the year structured under these four broad pillars, setting out delivery against the 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.

Council purpose and activities

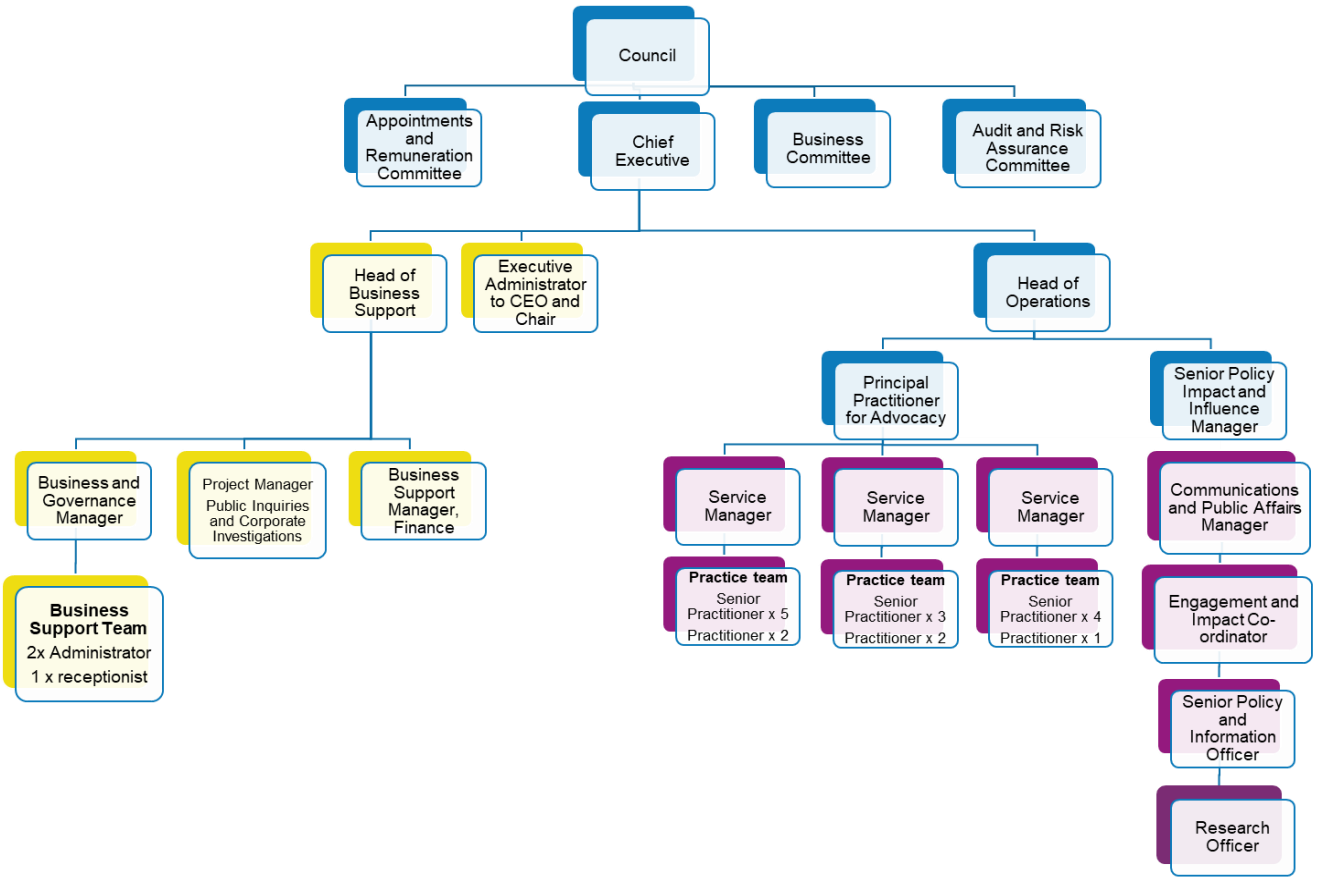
The PCC is an independent, influential voice that connects people to Health and Social Care (HSC) services, so that they can effectively influence these services.

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

The PCC has an annual budget of £2.4m. £2.1m is recurrent funds, £0.3m is non-recurrent funds relating to inquiry related work. PCC employs 30 members of staff, excluding Council members. See page 98 for Staff composition. Offices are located in; Ballymena, Belfast, Lurgan 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



The Role of the PCC is to[2]:

- 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;

PCC Organisational Structure

- 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 (HSC) bodies have a duty to co-operate with the PCC in the exercise of its functions. The PCC, along with the RQIA, has a role in providing independent assurance to the Department of Health[3]. 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.

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

How we work

Throughout 2024-25 we continued to implement our model of practice through which PCC delivers on its statutory role and functions as set out above. The model places an emphasis on relationship building; meeting people at their point of need and tailoring our support to each individual, focusing on early resolution and a partnership approach. Using the evidence, we gather across our engagement and advocacy work on an individual and group basis, gives us a firm foundation to connect the public with decision-makers, through our policy impact work, to influence the health and social care system.

Strategic Context

Our Health and Social Care system is under tremendous strain and significant challenges exist across all health services in Northern Ireland, including acute winter pressures and a constrained budgetary position. The external environment has seen a change in the UK Government, with the Labour party in place, a return to locally devolved administration and a newly appointed Health Minister. Minister Nesbitt MLA has set out a series of key policy priorities, including an overt focus on health inequalities; the development of a plan for hospital reconfiguration and a three-year HSC strategy; and a 'reboot' of health reform. In addition, Muckamore Abbey Hospital and Covid-19 public inquiries are ongoing, whilst the Department of Health continues to work on implementing recommendations from previous public inquiries, including the Inquiry into Hyponatraemia-related Deaths, the Independent Neurology Inquiry (INI) and the Statutory Independent Public Inquiry into Urology Services in the Southern Trust. This context has resulted in a system under significant pressure for HSC staff and the public, which is attempting to simultaneously drive forward and implement significant and necessary reform programmes.

Within this context in recent years the PCC has seen both a significant increase in demand for PCC advocacy services, and a noted increase in the complexity of cases

requiring PCC input. In response to the greater demand for our services, we continue to strive to maximise our resources and work in partnership with the public, community and voluntary sectors.

Our work continues to be shaped by our Statement of Strategic Intent (SSI) 2022-2025, which describes our strategic direction and what we want to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference we want to make. However, while the SSI has only been live since February 2023, much has changed since its inception externally as well as within the PCC itself. Within the last 18 months we have appointed a new Chair, 8 new Council members and an entirely new Executive Management Team.

Reflecting on the operational outcomes listed in the SSI, there has been significant developments in many of these areas. However, reflecting on the current context across the HSC and a reprioritisation of resources, we will no longer focus on some of the areas noted and, in this context, it is 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. This work commenced during 2024-2025 with Council Members, the Executive Management Team and PCC staff. The refresh of our SSI will be concluded during 2025-2026, which will include public engagement on our priorities.

In relating to our achievements in 2024-2025, we hoped to see two big differences as noted in the SSI:

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’
- Health Minister’s Key Initiatives
- Health and Social Care NI - Three Year Plan
- Mental Health Strategy 2021-31
- HSC Rebuild Programme
- Health and Wellbeing 2026: Delivering Together.

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

There were 20 outputs in total in the 2024-25 Operational Plan. Six outputs were new, which meant no indicative target was set as there was no baseline data against which to measure; as a result, these targets were unable to be RAG rated.

We are pleased to report that of the remaining 14 Operational Plan Outputs for 2024-25 we met or exceeded 86% of the outputs against our indicative targets. At year-

end one target was RAG rated amber and one target was rated red, these were as follows:

- Number of calls to PCC Connect Freephone (Amber RAG rating);
- Number of new PCC Members (Red RAG rating)

Further information is provided in the Performance Analysis section on page 15

PCC Connect

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

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

PCC Connect Freephone service

In 2024-25, through our PCC Connect Freephone service, we received 1,719 calls and responded to 813 emails from members of the public. We supported 1,202 with advice and information on issues right across health and social care.

Support in the Community

In November 2024 we established 'PCC Support in the Community', an initiative set up 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.

Our service provides:

- Trained Staff at physical locations, to listen to individual's 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 be always be focused on ensuring the individual's voice is heard and listened to.

The approach is to link with established organisations, and other services to enable engagement within local communities. Since November 2024, 80

Support in the Community service days in 18 venues across Northern Ireland, have been delivered by PCC.

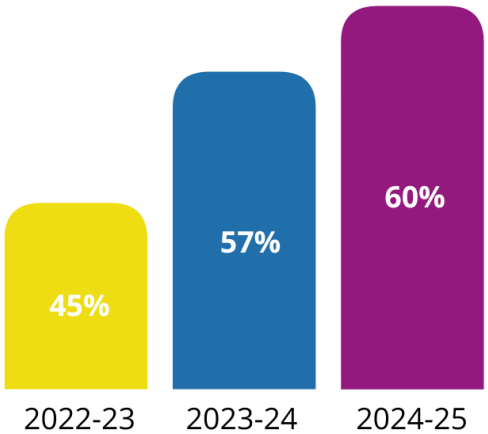
PCC Membership and 'Make Change Together'

The foundation for PCC engagement is our PCC Membership Scheme, for those interested in regular updates about more general information and developments in health and social care. The membership scheme is free and open to all members of the public to join. In 2024-25 we signed up 141 new members of the public to the Membership Scheme. We have directly recruited 130 members of the public to a range of HSC engagement activities and promoted 159 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 on finding early resolution of issues. We do this through conversation, engagement and connection to appropriate services to meet immediate need. Where early resolution cannot be achieved, our advocacy and support carries through to individual and group advocacy casework under PCC Support. In some cases, this support and advocacy will progress to a formal complaint process. This can involve independent advocacy support in serious adverse incidents (SAIs) and Public Inquiries.

In 2024-25, the PCC had 604 new cases and 1,197 contacts. Whilst our new cases decreased from 810 in 2023-24, our contacts increased from 936. 60% of all cases in 2024-25 were resolved prior to the formal complaint stage, an increase from 57% in 2023-24.



Early resolution rates have increased each year

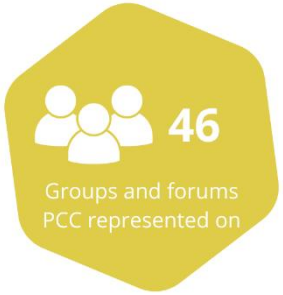
The following graphics show the Top 5 Service Areas and Top 5 Areas of Concern for New Cases in 2024-25.

PCC Engage

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

An Engagement Platform is a space to bring together a group of people, with a common theme or interest and lived experience, to work together and make change in health and social care. Engagement Platforms allow participants to communicate their experiences and thoughts, related to a policy programme, with the PCC, as well as being able to share their views directly with decision-makers in health and social care. Engagement Platforms are a significant opportunity for decision makers in health and social care to have meaningful input from experts by experience, in service areas under review, development and reform. PCC facilitated six Engagement Platforms in 2024-25. This year we held 75 meetings, with a total of 174 participants.

In line with our statutory function to undertake research into the best methods and practices for consulting and engaging the public, this year we commissioned an independent review of our Mental Health Engagement Platform through the HSC Leadership Centre. The purpose is to assess the impact and effectiveness of our model of Engagement Platforms. It is expected the review will be finished in 2025-26. During 2024-25 we continued to develop our engagement structures, working alongside the public and our partners, and building on the learning from previous years.



PCC currently is represented on 46 groups and forums. This year 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.

An analysis of the work undertaken across each platform and programme, is summarised from page 42.

PCC Impact

PCC Impact focuses on measuring and demonstrating the impact of our work, and communicating this externally. Through PCC Impact we seek to bring change on an individual, collective and systems level. Our role is to secure a 'seat at the table' for the public. Our goal is to connect the evidence gathered through our advocacy and engagement work under PCC Connect, Engage and Support to influence change.

Under PCC Impact, we aim to ensure a focus on the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care.

Raising awareness of the PCC

This year we continued to focus on our Awareness Raising Campaign and the public affairs function within the organisation. Key Achievements in 2024-25 include:

- Based on polling results approximately 57,000 more members of the public are aware of the PCC (increase of 3% on 2023-24)
- Distributed new promotional materials to key stakeholders
- Produced accessible animated videos to improve public understanding of PCC
- Grew our social media following
- Launched new website, including a 'ReachDeck' toolbar to increase accessibility

Impact, Influence and Policy

In 2024-25 PCC developed a draft Position Statement, which reflects much of the evidence we have submitted to ongoing public inquiries. It sets 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. This has been developed with a view to fulfilling our statutory function of representing the best interests of the public within HSC. This has provided us with a basis upon which to develop our policy, impact and influence work in 2024-25.

We have continued to focus on the following areas:

A strategic approach to public participation

At PCC we firmly believe there is a need to establish a more strategic approach to public participation, through which we can critically examine the roles of Personal and Public Involvement, Engagement, Patient Experience, public consultation, Advocacy and Complaints and how these aspects of involving the public in the HSC fit together to ensure the voice of the public is adequately heard and appropriately listened to in the following areas:

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

A clear objective of taking a more strategic approach is to improve outcomes for the public and their experience of HSC services and to build trust between the public and services.

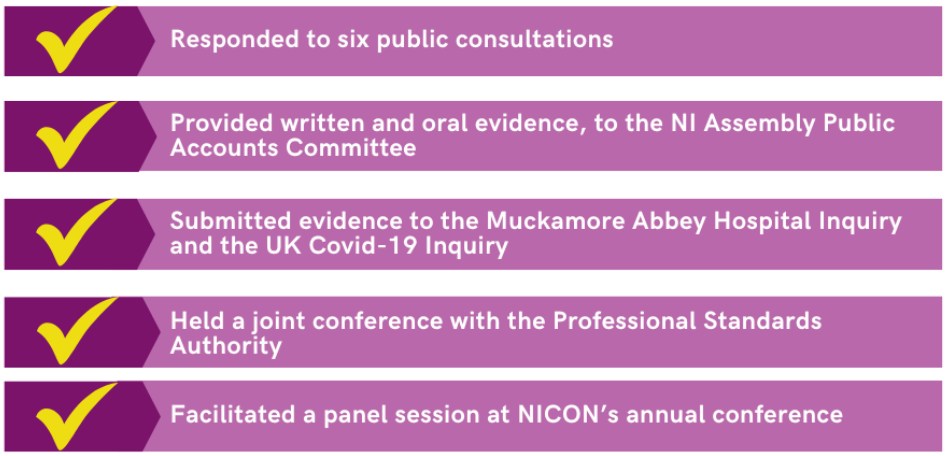
The Importance of Regional Independent Advocacy Services

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 significant focus of our impact and influence work in 2024-25 has been on promoting the importance of independent advocacy support to individuals and families, but also to the health care system. In our written submissions and consultation responses to DoH, we have emphasised the importance of ensuring independent advocacy services are a core part of new policy and practices. In written responses to the DOH consultations we outlined what we consider should underpin the provision of independent advocacy services within the Health and Social Care system.

Encouraging the 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. In 2023-24 we have focused on exploring with colleagues in the HSC how this information, and additional sources of information reflecting the public's experience, such as the PHA's Care Opinion and 10,000 Voices programmes, can best be utilised as part of Trusts' quality assurance and governance frameworks, in meeting their statutory Duty of Quality.

Focusing on these areas we delivered the following activities in 2024-25:



Policy Impact and Influence Council Subgroup

To continue the development of this function within the organisation, we established a new Policy Impact and Influence Council Subgroup which is comprised of four members of the PCC Council. The Committee provides strategic advice and assurance on our policy and impact work, along with their experience and expertise, on how to maximise PCC's policy and public affairs functions, to represent the best interests of the public within HSC.

Further detail on our Impact work can be found on page 30.

Principal risks and uncertainties

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

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

An ongoing principal risk for PCC continues to be the level of funding within its core allocation. Whilst PCC have so far avoided significant reductions to its core allocation, the large funding gap within the Department of Health and in Northern Ireland public services more broadly is well-documented and impacts on PCC's ability to fulfil its potential within its statutory functions. Any reduction in funding to PCC would have a high impact, particularly as pay costs account for a large proportion of our budget. Due to the increasing demand for PCC support and the increased complexity in the work, PCC have of necessity prioritised frontline staffing. This has led to a number of vacant posts within PCC's business support and

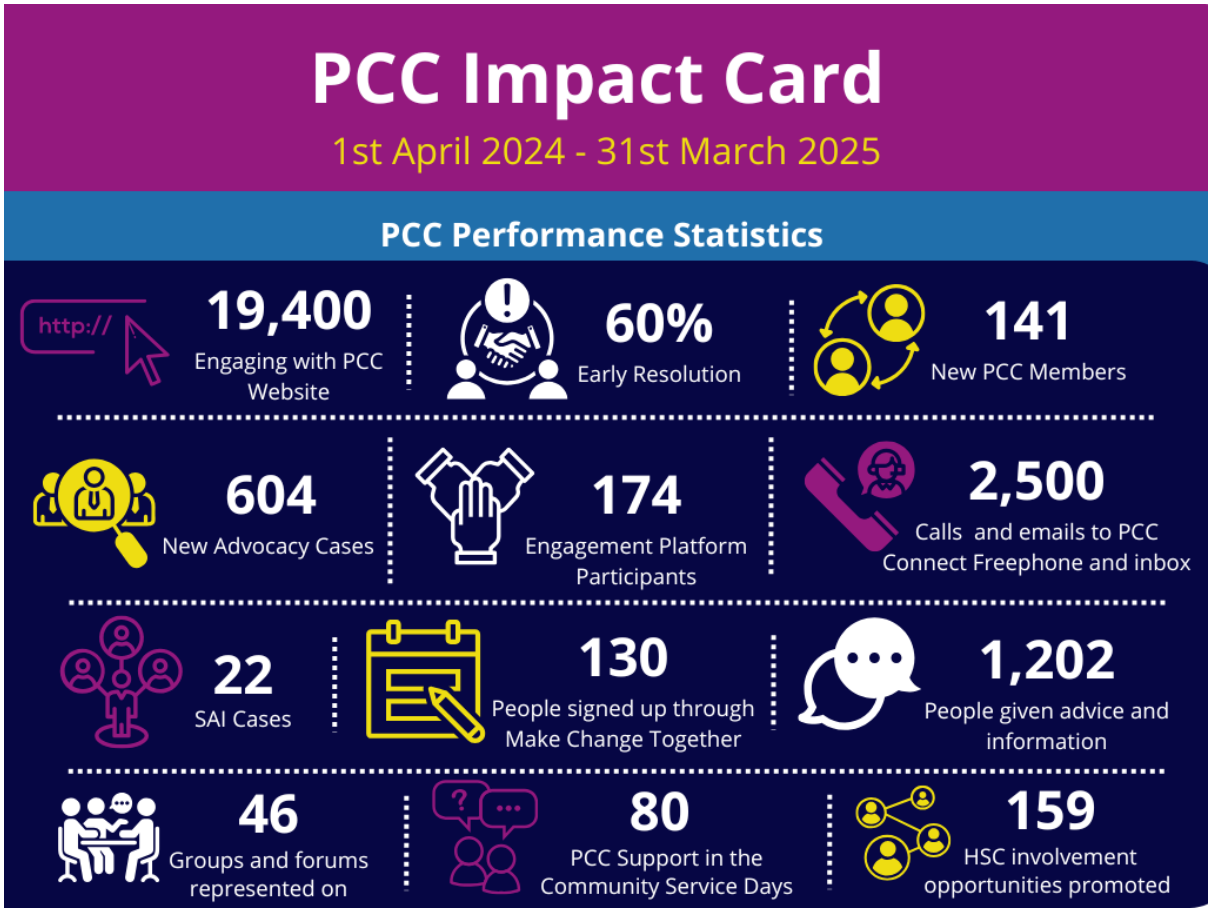
governance structures, including the Head of Business Support and Finance Manager roles, leading to greater pressures on senior staff and the Chief Executive. It has also resulted in an inability to progress key posts set out in PCC's Strategic Outline Case, which makes the case for strategic innovation and change within the organisation. As demonstrated by the rising trend in casework resolved through early resolution prior to formal complaint stage, the work of PCC across engagement and advocacy has real potential to mitigate risk in other areas of the HSC system. This includes potential benefits in the areas of quality, safety and staff morale as well as resource efficiency and improving overall outcomes for patients and the public across HSC.

Constrained or reduced resource, coupled with an increasing demand for PCC services, and an increasing complexity in the nature of the casework and support required from the public, poses an ongoing challenge for PCC in delivering on its statutory functions. 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 within its budget, liaising with the Department of Health (DoH) Sponsor Branch, to ensure that they were aware of any potential underspends as early as possible, and to manage any necessary retractions appropriately. The PCC will continue to manage its budget, particularly in respect of recruitment and retention of staff, to ensure that the work of the PCC continues to be taken forward. The PCC will continue to liaise with DoH sponsor branch in respect of any potential budgetary issues in a timely manner.

Performance Analysis

The Performance Analysis provides a more detailed look at the PCC's performance across the core functional areas. 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 2024-25, 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 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 Connect

Our delivery against the targets we set out to achieve this year is as follows. Performance in 2023-24 and 2022-23 has been provided where possible for comparison:

Outputs	Indicative Targets	2024 - 25	2023 - 24	2022 – 23
Number of calls to PCC Connect Freephone and Support Emails	4,000	2,326	3,972	4,145
Number of people given advice and information through PCC Connects Service	800	1,202	1,059	837
Number of new PCC Members	400	141	107	111
Number of HSC involvement opportunities promoted by PCC	*	159	-	-
Number of people signed up through Make Change Together[4]	50	130	6	243
Number of organisations participating in positive passporting	*	30	-	-
Number of referrals from other organisations through positive passporting	*	5	-	-
Number of referrals to other organisations through positive passporting	*	14	-	-
Number of forums and groups the PCC is a member off	*	46	-	-

*New output added in 2024-25 therefore no indicative target was set.

As the figures above demonstrate, we have delivered against two of the four indicative targets we set out to achieve this year under PCC Connect. For a second year we have surpassed the target for the number of people we give advice and information to, indicating an increased demand for our Connect Service. We further met our target for the number of people signed up through Make Change Together.

We added five new Connect outputs in 2024-25, and with a view to establish a baseline understanding of activity against them, set no indicative targets for 2024-25. These included outputs for Positive Passporting, the number of HSC involvement opportunities promoted by PCC and the number of forums and groups the PCC is a member off.

[4] Output changed in 2024-25. In 2023-24 it was “number of people recruited for engagement activities through ‘Make Change Together’” and in 2022-23 it was “number of people recruited under PCC ‘Make Change Together’”.

We fell below our indicative target for number of calls to PCC Connect Freephone. We changed Freephone provider in 2024-25, which resulted in a period of calls being received to a PCC landline number. During this time there was no automated data for Quarters 1 and 2, which impacted on our ability to record incoming calls. The numbers of calls were logged manually.

Despite this issue we increased the number of people who were given advice and information through the PCC Connect Service. Whilst our freephone was down, we encouraged the public to email us. In this period, we received 813 emails. In 2025-26 we will record Freephone calls and emails to our info box to make sure our outputs appropriately reflect the volume of people who contact PCC through our phones and emails.

Positive Passporting

The PCC has continued to develop the 'Positive Passporting Initiative' throughout 2024-2025, recognising the wealth of knowledge and expertise across the statutory, voluntary and community sectors. Adopting a **'**positive passporting' approach means that PCC take time to explore the needs of people engaging with the PCC, identifying what action is possible through PCC support, and the additional services needed that PCC may not be able to provide. The aim is for PCC to connect individuals, through a 'positive passport', into those other services. PCC is committed to engaging with other organisations to enhance the support available for members of the public on issues or concerns they may have. This includes receiving referrals from partner organisations. This year we have recorded the number of referrals to and from organisations.

Formal referral pathways have been developed with 30 plus organisations. Further relationships with the Voluntary and Community Sector are currently being developed through the PCC Support in the Community pilot.

PCC Support in the Community

In 2023-24 we commissioned a Lucid Talk Poll to assess public awareness of PCC as part of our raising awareness campaign. The poll also provided us with demographic information that illustrated to us that members of the public from certain demographics are less aware of the PCC and our services. To help address this, in 2024-25 we began our 'PCC Support in the Community' initiative to reach those demographics and people who may be facing

health inequalities. The approach is to link with established organisations, and other services to enable engagement within local communities. Since November 2024, 80 Support in the Community service days, in 18 venues across Northern Ireland, have been delivered.

By building trust and relationships within these settings, the PCC has created regular and accessible touchpoints for advocacy and engagement via community-based outreach support services in locations such as local advice centres, migrant support hubs, community and wellbeing centres, men's sheds, primary care MDTs, and organisations within the voluntary and community sector.

Our Support in the community service and the dedicated staff of the PCC have served as welcoming access points, facilitating individuals access to the PCC in a given locality, in person. Promotional efforts through PCC channels and partner networks have supported visibility and uptake. PCC Senior Practitioners provided advocacy in 18 venues throughout Northern Ireland including:

- STEP (South Tyrone Empowerment Programme), Mid Ulster;
- ERANO, Empowering Refugees and Newcomers Organisation, Omagh;
- Portrush, Portstewart and Glengormley Libraries;
- The Venue, Ballymena;
- ARC Healthy Living Centre and;
- Rainbow Project, Belfast

A total of 80 Support in the Community service days, offered a platform for 224 members of the public to directly access PCC services and voice their experiences, concerns, and feedback regarding Health and Social Care Services. We intend to continue to develop and expand this work into 2025-26. More information on the support provided can be found under PCC Support.

Helplines NI

PCC continues to be a member of Helplines NI, a membership–led organisation consisting of 40 different helplines operating across NI. Helplines NI connect the public to a variety of support services including, information, advice, counselling, a listening ear and be-friending, and offer immediate support to those with a wide-range of health and wellbeing needs. PCC attends quarterly meetings of Helplines NI. Through joining Helplines NI, we are helping to raise awareness of the PCC and how we can help the public. This has also contributed to the ongoing development of our Positive Passporting Initiative and opportunities for the PCC Support in the Community.

PCC Membership

The PCC Membership Scheme is a way for the public to keep informed of news and opportunities from the PCC and other HSC, Community and Voluntary Organisations. The Membership Scheme is free and open to all members of the public to join. In 2024-25 we signed up 141 new members of the public to the Membership Scheme. Members receive our '*Updates'* Newsletter which is issued weekly by email and by post on a periodic basis. Whilst we did not meet our target in 2024-25, we have seen a year on year increase in new number of members signed up. There has been a 27% increase since 2022-23.

We are encouraging members to move from postal to email to get more frequent updates and to reduce our impact on the environment. In 2024-25, we sent 50 email newsletters.

Make Change Together

Under Make Change Together we delivered the following in 2024-25:

- Signed-up 20 members of the public to participate in the Department for Communities Review of Disability Facilities Grant.
- Registered 28 individuals to participate in a PCC facilitated Being Open Framework Consultation Event. At this event participants could share their feedback and questions on the consultation with departmental officials.
- Worked with DoH to engage members of the public with lived experience for their Orthotist Review Working Group.
- Registered a further 80 people to our joint event with the Professional Standards Authority (PSA) *'Professionals and the Public: In Partnership for Patient Safety'* (more information can be found on page 52).

- Signed up two people for a Clinical Education Centre opportunity to help develop a Core Communication eLearning programme.
- Engaged on a project facilitated by the PHA to gain the public's experience and views on delayed discharges.
- Worked with the PHA and Trusts Service User experience programmes to gain a greater insight into the experiences of the public around A&E.
- Engaged with COPNI's review of the implementation Mental Capacity Act

Working with HSC organisations, throughout this year we have promoted 159 involvement opportunities across the HSC via our membership scheme, PCC networks and across PCC social media platforms. Examples of these include:

- An opportunity to join **Strategic Planning and Performance Group (SPPG) new Service User/Carer Engagement Advisory Group**;
- An opportunity to join **PHA's Involvement Human Library**;
- An opportunity to become part of **PHA's Service User & Carer Panel;**
- A feedback opportunity on the **'My Waiting Times NI'** website;
- An opportunity to attend the **Diabetes Programme of Care Strategic Workforce Review** Stakeholder Engagement Event;
- An opportunity to join the **BHSCT Involvement Steering Group as a** Service user and carer member**;**
- Opportunity to be involved with the **DoH - Hyperacute Stroke Project Board;**
- Recruitment of a **Service User Consultant to the Regional Mental Health Service;**
- Opportunity to attend the **Building Research Partnerships (NI) training;**
- Opportunity to join **WHSCT and Ulster University research study into improving acute care for people living with Dementia**;
- Opportunity to be involved in **Orthotist Service Working group;**
- Opportunity to participate in the **Women's Health Survey for Northern Ireland;**
- Opportunity to contribute to **PHA 10,000 More Voices - allocation of a package of care research;**
- Opportunity to attend **Southern Trust Recovery College Courses** and;
- Opportunity to attend **NI Dementia Learning and Development Framework workshops.**

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 include:

- DoH Script for "Did not attend" Audit Pilot;
- DoH on engagement strategies for the Rehabilitation Framework for NI;
- DoH on their Healthy Child Healthy Futures Framework;

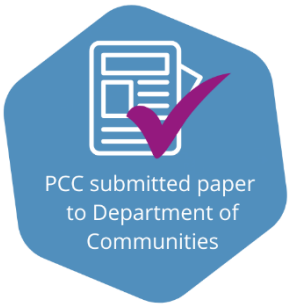
- NI Joint Regulators Forum on their 'Emerging Concerns' Protocol;
- RQIA on their approach to the development of a HSC Patient Safety Cultural Assessment Tool and Co-production process;
- NIMDTA on how they might engage with the public;
- GMC on public engagement in the UK Advisory Forum and other initiatives

An example of PCC supporting engagement and advice in cross-government initiatives is included below:

Department for Communities – Review of Disability Facilities Grant

The Department of Health (DoH) and the Department for Communities (DFC) are collaborating on a review of the Disability Facilities Grant (DFG) and its process. Following on from work that began in 2023-24 the DoH enlisted the assistance of the PCC to gather feedback from members of the public who have interacted with the DFG process. This resulted in 20 responses from members of the public.

PCC analysed this information and produced a report highlighting the most common themes and challenges the public are facing when engaging with the DFG process. Also included in the report were personal testimonials about people's experiences and the impact on their lives. The report was presented to the working group from the DoH for the findings to be considered within the ongoing review process and to the All-Party Group on Learning Disability by the Housing and Health Lead, at the Department of Health/Northern Ireland Housing Executive.



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

Throughout 2024-25, PCC has continued to deliver advocacy support for people with concerns across Health and Social Care. In 2024-25, the PCC had 604 new cases and 1,197 contacts. This represents a decrease of 205 cases, but an increase of 261 contacts when compared to 2023-24. The PCC actively seeks to support clients to resolve issues through advocacy and prior to reaching Formal Complaint stage. This year 60% of all cases in 2024-25 were resolved prior to the formal complaint stage, an increase from 57% in 2023-24. During the year the organisation has continued to develop its service to the public, focusing on a number of key outputs in this area. Our delivery against the targets we set out to achieve is shown in the table below:

PCC Support - Outputs	Indicative Targets	2024 - 25	2023 - 24	2022 - 23
Total number of people provided with advocacy through PCC Support	600	554	662	529
Number of new SAI cases	26	22	22	33
Number of people supported with SAIs	40	39	45	63
Group Advocacy Cases	*	2	-	-

As the figures above demonstrate, we have delivered against all of the indicative targets set in 2024-25 relating to PCC Support.

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

CASE STUDY

A family approached PCC to seek our support to develop a 'family room/ space' in their local hospital for parents attending with a very sick child, a child with a life limiting condition, or child who has died. This request was following the family's experience as parents attending their local Hospital with their son, Noah aged 2, who sadly died in November 2022. The family reflected on their experience of that time and while they appreciated that staff tried their best to care for them, the environment in A&E were not appropriate for families finding themselves in very difficult and emotional circumstances.

The PCC Senior Practitioner engaged with the family to discuss their lived experience and understand their goals of engaging with their local Trust. They explained the early resolution approach to engaging with the Trust and agreed to contact the Trust to arrange a meeting with the family and advocate.

Through an initial meeting with Senior Trust staff, opportunities to work together with the advocate and family were identified and through ongoing communication, meetings and engagement, a clear commitment to establish a patient and family room was identified by all parties.

The Senior Practitioner worked with the family to help them draft their overall goal of 'Noah's Protocol' which they hoped would help their local Hospital and other hospitals to develop a strategy for caring for child patients who were critically ill or children who had already died. The aim of 'Noah's Protocol' was to explore the possibility of ensuring staff are better prepared to support families experiencing trauma and loss of a child or loved one in A&E, with exploration of trauma informed training for staff, designated family room, anticipatory grief tools and bereavement support.

The Senior Practitioner supported the family to write 'Noah's Story', a Learning Tool for Professionals. The goal was to use the family's lived experience as a learning tool for training hospital staff, when supporting families and their loved ones experiencing sudden death.

The outcome of this work to date has been the agreement from the families local Trust to develop and fund the 'Infinity Room', a designated space for patients and their families. The name was chosen by Noah's family, as recognition of his love of 'Toy Story'. The Infinity Room is currently being designed and developed by Trust staff in conjunction with the Noah's Family and with their PCC advocate's support. Noah's family have also engaged with the Coroner's Service, the Minister for Health and the Public Health Agency (PHA) about the importance of Noah's Protocol and regional service improvements for patients and their families.

The lived experience of this family has served to inform and highlight the need for bereaved families or families anticipating bereavement to have a comfortable, private space in which to be with their loved one for as long as they want and to be supported.

Analysis of Advocacy Casework under PCC Support

A 'case' is defined as an issue the public need advocacy support to address, that cannot be resolved through advice or information, and which needs casework support from a member of the PCC practice team to try and resolve. A case can range from early resolution and individual advocacy, through to engagement with the formal HSC complaints process and support in Inquiries. The following table shows the breakdown of cases for 2024-25.

	Type of Case	Total Cases	Total Cases Grouped
Advocacy Cases	Advocacy	256	555
	Issue / Concern	78	
	Formal Complaint	221	
Information only cases[5]	Information Only	27	27
Serious Adverse Incident Cases	SAI (Level undefined)	7	22
	SAI – Level 1	9	
	SAI – Level 2	5	
	SAI – Level 3	1	
	Total Cases		**604**

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 early, such that the issue don't need to become a 'case'.

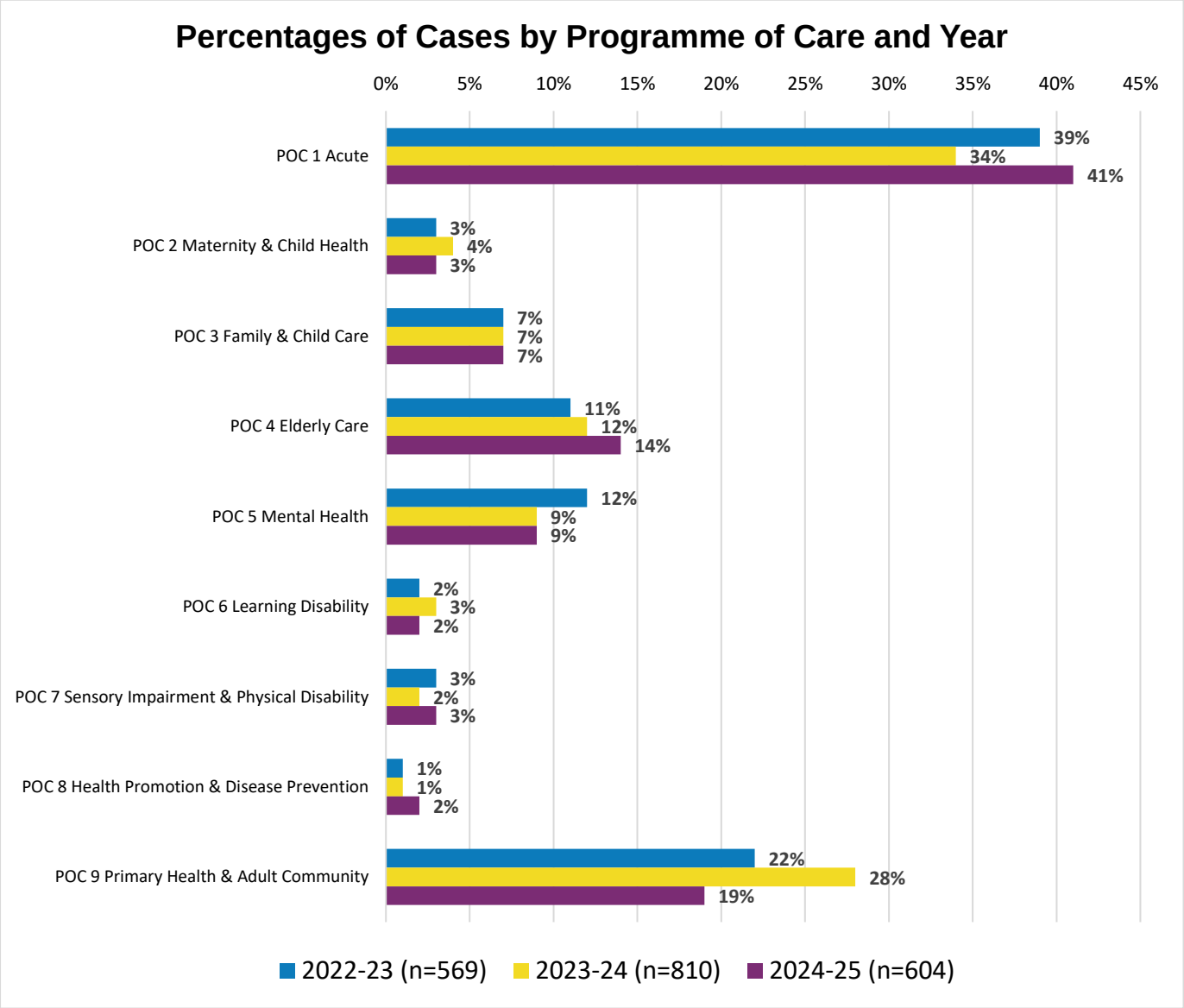
There can be a short waiting time for support from PCC, however, the majority of contacts are progressed and moved towards resolution through our PCC Connect call handling system. Initial assessment and allocation of new cases takes place weekly by PCC Service Managers. Any cases with a time constraint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

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

[5] Information only cases are where the practitioner has an action/s resulting from a call (for example, an inquiry to make and then relaying information to the person). This contrasts with an 'information and advice' contact, where there is no requirement for further contact with the client after the initial engagement and provision of information.

Programme of Care

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

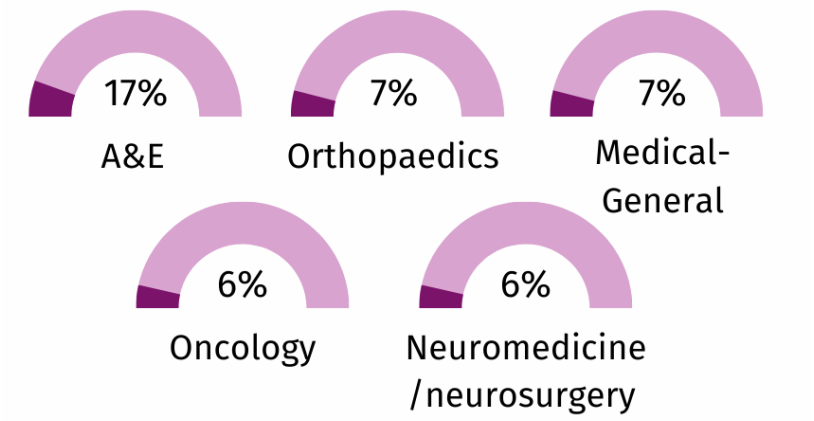


The Top 4 Programmes of Care have remained consistent since 2022-23 being Acute, Primary Adult Health and Community, Elderly and Mental Health. In 2024-25, 'Acute' was the highest Programme of Care accounting for 40% of all cases. This was followed by 'Primary Health and Adult Community' (19%) and 'Mental Health' (14%). The proportion of cases relating to other Programmes of Care in 2024-25, are similar to those in 2023-24 and 2022-23, with an increase of 7% in Acute, from 2023-24 to 2024-25, and a decrease of 9% in Primary Health and Adult Community from 2023-24 to 2024-25.

There were 251 Acute cases in 2024-25. Whilst A&E is the most regular service falling under the Acute case category in 2024-25, no single service significantly

stands out, rather the cases are spread over a broad range of different service areas.

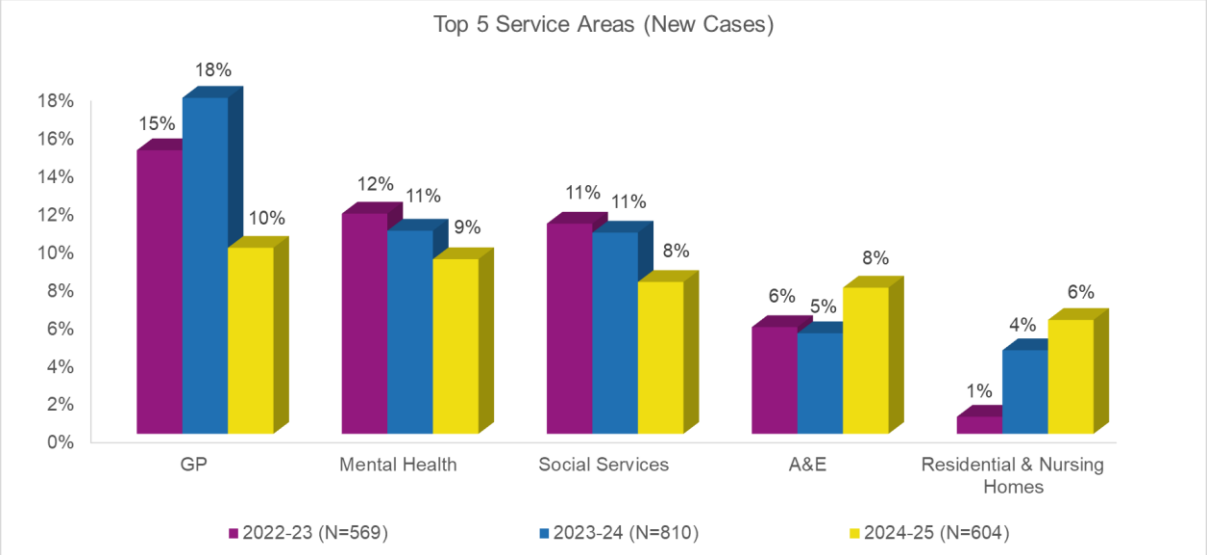
The following were the top 5 Service areas that cases within Acute related to:



The second highest number of cases in relation to Programme of Care fell under 'Primary Health and Adult Community' which had a total of 112 cases, 42% related to GP services. However, when considering both Contacts and Cases related to service areas, there were 258 calls in total relating to GP services. This equates to 57% of all 'Primary Adult Health and Community' calls and 14% of Cases and Contacts across all Programmes of Care.

Service Area

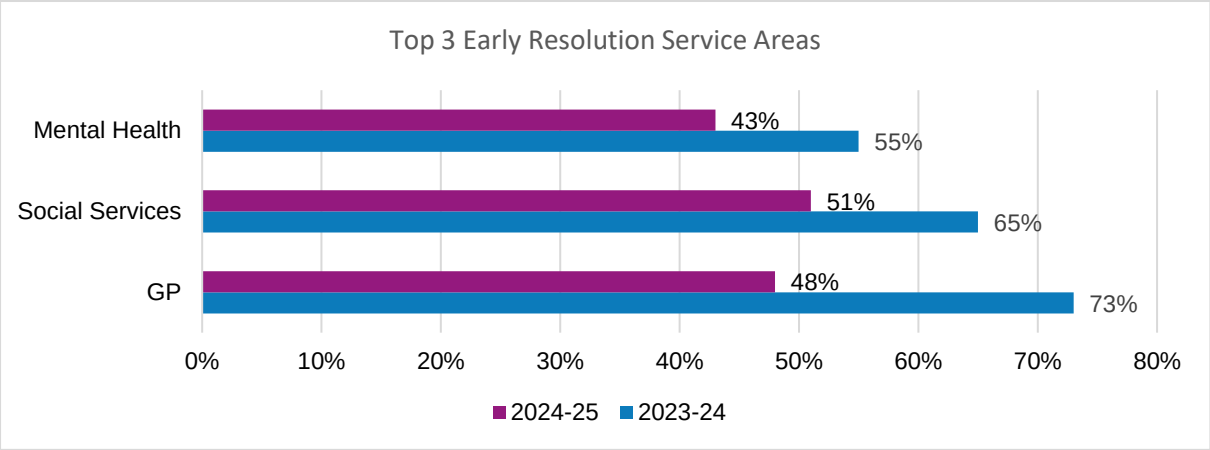
The top five service areas that new cases opened in 2024-25 related to, are shown in the chart below, with prior years data included for comparison:



The top five service areas have remained largely the same since 2023-24, however in 2024-25 A&E returned into the top five service areas in fourth place, whilst Residential and Nursing Homes has moved to fifth place. Like previous years, GPs

remains the service for which the PCC is contacted about the most, however there was an 8% reduction in the number of cases this year. There was also a reduction in case numbers for Mental Health and Social Services from 2023-24.

In 2024-25, 60% of all PCC cases were resolved through early resolution, an increase from the 57% in 2023-24. The Early Resolution rates for the top three service areas resolved by advocacy all increased from 2023-24:



The following is an overview of the concerns raised within each of the top five service areas.

GP Services

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

- **Difficulty accessing a GP** – this is the most frequent issue under PCC Contacts and Cases relating to GP services. Issues here mainly relate to redialling multiple times first thing in the morning, or eventually getting through to reception, to be told the appointments are already gone and to try again the next day. These access challenges can also lead to related issues like difficulties in renewing or collecting prescriptions and making appointments to provide samples, or receiving treatment at the nursing station. Other access issues occurring in fewer numbers concerned instances were English was not the first language and people reporting that call backs from a GP are not flexible enough to fit around working hours.
- **Concerns around medication** – the vast majority of cases concern prescription medication, including medication being refused, adjusted or stopped by a GP due to changes in regulation, side effects, disagreeing with appropriateness of a medication, or ‘shared care’ where a GP has not prescribed a medication following a private diagnosis. Other issues included difficulty in accessing or renewing medication, which often overlaps with problems in getting through to a GP due to busy phone lines.
- **Support with complaints** – calls in this area mostly do not progress to the ‘Case’ stage with the PCC. These calls were from people dissatisfied with the service provided by their GP and were asking for guidance on how to make a

complaint. These callers were directed to the SPPG Honest Broker service. Where the person identifies the reason for the complaint, it is predominately related to difficulty with accessing the GP by phone, or relating to treatment or medication.

- **Discharge from GP Practices** – this relates to patients being removed or given a warning to say they might be removed from the patient list. Reasons for this include repeated missed appointments, instances where the GP or other surgery staff state a patient has been rude or aggressive, or a breakdown in trust and the therapeutic relationship between the GP and patient. In most cases, the patient disagreed with the decision and rejected any assertion of being rude or aggressive. In some instances, mediation has been possible or an apology issued from the patient.
- **Treatment and Care provided –** people reported general dissatisfaction with the standard of care received by their GP surgery. This also includes not feeling listened to or taken seriously, disagreements with treatment plans, or concerns that a diagnosis or opportunity for preventative treatment may have been missed.
- **Staff Attitude** – occasions where clients report either reception staff or the GP themselves were rude, dismissive or did not demonstrate appropriate helpfulness, patience or empathy towards them as a patient. Such issues occurred in various circumstances including trying to book appointments, missed (or being slightly late for) appointments, medication or diagnosis.
- **Forms and documentation** – patients requiring a GP to sign a medical form required to support driving licences and returning to work/gaining new employment for example, reported delays or difficulties in accessing this service. On occasions, the GP would not agree to complete the forms as required by the patient due to medical history.
- **Medical Records** – clients seeking access to medical records as part of concerns over treatment of themselves or a family member. There are also cases of members of the public seeking changes to information held on records due to inaccuracies or change in personal circumstances.

Mental Health

- **Communication** - Individuals dissatisfied with communication from mental health services relating to accessing or transitioning between services, waiting times for assessments, diagnosis for children and communication relating to incidences where individuals have passed away whilst under care of mental health teams or on home visit from a hospital admission.
- **Treatment quality** - calls here relate to a range of issues around medication, lack of support, cancelled appointments with mental health staff. Issues here also overlap with ‘Communication’ and ‘Medication’. There were several cases from family members concerned about the circumstances leading to the

death of a family member. There were also concerns about diagnosis and timing of discharge from hospital.

- **Staff Attitude** - issues relate mainly to how people were spoken to, and a perceived lack of care or seriousness afforded to their particular condition. Individuals reported concerns about being discharged too soon, changes to medication not being considered fully and the assessment process for potential withdrawal of services.
- **Professional Assessment of Need** – these calls mainly related to the care and interventions carried out by mental health teams or staff, and whether or not this actually met the needs of the patient's health at the time. Some cases concerned the capacity of the patient.
- **Medication** – the concerns here mainly refer to medication being changed or conversely people questioning the choice of medication prescribed. Other issues related to medication not being provided at a particular time or people being discharged without it.

Social Services

- **Treatment and Care** – there were various issues here relating to lack of support in the home for members of the public who are carers of family members. Other calls concerned consent to express wishes around living arrangements and instances where people were being asked to move from, or to, a care home setting due to a change of assessed needs. Some calls concerned care of children and treatment relating to people with a learning disability.
- **Communication** – there were concerns here regarding how changes in care provided to the family members of clients were communicated to clients, or at times not communicated at all. Other concerns cited a lack of care provided either in residential or private home settings and there were several issues relating to communication around complex family and childcare cases.
- **Staff Attitude** – issues here related to the way staff spoke to patients or their family members, and a lack of consideration to issues raised in complaints. Other cases concerned individuals feeling that staff involved with them did not work effectively or considerately with them in arranging care, meetings or communicating around changes to support or child safeguarding issues.

A&E

- **Treatment and care** – the majority of cases under A&E related to treatment and care. There were issues around diagnoses that were either delayed or missed during a visit to A&E, which in some instances led to serious consequences. People expressed dismay at the conditions of A&E, and the

inappropriate care settings provided, including beds or chairs in corridors whilst they awaited admission and ‘makeshift wards’. Others were frustrated at the lack of continuity and clarity as they were moved around different parts of the service.

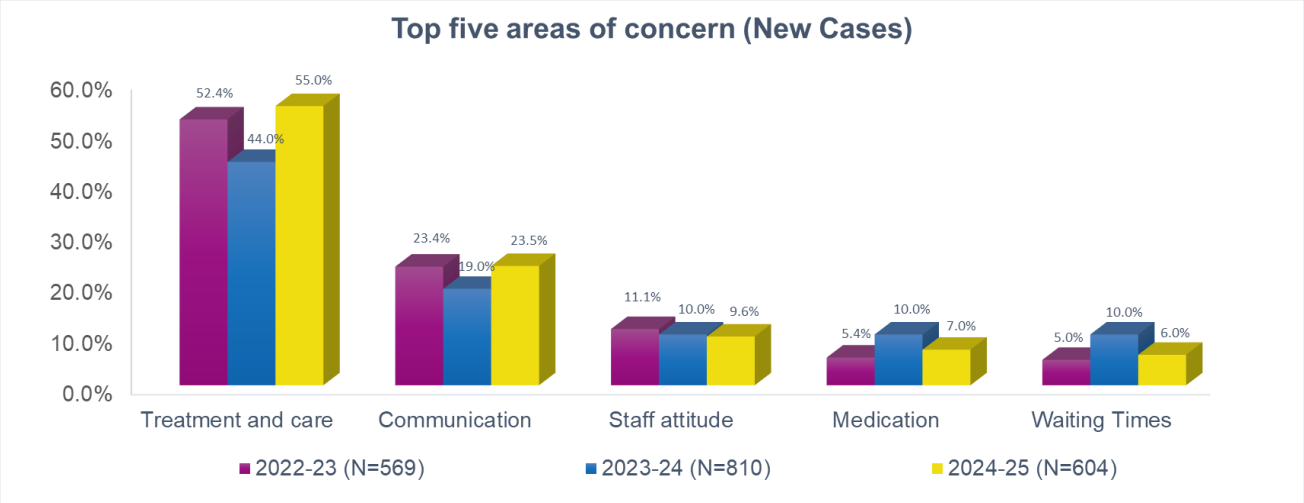
- **Waiting Times –** people expressed frustration at the waiting time to be seen initially at A&E, and with the time taken to be transferred to a hospital bed for a full admission. Concerns here also overlapped with the quality of environment whilst waiting to be seen by a healthcare professional.
- **Staff Attitude –** clients reported generally feeling like staff were not fully considerate of their situation, not being listened to or treated with dignity whilst at A&E.
- **Discharge –** there were concerns from clients about theirs or the family member’s discharge from A&E, feeling it was too soon i.e. before a full diagnosis, or required support was in place to discharge safely.
- **Communication** – individuals cited poor communication between staff and patients in relation to care, but also between staff in different services. This led clients to feel they were being ‘passed around’ different departments without any clarity.

Residential and Nursing Homes

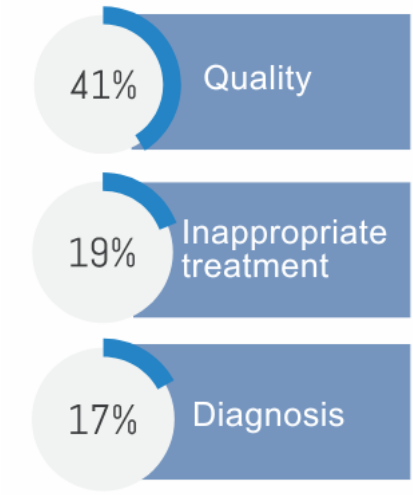
- **Treatment and care** – the majority of cases related to concerns about the quality and safety of care within residential/nursing/care home settings as reported by individuals who were family members of the person in question. These included concerns around safeguarding, treatment of people with dementia, falls and general standard of personal care including personal grooming, laundry and hygiene.
- **Communication** – there were concerns expressed by clients about the lack of communication around incidents and general decline in the health of their family member whilst living in a residential setting. Other cases highlighted the lack of communication between clients, home staff and social workers in relation to plans for care. Many of these cases were joint issues with the treatment concerns expressed above.
- **Staff attitude** – there were concerns with how management of these homes spoke to family members around requests or issues relating to care of their family members. Individuals themselves also report feeling mistreated on occasions.

Areas of Concern

The top areas of concern raised within new cases in 2024-25 are detailed below, with prior years data for comparison:



As shown above, the top three service areas in 2024-25 have remained the same as 2023-24, and retain the same rankings. The overall share of advocacy areas has also remained broadly consistent with an increase of 11% in Treatment and Care concerns and 4.5% in Communication, whilst Medication and Waiting Times decreased by 4% and 3% respectively.



Treatment and Care: Within treatment and care there are a further seven sub-categories including quality, diagnosis, inappropriate treatment, discharge, surgery, nursing care and quantity. The three most frequently cited areas of concern within treatment and care are quality (41%), inappropriate treatment (19%) diagnosis (17%).

Treatment and Care – Quality: This reflects concerns from individuals that they or their family members did not receive an acceptable standard of care. This includes insufficient attention given to medical issues, personal care or preventative measures. Individuals also mentioned lack of treatment provided, poor handover between services and issues with availability of staff or services. The services most frequently cited in this area are Residential and Nursing Homes, Mental Health, A&E and GPs.

Treatment and Care – Inappropriate Treatment: These cases relate to concerns that treatment received, or interactions with staff and services did not meet their healthcare needs. This included issues directly related to care, and instances when individuals felt they or their family member's wider needs such as communication, Autism or frailty were not appropriately considered.

The main services relating to ‘Inappropriate Treatment’ were; A&E, Residential and Nursing Homes, Social Care and Social Services.

Treatment and Care – Diagnosis: Cases within this area relate mainly to perceptions of individuals that a diagnosis was missed or an incorrect diagnosis was provided by a healthcare practitioner, GP or Consultant. In some cases, this led to ongoing pain or discomfort that people felt would not have occurred with the correct diagnosis and subsequent treatment. For some missed, or misdiagnosis’ led to serious consequences. Other concerns related to an inability to gain a diagnosis, either through difficulty in accessing appointments, waiting times or disagreement with a healthcare assessment. The most frequently occurring services cites in ‘Treatment and Care - Diagnosis’ were; A&E, GPs and Neuromedicine / Neurosurgery.

Communication: These cases related to concerns from individuals that issues relating to care were not communicated appropriately. This includes communication between the healthcare system and clients, but also instances were communication within the HSC system was not to the expected standard. The highest number of cases were communication was cited as an issue was within GP services. There were a range of concerns relating to how results were communicated and issues with accessing information relating to medical records. There were also instances related to registering with a new GP and challenging decisions to discharge clients from GP patient lists. There were several calls from client expressing frustration with GP phone booking systems. Other top services receiving calls related to communication were Mental Health, Social Care and Social Services.

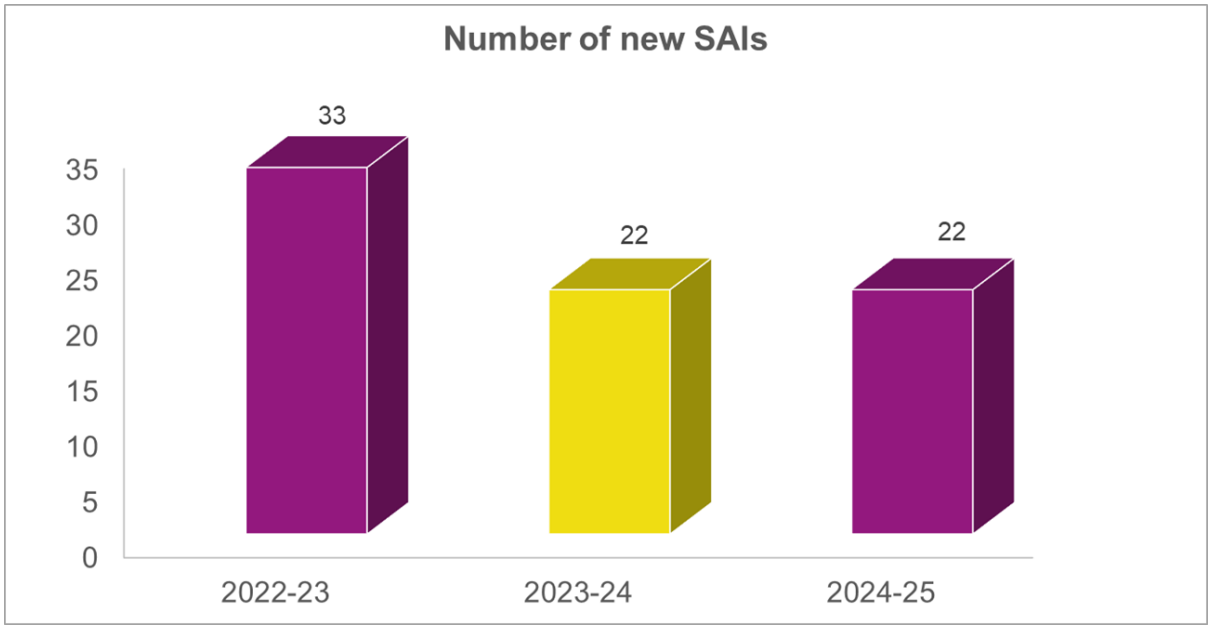
Staff Attitude: These calls related to perceptions of individuals that they were not treated appropriately by staff in terms of how they were spoken to or treated, but also how their healthcare was provided. The highest number of cases in this area related to Mental Health services. Clients report a perception they were not taken seriously or treated considerately in relation to mental health diagnosis or were not afforded appropriate respect regarding past trauma or gender, in one example.

Medication: The highest number of medication cases concerned GP services. There were a wide range of issues reported in this area, including prescription medication being removed by a GP, or a refusal to prescribe due to a therapeutic or professional decision, which clients disagreed with. In some instances, clients cited issues with renewing prescriptions due to difficulties getting through to the GP surgery by phone. In comparison to 2023/24, the number of medication issues reported within Prison Healthcare was greatly reduced from 19 cases to 8 cases this year, and covered a range of concerns including withdrawal of medication due to compatibility with other medications, joined up approaches with addiction services and delays in accessing medication.

Waiting Times: There are a broad range of services within this category, covering inpatient, outpatient and community settings such as domiciliary care. The highest number of calls for waiting times were quite equally distributed amongst A&E, GPs, Gynaecology and Orthopaedic services. A&E cases related to the time taken to be seen initially. GP cases mainly related to difficulty in booking appointments through phone lines. Gynaecology services concerned cases of women waiting for procedures including hysterectomies. Orthopaedic cases relate to delays and changes in surgery dates, leaving people waiting in discomfort.

Serious Adverse Incidents

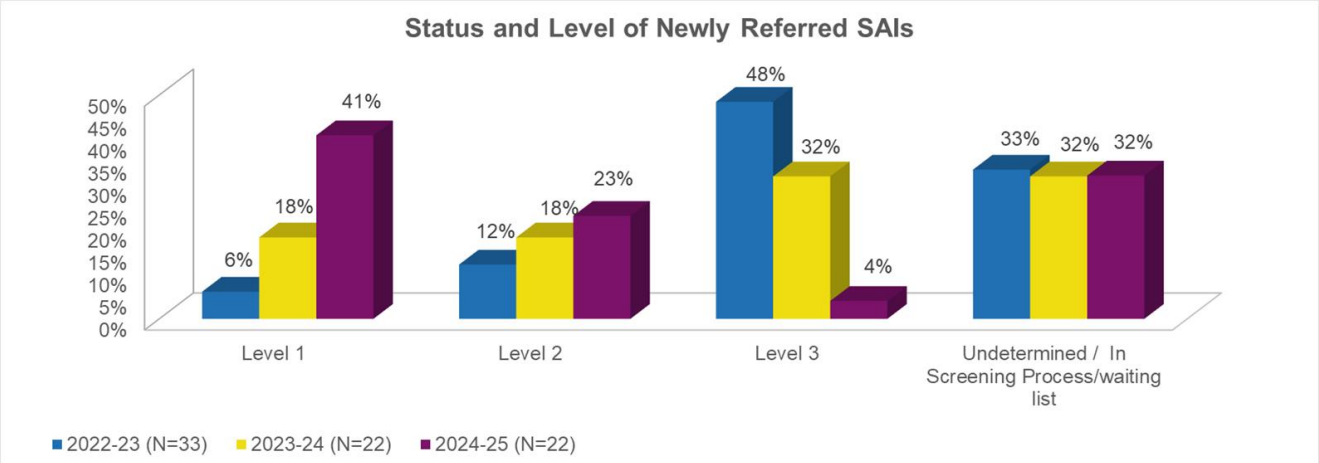
The PCC continues to provide independent advocacy support for clients during Serious Adverse Incident (SAI) investigations. In 2024/25, there were 22 new SAI cases. The following chart shows SAI cases over recent years for comparison. Open SAIs cases are likely to be much higher as support to families may extend over a number of years.



The provision of support to families in a SAI process is 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 and in accordance with expected procedure. 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 they are encountering challenges.

The chart below demonstrates the status, and level, of the 22 SAIs newly referred to the PCC in 2024/25 compared to previous years.



This year there was an increase in the number of Level 1 SAIs, from 18% in 2023-24 to 41% in 2024-25. There was also a significant decline in the number of Level 3 SAIs from 32% in 2023-24 to 4% in 2024-25.

Several SAI cases have remained open for a period of years as investigations continue. Through the 22 new SAI cases opened in 2024/25, the PCC supported 34 individuals. This includes the individuals who raised the case and other family members. When we account for SAI cases opened before this reporting period that have not yet closed, there are currently 42 SAI cases open to the PCC for support (Level 1 – 15; Level 2 – 7; Level 3 – 14; Undetermined Level – 6). These cases represent a total of 88 individuals currently supported by the PCC. When all SAI cases that are currently open are combined with cases opened but subsequently closed/resolved in 2024-25, there were 60 SAI cases and 76 people supported by the PCC in 2024-25.

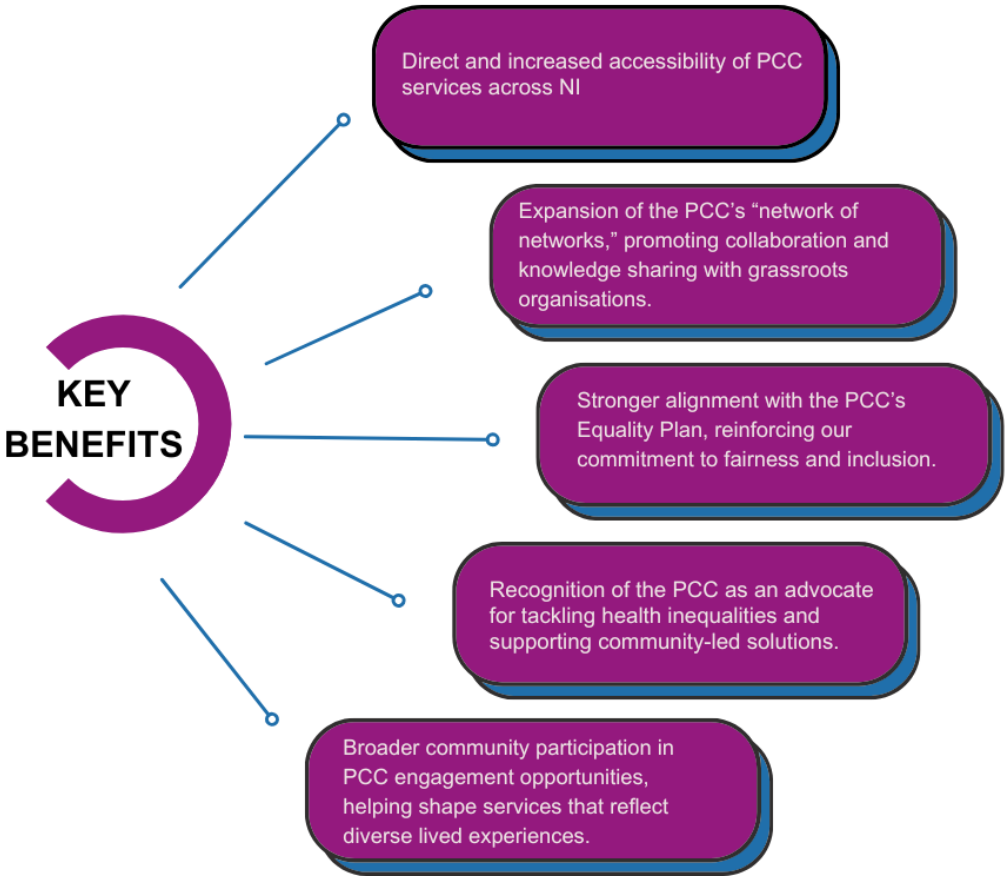
Safeguarding

In 2024-25 we made 20 safeguarding referrals and identified 120 cases with safeguarding concerns. The number of referrals has decreased by over 50% from 46 in 2023-24. Our safeguarding processes ensure that there is oversight to all safeguarding actions taken by PCC staff when reporting and recording any concerns raised by members of the public, or when clients disclose concerns about their wellbeing and safety.

Immediate safeguarding concerns are reviewed by a Service Manager on the date of the disclosure or event and will provide guidance on escalation when required. If appropriate the PCC will make a safeguarding referral to the relevant Trust and will share the information with other stakeholder organisation as necessary for example the RQIA if the concern relates to a regulated service. The PCC continue to be mindful of any emerging patterns of concern and will highlight these when appropriate. On a quarterly basis a safeguarding report is prepared by a Service Manager and the Principal Practitioner for the PCC Council for oversight, which is a further level of governance ensuring that all actions from the PCC have adhered to PCC policy and procedures and the Adult and Child safeguarding processes in NI. On occasion members of the public contact the PCC with safeguarding concerns anonymously. The PCC escalate these concerns to the appropriate authority and stakeholder organisation for example the PSNI, RQIA, a Trust or an Independent provider for investigation. PCC staff members attend safeguarding training annually to ensure they remain refreshed in safeguarding guidance and practice.

PCC Support in the Community

The Support in the Community Service also strengthened our direct support for individuals and organisations by offering place-based access to advocacy services and information on engagement opportunities.



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 2023-24 and 2022-23 has been provided where possible for comparison:

PCC Engage - Outputs	Indicative Targets	2024 - 25	2023 - 24	2022 - 23
Number of engagement platform participants	122	174	105	139
Number of engagement platforms	6	6	6	-
Number of engagement platform meetings	24	75	-	-

As seen from the figures in the table above, in 2024-25 we met our outputs under PCC Engage. The number of engagement platforms and engagement platform meetings were new outputs added for the 2024-25, but have been compared against figures from last year where possible.

Adult Protection Engagement Platform

Following on from 2023-24 the Adult Protection Engagement Platform continued to focus on Adult Protection legislation for Northern Ireland, which is being developed by the DoH. The DoH Adult Protection Bill team are working on finalising the Draft Bill and will share the content with platform members when complete. This has meant that the Adult Protection Engagement Platform has met less frequently in 2024-25. The Bill and its accompanying statutory guidance will be open to public consultation.

On 16 May 2024 the DoH Adult Protection Bill team presented to the Assembly Health Committee. Throughout their update the Bill Team spoke about how they had engaged with service users through the PCC Adult Protection Engagement Platform. They mentioned that issues the Platform had raised were brought to the Adult Protection Transformation Board, and the draft Bill was changed as a direct response to some requests from the families. The recording of their update to the Health Committee was shared with Platform members.

In 24-25 PCC had further discussions with Strategic Planning and Performance Group (SPPG) to agree the role of the Engagement Platform going forward as we

await the publication of the Adult Protection Bill, when the PCC will have a role in the public consultation process.

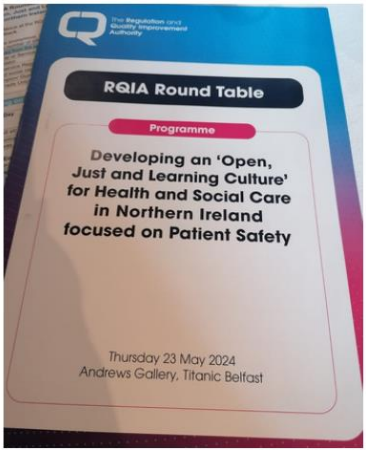
Draft Bill changed as a direct response to feedback from Platform members

Care of Older People Engagement Platform

> **"Thank you to you and all the PCC team for affording me the opportunity to attend the event today.It was extremely illuminating and informative with much to reflect upon going forward."**
>
> Feedback from PCC EP Member who attended RQIA Roundtable

Over the past year, the Care of Older People Engagement Platform has continued to play a key role in representing the voices of older people in the services they access and those living in care homes and their families.

Members of the platform took part in an RQIA Roundtable event which focused on developing a Patient Safety Culture Assessment Framework. The goal of this event was to build agreement on a shared approach for assessing patient safety cultures across the health and social care system. This important piece of work will pave the way for new patient safety work streams in the coming financial year.



Another ongoing piece of work the Platform has been involved with is the regional review of care home contracts. The PCC partnered with the SPPG to deliver two public workshops in February 2025. These sessions brought together members of the Care of Older People Engagement Platform and the wider public. This review, led by the DoH and SPPG, is focused on updating the long-standing care home contract for residential and nursing care. It has been nearly a decade since the contract was last reviewed. With many policy and legislative changes, alongside insights from recent inquiries, it was agreed it was time for a refresh. The workshops

aimed to gather real-life experiences from those with loved ones in care homes, helping to shape the direction of the new contracts.

The PCC remains committed to representation within the Social Care Collaborative Forum, particularly within the Accommodation Options and Enhancing Care in Care Homes work streams. Due to the ongoing COVID-19 inquiry, these work streams have been paused by the Department of Health and haven't met in the past year. PCC remains ready to re-engage with these groups as soon as they resume.

In the meantime, we have continued to represent the voices of older people in other areas. This includes regular input into the Dementia Service User and Carers Groups, and ongoing work with the Public Health Agency through the 10,000 More Voices project. This initiative focuses on gathering the lived experiences of residents in care homes, ensuring their stories inform and influence improvements across the system.

Platform members contributed to RQIA event on Patient Safety Culture Assessment Framework; Partnered with SPPG to deliver two lived experience workshops on the review of care home contract for residential and nursing care.

Learning Disability Engagement Platform

The PCC Learning Disability Engagement Platform brings together the lived experiences of those caring for individuals with learning disabilities. The Engagement Platform met monthly throughout 2024.

At the latter part of 2024 the Engagement Platform were provided with the draft Refreshed Learning Disability Service Model. The Platform felt the service model did not adequately represent the spectrum of learning disability and that the draft service model isn't inclusive of their loved ones and their complex needs.

The Engagement Platform has also been asked for their feedback on the HSC Learning Disability Passport which is currently being reviewed by the RQIA. The RQIA are planning to develop a series of questions to be discussed at the next meeting of the Platform in April 2025 and a review of the passport document itself.

In February 2025 the Platform met again to review Terms of Reference and look at moving forward.

Provided lived experience feedback to DoH on the draft Refreshed Learning Disability Service Model and the RQIA's review of the HSC Learning Disability Passport.

Mental Health Engagement Platform

> **"We're in this position with the Engagement Platform where we are actually used in co-production and co-design at the start of these events. They listen to us and they have to listen to us and working with us they learn that we are an important resource as well."**
>
> Feedback from Mental Health Engagement Platform member

The Mental Health Engagement Platform has met on a frequent basis since April 2024. The Platform has continued to influence positive change to policy and strategy and meet with leads within the Mental Health sphere.

In April 2024 Platform meeting was attended by the Regional Head of Mental Health Services, along with the RQIA CEO and Director of Mental Health & Learning Disability, Children's Services and Prison Healthcare. At this meeting the Regional Head of Mental Health Services spoke about the importance of working alongside the Engagement Platform. He also said the Collaborative Board needs to be focus on two to three key areas which will have the most impact on service users. He also recognised the importance of getting the Regional Service User Consultant appointed, which Platform Members were involved in the design of by writing the job description and personal specification, as well as what the interview questions should focus on. The Regional Service User Consultant was appointed during 2024-25 and met with the Platform in February 2025.

In May two of the Platform members were nominated to represent the Platform on the Regional Mental Health Service Establishment Group (SEG). This group sat in an advisory role to the Head of the Regional Mental Health Service to ensure broad representation in the collaborative board as well as other areas of work.

In June the Department of Health Head of Adult Mental Health asked for nominations from the Engagement Platform to be put forward if they would like to be involved in the new Digital Mental Health Forum. The Forum will develop a model for the co-design of digital mental health services. The Head of Adult Mental Health is keen to engage with Service Users and people with lived experience for the development workshop on 24th June.

A nominated Engagement Platform member attended one of three planned workshops in Antrim in August and provided comprehensive feedback to the group on this. He raised issues around a lack of established stakeholder mapping within the Regional Mental Health Services (RMHS), but that this can be improved and worked on now.

All group members had been given the opportunity to attend NICON on the 16th

October. An Engagement Platform member joined the PCC's panel. Further information is provided in the PCC Impact section.

The Health Minister Mike Nesbitt has identified that Mental Health is a key area of concern and has accepted an invitation to attend a Mental Health Engagement Platform meeting.

The Chair of a Steering Group to review current guidelines for Mental Health and Learning Disability professionals in assessing and managing risk, has the Engagement Platform if anyone would be interested in joining the Steering Group. Sub-groups will be set up to address best practice for specific issues e.g. addictions, forensics, and Learning Disability. The Steering group met for the first time in November 2024.

In December 2024, the Head of the Regional Mental Health Services provided the Platform with an update on RMHS and that it is focussed on planning and preparation. Progress to date has covered work on: **Staffing; Structures; Service Improvement** and **Sectoral Engagement.** The next phase will focus on implementation.

The PCC has commissioned a Leadership Centre associate to assist carrying out a review of the impact of the Mental Health Engagement Platform. It is expected the review will be finished in 2025-26.

EP made a significant contribution to the design of the Regional Service User Consultant role; nominated 2 representatives to sit on the Regional Mental Health Service Establishment Group; participated in the Digital Mental Health Forum; and been invited to have a representative on the Steering Group to review the guidelines for Mental Health and Learning Disability professionals.

Neurology Engagement Platform

The PCC Neurology Engagement Platform was constituted of people who were directly affected by the events which led to the recall of patients of Michael Watt, former Consultant Neurologist, and subsequently the Independent Neurology Inquiry (INI), as well as those who had recent and/or current experience of Neurology Services in Northern Ireland. The Neurology Engagement Platform in its current form came to an end in 2024-25, as its role was complete. The PCC continue to provide individual advocacy to former members.

This year we celebrated the success of two our Neurology Engagement Platform members who won the 'Patient Contribution' Award at the Patient Experience Network National Awards 2024 (PENNA24). The awards took place on Thursday 3 October at the University of Birmingham and are the first and only awards programme to recognise best practice in patient experience across all facets of health and social care in the UK. The members won the award for their commitment and contribution to the PCC Neurology Engagement Platform.

Serious Adverse Incident

In 2023, DoH established a redesign structure to support the development and introduction of a new serious adverse incident framework for Northern Ireland. 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 work of the Engagement Platform continued throughout 2024-25, with five members of the public feeding directly into DoH's policy development work.

The SAI Engagement Platform met on five occasions in 2024-25, the platform had a further 2 meetings with departmental officials leading on the project, providing direct feedback on policy development. The Engagement Platform also provided detailed written feedback to departmental officials on their proposals on two occasions.

The Engagement Platform will provide a response to the public consultation and assess how they might contribute in any implementation phase of a new SAI framework.

The Engagement Platform met with NI Assembly's Health Committee in December 2025, to provide the Committee with their reflections on what a new SAI framework should include. The Engagement Platform developed a paper in relation to governance and assurance aspects of any new SAI process, which was shared by the Department with all HSC Trust Boards and the Boards of HSC ALBs. The paper was shared with the PCC's Council by the PCC's Executive team.

Whilst Engagement Platform members retained significant reservations regarding DoH's overall approach to the redesign project and its policy proposals, feedback from the Engagement Platform directly influenced the content of a number of the final proposals put out for public consultation in March 2025.

HSE Patient and Public Partnership Conference

On Tuesday 24 September, PCC staff attended the HSE Ireland Patient & Public Partnership Conference in Dublin.

The theme was: 'Changing patient outcomes: one partnership at a time.' The Conference was a great opportunity to share the work of PCC, our role in advocacy and engagement in HSCNI and our ambition for health services which embrace the public as assets in their care. It was encouraging to hear similar perspectives reflected throughout the day on partnership, the need to move from a paternalistic to an enabling approach and the need to understand respective challenges to build trust.

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

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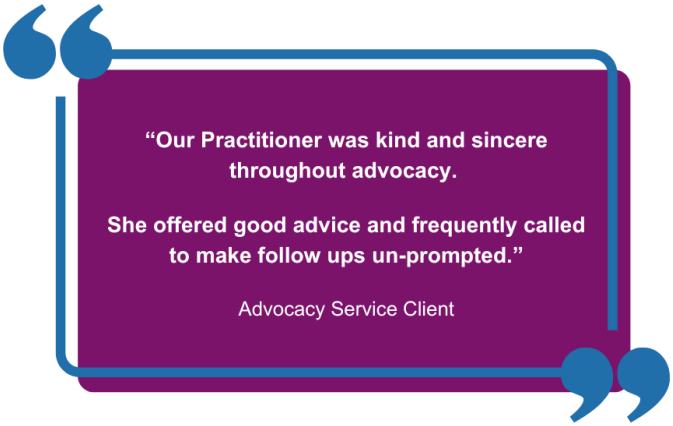
PCC Impact

Our delivery against this year's targets is as follows. Performance in 2022-23 and 2023-24 for comparison has been provided where possible:

Outputs	Indicative Targets	2024 - 25	2023 – 24	2022 – 23
Number of engagements with Departmental and statutory bodies/external bodies (PCC Impact)	170	180	296	-
% engagement with social media (PCC Impact)[6]	2.5%	2.7%	2.5%	-
Number of people engaging with PCC website (PCC Impact)	25,000	19,400	27,883	28,098
% of evaluation feedback from people supported or engaged through PCC	15%	18.2%	9%	9%

As demonstrated above, we met our indicative targets across all four Impact outputs for 2024-25. This year we surpassed a number of indicative targets such as the number of engagements with Departmental and statutory bodies/external bodies and % engagement with social media.

We also surpassed our target of 15% evaluation form feedback. A total of 106 people we assisted responded to the Evaluation form. This year 87% (n=92/106) said they had a 'very good' or 'good' experience of the PCC. This is an increase from 63% (n=75/120) in 2023-24. Only 6.6% (n=7/106) said they had a very poor experience of the PCC. This is a decrease from 14% (n=17/120) in 2023-24.



[6] These figures represent our Facebook analytics only. Analytics have been removed from X's basic accounts therefore we cannot provide an accumulated figure for Twitter and Facebook like previous years.

PCC Awareness Raising Campaign

The PCC Awareness Raising Campaign began in September 2024, with the objectives;

- To raise awareness and understanding of the role of the PCC
- To increase accessibility to our services
- Create and develop sustainable relationships and partnerships that expand our reach and expertise and support us to achieve our strategic objectives
- To build and maintain confidence in the quality of services provided by the PCC
- To recruit new members to our Membership Scheme
- To increase engagement across our Social Media Platforms

Following on from the Campaign's efforts in 2023-24, we undertook a number of initiatives to meet our objectives.

Distribution of new promotional materials: We distributed new promotional materials; A3 posters and A5 double sided leaflets, to our key stakeholder list which included the following groups; Health and Social Care Trusts, GP Surgeries, Community and Voluntary organisations, Members of Legislative Assembly, Prisons, Councils and more. The new materials were developed in close collaboration with members of the public (patients, clients, carers), staff and support organisations

Survey: We submitted three poll questions in the 'Lucid Talk Winter25 NIVIEW Omnibus Poll' which ran from 14-17 February 2025, to gain comparative PCC awareness statistics for our campaign.

A quarter (25%) of respondents said they had an awareness of the PCC. This is an increase of 3% from our poll in 2024 (22%), which approximates to 57,000 more members of the public being aware of the PCC compared with 2023-24.

Features and adverts: PCC has featured in a number of magazines, online editorials and ezines during 2024-25. Some examples include; Pivotal Blog, Agenda NI, Belfast City Council's *'City Matters'* Residents' Magazine, NICVA news, Armagh Banbridge and Craigavon Borough Council's Seniors Magazine, Ability NI and GNI Magazine's Socials. Features and adverts were strategically planned in line with awareness gaps from our Lucid Talk Winter24 NIVIEW Omnibus Poll'.

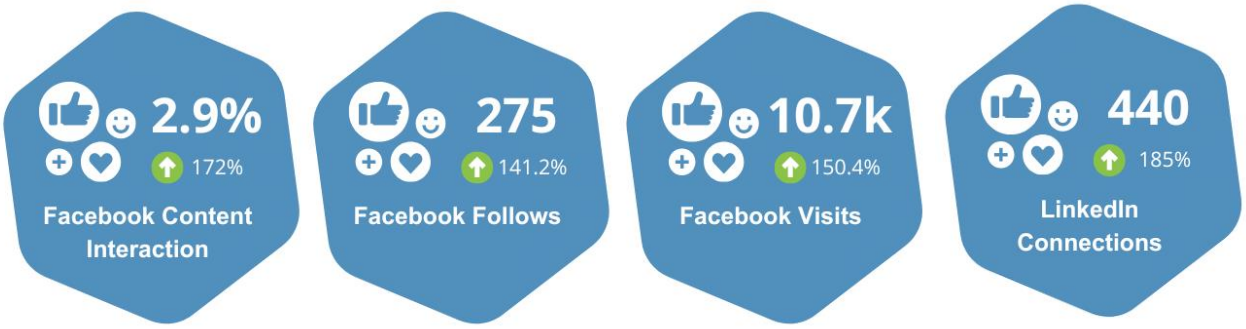
Videos: We developed a series of animated videos which explain our work in plain English terms. They are focused on who we are, and our four pillars; Connect, Support, Engage and Impact functions. Watch the videos here: PCC Animated video Playlist (youtube.com)

The storyboards were developed in close collaboration with members of the public (patients, clients, carers), staff and support organisations. Accessibility features include text on screen, British sign language, Irish sign language and male and female voiceovers.

Social Media and Website:

Our new website www.pcc-ni.net went live in June 2024. The design of this website was developed in close collaboration with members of the public, staff and support organisations. To enhance user experience, a 'ReachDeck' toolbar was added to our website. The toolbar has many accessibility features, which include; text-to-speech, translation, downloadable formats and a screen mask.

Our Social Media Channels, LinkedIn and Facebook have continued to grow followers and engagement from the beginning of the campaign.



Policy, Impact and Influence

In 2024-25 PCC developed a draft Position Statement, which reflects much of the evidence we have submitted to ongoing public inquiries. It sets 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. This has been developed with a view to fulfilling our statutory function of representing the best interests of the public within HSC. This has provided us with a basis upon which to develop our policy, impact and influence work in 2024-25.

As outlined in more detail in the performance overview section, we have continued to focus on the following areas:

- **A strategic approach to public participation**
- **The Importance of Regional Independent Advocacy Services**
- **Encouraging the use of Data, Insights and Intelligence to learn early**

These core positions have helped frame and drive the content of our Policy, Impact and Influence work throughout 2024-25.

Policy and Influence

PCC Events

‘Professionals and the Public: In Partnership for Patient Safety’

PCC hosted an event with the Professional Standards Authority (PSA) *‘Professionals and the Public: In Partnership for Patient Safety’* on 28 March 2025.

This event built on conversations across the system, including those hosted by PCC at NICON (Read more about NICON on page 54). On the day 61 people attended the event in person and 14 people who could not attend in person, watched via livestream. Members of the public, leaders across the HSC, healthcare regulators, the voluntary and community sectors, and representative bodies were among those in attendance.

The event focused on how we can improve patient safety by embracing the public as assets and developing workplace culture. This was particularly significant considering of the Department of Health’s Openness work, the Duty of Candour and emerging issues from public inquiries.

PSA and PCC Chief Executives, Alan Clamp and Meadhbha Monaghan, opened the event and welcomed attendees. As part of the welcome address, a pre-recorded video from a member of our Mental Health Engagement Platform showcasing the impact of involvement was played. The first session *‘Embracing the public as assets to fix the safety gaps in our healthcare system’*

was chaired by Paula Bradley, a PCC Council member. It featured presentations from:

- Helen Hughes, Chief Executive of Patient Safety Learning, who presented on *'Listening to and involving the public for safety'*
- Stephanie Draper, Director of Innovation and Practice, Involve, who presented on *'Listening to and involving the public for improved policy-making'*

The speakers were joined by Michael O'Neill, Interim Director of Quality, Improvement and Safety and Rita Delvin, Executive Director of Royal College of Nursing Northern Ireland and, DoH for a panel discussion and reflections.

The second session focused on '*Improving workplace culture in health and social care by listening and involving all healthcare professionals, staff and the public'*. It was chaired by Matthew Redford, Chief Executive and Registrar General Osteopathic Council. Its speakers included:

- Paul Whiteing, Chief Executive of Action against Medical Accidents, who presented on *'The Harmed Patient Pathway: building a pathway to eliminate compounded harm for patients and a tool to empower staff'*
- Dr Nazia Latif, member of the Regulatory Quality and Improvement Authority, who presented on *'Creating inclusive cultures'*
- Peter McBride, Independent Consultant, who presented on *'Healthcare and candour'*

Both sessions provided an opportunity for questions and answers from participants in the audience and online.

Ruth Sutherland CBE, PCC Chair and Geraldine Campbell, PSA Northern Ireland Board Member provided closing remarks and summary of the discussions.

> **"Thank you PCC for all your hard work putting together an excellent and well-run event. I much appreciated the invitation and found all the speakers very relevant and thought-provoking.**
>
> **I particularly found the opportunity to network and hold side discussions with a number of those attending very helpful. Thank you for a really good event."**
>
> Member of Public who attended
> PSA-PCC Event

NICON 2024

PCC attended the Northern Ireland Confederation for Health and Social Care (NICON) Conference. The conference theme was *'Grasping the Nettle'.* Representatives from our engagement platforms, membership as well as staff and council members attended the conference.

At the conference we facilitated a panel session on Day 1, titled *"The Power of Participation – Embracing the Public as Assets."* The session set out evidence and examples of emerging good practice. The session attracted a large audience and created great conversations about developing a more strategic approach to public participation and the role the public can play. Panel members included:

- Rebekah McCabe, Northern Ireland Lead, Involve
- Emma De Souza, Founder and Co-Facilitator, Northern Ireland Civic Initiative
- Gavin Quinn, Head of the Regional Mental Health Services, Department of Health NI
- Ross Anderson, PCC Engagement Platform Participant

We also hosted a PCC information stand over the two days.

In addition, our Chief Executive was a panel member in the Main Auditorium contributing to the discussion; ‘Grasping the Nettle | Building a Collective Leadership Approach’

Minister’s Visit

In August 2024, Health Minister, Mike Nesbitt visited our Belfast office to discuss the important work of our organisation. We discussed with the Minister the independent advocacy support we provide to members of the public, explored the benefits that independent advocacy services bring to the public and the HSC system, and how they help people facing health inequalities. The Minister also met with a member of the public to hear directly from them about the importance of independent advocacy and the benefits of engaging with the public.

Consultation Responses

With a view to influencing systemic and service level change in the best interest of the public, PCC submitted seven responses to Department of Health public consultations in 2024-25:

- Policy Underpinning the Public Health Bill (Northern Ireland);
- Draft Programme for Government 2024-2027 ‘Our Plan: Doing What Matters Most’;
- Health and Social Care NI (HSCNI) Involvement and Consultation Scheme;
- Consultation on the Commencement of Provisions under the Mental Capacity Act (Northern Ireland) 2016 relating to "Acts of Restraint";

- Independent Review of Children's Social Care Services, Initial Consultation on Recommendations;
- Hospitals Creating A Network for Better Outcomes;
- Being Open Framework.

These consultation responses 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. The responses reflected our key priorities, as outlined above. All public consultation responses were considered and approved by the Council of the PCC. To read our consultation responses visit: Consultation Responses.

Public Inquires

PCC have continued our work in relation to Public Inquiries in 2024-25. This has included representation to the Muckamore Abbey Hospital Inquiry (MAHI) and the UK Covid-19 Inquiry. PCC statements to (MAHI) can be accessed on the inquiry website here:

- PCC CEO Statement
- PCC Closing Submission

Public Accounts Committee

In February PCC presented evidence at a session of the Public Accounts Committee focused on Access to General Practice in Northern Ireland. We produced a report for the Committee detailing data and information we held on this issue. Committee MLAs praised the work of the PCC and were interested by the information we provided.

The NI Assembly's Official Report and recording of this session can be found the Public Accounts Committee's website[7].

[7] committee-35267.pdf

SAI Redesign

PCC continued to sit on the Department of Health Redesign Development Group, and supported the work of the SAI Engagement Platform. To further contribute to this area we published a Serious Adverse Incident Overview Report. The purpose of this report was to provide an overview of our assessment of the current state of the Serious Adverse Incident (SAI) Review system in Northern Ireland. The information contained in this report was based on PCC's engagement with those affected by SAIs, and our broader organisational experience, including that developed in providing independent advocacy support in SAIs.

NIPSO Model of Complaints Handling Procedure

Within their statutory mandate the Northern Ireland Public Service Ombudsman (NIPSO) developed a Model of Complaints Handling Procedure (MCHP) that could be implemented across the public sector to provide standardisation and a less complex process for citizens of Northern Ireland. The new model is due to be implemented across the HSC in Northern Ireland from 1 July 2025, with six months to full implementation.

PCC have participated in the planning for implementation within HSCNI through representation on the Strategic and Operational networks. The PCC have a dual role. As a HSCNI body the PCC are required to implement the MCHP through its own Complaints Policy. PCC also have a statutory role to provide independent advocacy services to members of the public who wish to make a complaint within HSCNI, which will be maintained within the new Model Complaints Handling Procedure.

All Party Groups

In May, our Principal Practitioner for Advocacy and Head of Operations contributed to the All-Party Group on Ageing and Older People. Discussions and presentations were based on the theme of Older People's access to GP services. Our presentation was titled; *'Listening to patients, engaging with practitioners.'* In November 2024 a Service Manager attended the All-Party Group on Learning Disability on the theme of housing for people with a Learning Disability.

Bereavement Charter

Since 2023 PCC has been involved in the Children and Young People Charter subgroup. PCC has participated through using our experience in gathering views for the Adult Bereavement Charter and providing feedback on ideas presented by the subgroup.

A survey was disseminated in 2024 targeting children and young people who had suffered a bereavement. The purpose was to learn what mattered to them when they were bereaved and what supports they wanted. An event was held on 28th February 2025 hosting young people from several schools, again to see what mattered to them when they were bereaved. PCC facilitated a table at the event. The messages from the survey and event will be used to draft Bereavement Charter Statements specific for Children and Young People. This drafting work will continue in 2025.

Development of Policy Public Affairs and Impact Functions

During 2024-25 we continued work on establishing our Public Affairs function in the organisation, to maximise our influence, and role in policy advocacy. Internal developments to assist this have included:

Policy Impact and Influence Council Subgroup

The Policy Impact and Influence Council subgroup was established this year. Four members of the PCC Council sit on the subgroup. The role of the subgroup is to provide:

- Strategic advice on building and developing the Policy, Impact and Influence function;
- Input and assurance on PCC corporate policy positions – consideration of how we engage and get input from the public on this work;
- Experience, expertise, contacts and ideas of how to maximise impact and public affairs; and
- Assurance that policy work balances the independent remit with responsibilities of an ALB and relationships required.

In quarter three of 2024-25, the subgroup had their first introductory meeting. It is intended that the subgroup will meet quarterly in 2025-26.

Additional Public Affairs Activities and Meetings

We have engaged with numerous Departmental, statutory or external bodies in 2024-25 to fulfil our statutory functions and pursue our strategic objectives. An overview of key public affairs and promotional activities can be found below:

PCC took part in **Integrated Care System (ICS) Programme Advisory Forum**. Our Chief Executive was invited as a keynote speaker at the **Housing Studies Association (HSA) Conference**. We met with:

- Patient Advocacy Service;
- Muckamore Departmental Assurance Group;
- NI Bereavement Network.

PCC Staff and eight engagement platform members attended the **RQIA's Roundtable Event** to explore how we can collectively develop an 'open, just and learning culture' that has patient safety at its centre.

PCC attended the **All Party Group** on Ageing and Older People with **AgeNI and COPNI**

We met with:

- **Medicines and Healthcare products Regulatory Agency;**
- Dr Henrietta Hughes, **Patient Safety Commissioner for England** on our work in early resolution through advocacy;
- **PHA**.
- **Minister of Finance and Department of Finance Permanent Secretary** regarding budgets.

We attended the **NI Partnership with Centre for Research Equity University of Oxford event** and **RCN Nurse of the Year Awards** to present the Patient Choice Award. In addition we facilitated a number of information stands and presentations for; **WHSCT** Carer's Week Event, **Mencap**'s 'Do you see me' event and **Cedar Foundation**'s User Forum co-production event.

We met with;

- **Advisory Forum for Care Homes initiative** to discuss the Care Homes survey and draft facilitator guide and safeguarding process for the patient client experience story collection;
- **Department of Health** to discuss SAI redesign and broader issues of engagement and advocacy;
- **Operational Network on Review of HSC Complaints Procedure;**
- **Southern Health and Social Care Trust Service User; and Governance** Managers to discuss PCC information in SHSCT Mandatory Complaints Training.

PCC attended **My Home Life** Celebration Ceremony and **NISCC's campaign launch for 'Social Care Making a difference'**. PCC also hosted an information stall at **Belfast Pride Festival** and provided an awareness session to a class of 18-25year olds who have enrolled with **Rutledge** to undertake health and social care training.

We met with:

- **GMC;**
- **Belfast Trust Adult Neuromuscular service; and**
- **Care Opinion.**

PCC welcomed Health Minister Mike Nesbitt to our Belfast office to discuss the important work of our organisation. (Read more about this on page 55)

We met with:

- **COPNI** to discuss PCC involvement with their research into Mental Capacity Act and Deprivation of Liberty Act;
- **Interim Adult Protection Board** to review Engagement Hub; and
- **SEHSCT, Involve and Age Well** for introductory meetings.

CEO was speaker at the **Westminster Policy Forum for NI** keynote seminar: 'Next steps for healthcare in Northern Ireland'. Attended the **Health Service Executive Ireland Patient & Public Partnership Conference** 2024, **HSC 'Hear our Voice' Launch** at Stormont, **Southern Trust's Community of Involvement Event, Western Trust's Health and Wellbeing Event** and the **Chief Nursing Officer's Annual Conference**.

We met with:

- **BHSCT PPI Team;**
- **Department of Health** to discuss Health inequality and Healthcare issues; and
- **NI Medical and Dental Training Agency** regarding Patient Perspective on Training Activities.

PCC attended; **Volunteer Now's** Women's and Men's health days, as well as the 'Hearing the voice of everyone' Event organised by **NI Public Health Research Network**

We met with:

- **Western Trust** Senior Management Team;
- **Patient Safety Learning; and**
- **NIPSO** meeting between Chief Executives.

We attended **CDHN** '30 Years' Celebration Event and **NIACRO** 53rd Annual Meeting and **IMPACT** Online Assembly to understand purpose and work of IMPACT.

Our Chief executive spoke at the November **Policy Forum for Northern Ireland** and PCC facilitated an awareness session to members of **DeafBlindUK.**

PCC staff and seven engagement platform members attended a **RQIA Roundtable** event titled 'Developing a Patient Safety Culture Assessment Framework'. To raise awareness of the PCC, staff attended **Armagh, Banbridge and Craigavon Borough Council's** Community Support Hub event and a men's group organised by **T.A.M.H.I** (Tackling Awareness of Mental Health issues)

We met with:

- **NIPEC** regarding the Review and Update of the Career Framework for Specialist Nursing; and
- **NIACRO and Extern** for an introductory meeting regarding prisoner support in PCC.

Attended the **Patient Client Experience (PCE) Working Group** for an update on the PHA's new strategy and structure and DoH strategic approach to Public Engagement. PCC also attended the 'Women's Health Action Plan' Virtual Listening Event to share insights and discuss priorities for the plan.

We met with:

- **SUDIC** Partnership Subgroup to hear update on development of SUDIC protocol; and
- **Department of Health's Deputy Secretary for the Health Care Policy Group** for an introductory meeting.

We attended the **NI Joint Regulators Forum** Emerging Concerns subgroup, the **NIPSO** Complaints Standards Engagement meeting, the Launch of the **HSC Cultural Competency Framework**, **ABC Council's Keep Safe, Keep Well** older person's Conference, **NI Bereavement 'have your say' a charter for children and young people** event. In addition, PCC presented at the **NI Public Accounts Committee** (Read more about this on page 56)

We met with:

- **RQIA** to discuss PCC support to RQIA reviews programme; and
- **NICVA** to discuss role of PCC and strategic collaborations.

We attended the **Southern Area Men's Health Steering Group** 'Strong Foundations - Healthy Relationships Matter' event.

Through our policy impact and influence work 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 Business Development

Operational Plan

A new operational plan for 2025-26 was approved by Council in February 2025 following consultation and agreement with all PCC staff. This builds upon PCC's Statement of Strategic Intent 2022-2025 and sets out our detailed work plan in support of our four key pillars/strategic goals. The 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. This has been demonstrated as we began our 'PCC Support in the Community' initiative in November 2024 delivering 80 support in the community events to 224 members of the public at 18 venues across Northern Ireland. The aim was to provide opportunities to advocate and engage with people from certain demographics groups by linking with established groups and other structures that would allow the PCC to engage with those communities. This was not included in our original plan for the year but provided an opportunity to enhance our awareness raising campaign.

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. The Leadership Team from PCC and the Data Protection Officer from BSO attend and meetings are planned quarterly. Key outputs for the year include:

- Updating and implementation of an Information Governance Plan;
- Updating and implementation of a Complaints Policy;
- Updating and implementation of "Your right to raise a concern Policy" (formerly Whistleblowing); and
- Updating and implementation of a Social Media Policy.

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

A review is underway regarding the Information Assets register and in particular issues regarding disposal of data/information held. This included a records management project plan to digitise all hard copy files and review the manner and content of all information held electronically on shared drives within the PCC. The digitisation of records was completed during the year.

However, PCC are operating with a number of legacy systems dating from 2012 including the Alemba case management system, and needs to develop an information management and reporting system that allows PCC to comprehensively record data, store data and documents securely and produce accurate and automated reports on this information across the functions of the organisation. PCC and BSO ITS have been working closely together during the last year to consider potential solutions for PCC's Information Management needs. An application to Digital Healthcare NI has been submitted and this will be progressed during 2025-2026 with a view to developing a fully integrated Information Management system for PCC.

Information Requests

PCC received 43 Data Access Requests in the 2024-25 year. These were broken down as follows:

- 15 Subject Access requests;
- 10 Freedom of Information requests; and
- 17 Information Requests from the NI Assembly;
- 1 Right to Erase Data request.

98% of all information requests were responded to within 20 working days. The remaining 2% of information requests had their response times extended past 20 days due to further information/clarification being sought from the client. 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

PCC saw a decline in the complaints received in the 2024-25 year, with one being received versus five in 2023-24.

Staffing

Recruitment was completed during the year for a Principal Practitioner role to strengthen PCC's Advocacy work which sits within the Executive Management Team. Other vacant posts are under review to ensure that any further recruitment will best meet the needs of PCC in delivering on its strategic objectives and future plans. In doing so, this will ensure that PCC targets its limited resources to best meet its statutory functions in the provision of assistance to those who have an issue with HSC services and involvement of the public, whilst maintaining the highest standards of good governance.

Partnership agreement

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

As indicated in the performance overview section, there are a number of principal risks and uncertainties emerging for the PCC in 2024-25:

Level of funding within core allocation

An ongoing principal risk for PCC is the level of funding within its core allocation. In December 2024, PCC received a correspondence from DoH Finance setting out the future financial position and seeking detailed information on potential reductions in the 2025-26 budget allocation. To inform the planning, we were asked to develop plans for savings based on two scenarios over a three-year period from 2025-2028: a flat cash budget, 1% reduction per annum on the opening 2024/25 budget position.

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 PCC received its opening allocation for 2025-2026 representing flat cash, there is no doubt that even with a flat cash budget allocation, this presents significant challenges for PCC going forward. The biggest impact will be the lack of funds to fill critical vacancies within the organisation including Head of Business and Finance Manager. The functions, role etc. 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 £1 for each person living in Northern Ireland. The PCC have previously developed and submitted to the Department a Strategic Outline Case (Feb 2023) which seeks to address PCC's resourcing issues.

The PCC will continue to manage its current budget and will liaise with DoH sponsor branch in respect of any potential budgetary issues in a timely manner.

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 is involved in providing evidence and responding to questions in respect of these inquiries. Given the scale of these and the amount of work required to provide evidence and respond to questions, this is placing an increasing pressure on the organisation and 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 PCC for Inquiry related legal and associate spend ended in March 2024. Following the approval of a Business Case in January 2025, additional resource has been allocated for 2025-2026 to enable the PCC to access legal and associate support regarding its role in responding to statutory inquiries.

Property and Estates

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

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

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

The PCC also has a hot desk facility in 'Advice North West', Derry/Londonderry.

BSO has continued to consolidate its office estate and included future provision to meet PCC's needs in Belfast. While BSO had been awaiting the outcome of their business case in January 2025, to manage the business interruption risks 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 PCC being required to vacate the Great Victoria Street offices by April 2025. As of April 2025, PCC are working closely with Sponsor Branch and DoH Property to secure alternative accommodation in Belfast. For a number of reasons PCC are fundamentally limited in the control we have over our estate and therefore rely heavily on the support of BSO and the Department. 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. There is a risk that PCC may suffer reputational damage if accessibility or awareness is low, PCC are unable to assert our operational independence, demonstrate continuous improvement and thus maintain trust and confidence in PCC's role, our services and support.

PCC have advised the Department of the concern regarding potential reputational risk to the Department and to PCC if PCC are unable to secure alternative Belfast accommodation.

PROMPT PAYMENT POLICY

Public Sector Payment Policy - Measure of Compliance

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

	2025 Number	2025 Value £	2024 Number	2024 Value £
Total bills paid	463	744,255	428	662,962
Total bills paid within 30 day target	463	744,255	425	662,520
% of bills paid within 30 day target	**100%**	**100%**	**99.3%**	**99.9%**
Total bills paid within 10 day target	452	739,555	399	638,937
% of bills paid within 10 day target	**98%**	**99%**	**93.2%**	**96.4%**

Sustainability Report

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

- Increasing the use of digital and electronic records hence reducing the use of ‘paper’ records to a minimum;

- Digitisation project commenced with a high volume of paper records made electronic;
- Continuing the use of video-conferencing for meetings, reducing the amount of travel to and between meetings. Whilst face to face meetings increased during 2023-24, video conferencing is being used for meetings at all levels including Council, Council committees, internal staff meetings, meetings with other organisations and membership/user engagement meetings;
- Continuing with the Hybrid Working Scheme Pilot as recommended by BSO during 2023-24 which allows staff to continue with a blended approach of part home / part office. Again, this way of working has a significant impact on the carbon footprint through reducing the amount of travel between home and the workplace; 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.

Governance Report

Directors' Report

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

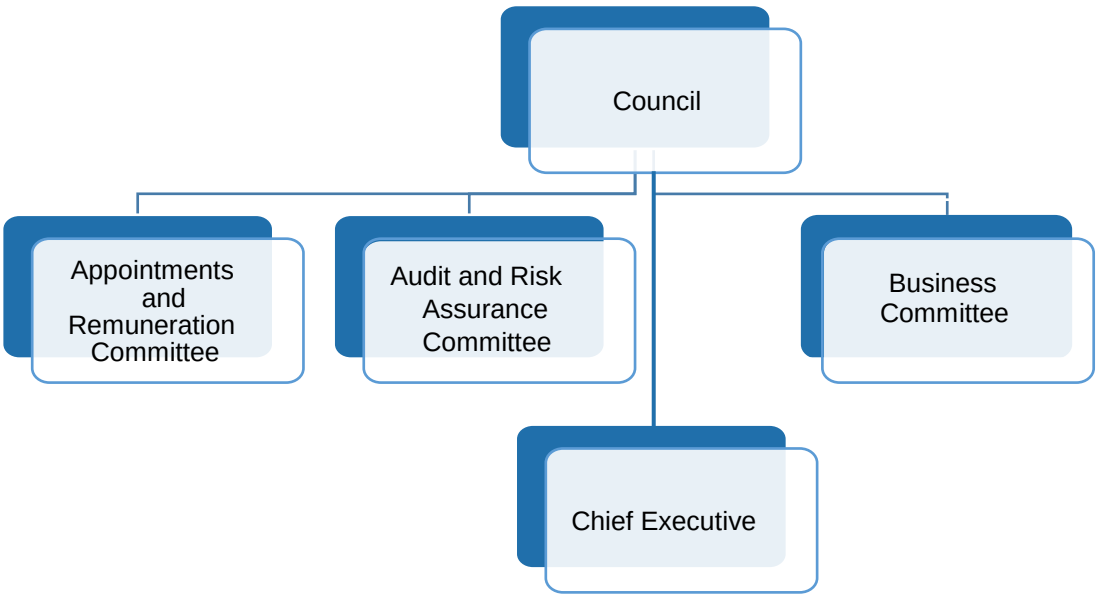
- Mr Stephen Mathews (appointed 12 September 2022 to 11 September 2026)
- Ms Briege Arthurs (appointed 1 February 2024 to 31 January 2028)
- Mr Gary McMichael (appointed 1 February 2024 to 31 January 2028)
- Mr Tom Sullivan (appointed 1 February 2024 to 31 January 2028)
- Ms Emma O'Neill (appointed 1 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)

During 2024-2025 one member resigned:

- Mr Paul Douglas (appointed 1 April 2019 to 31 March 2027 - resigned January 2025)

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 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 2024-25. The Declaration and Register of Interests, where applicable, can be found on PCC website https://pcc-ni.net/about-us/our-council

Statement of Accounting Officer Responsibilities

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009 the Department of Health (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 financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the PCC and of its income and expenditure, changes in tax-payers equity and cash flows for the financial year.

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

- Observe the Accounts Direction issued by the Department of Health (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 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 2024-2025

1. Introduction/Scope of Responsibility

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

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

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

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

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

2. Compliance with Corporate Governance Best Practice

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

The Council undertook a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit in March 2024 and followed up with a workshop in April 2024 to agree their action plan for the year. The council agreed 41 actions with 18 fully completed in year, 7 in progress, 15 ongoing and 1 removed due to a reprioritisation of work. The Council subsequently completed their self-assessment for 2024/2025 in February 2025 and will follow up with a workshop in April 2025 to agree their action plan for the incoming financial year. Overall the action plan review demonstrates that the Council functions well but will continue to identify areas for improvement to work on during the year.

In accordance with the 2024/25 Annual Internal Audit Plan, BSO Internal Audit carried out an audit of the Governance Framework in Patient & Client Council (PCC) during October 2024. Internal Audit reviewed the Framework and reporting arrangements at both Council and Executive Management Team level and also at Divisional level.

The audit was based on the risk that corporate objectives may not be achieved if there is not an effective and adequate framework for governance in the PCC. Internal Audit provided satisfactory assurance on the system of internal controls and satisfactory assurance that appropriate Governance structures are in place. There were no findings/recommendations in the report.

The ARAC also completed a self-assessment using the National Audit Office Audit Committee Self-Assessment Checklist in May 2024.

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;
- Remuneration 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 Department of Health under the Public Appointments process. The Council constitutes the governing body of the PCC. The Patient and Client Council (Membership and Procedure) Regulation (Northern Ireland) 2009 stipulates that there shall be sixteen members and a Chair. As at 31 March 2025 the Council had 12 members (excluding the Chair). The Public Appointments process is due to be undertaken in June 2025 to appoint the four outstanding vacancies.
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 2024-25, there was four full Council meetings and two short Council meetings held. Five of these were held online and one in person. There were four Council workshops, three in person and one online. 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.

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 2024-2025 including two new members from the new cohort of council members appointed in 2024. Representatives from Internal and External Audit are also in attendance. During 2024-25 the ARAC met on four occasions and all meetings were quorate.

The Business Committee was established to scrutinise and provide advice to the Council across a number of business areas including operational performance

activity and financial performance, complaints, adverse incidents, information governance and facilities. The Committee comprises three members and meets four times a year. The Committee met four times during 2024-25. All meetings were quorate. See below record of attendance.

The Appointments and Remuneration Committee function is to advise the Council about appropriate remuneration and terms of service for the Chief Executive, taking account of performance, subject to the direction of the DoH. The Committee comprises of two members but no meetings were held during the year.

PCC Council Attendance Register 2024/25:

Name	Council Meetings Attended	Meetings held during appointment	Council Workshops attended	Workshops held during appointment
Ruth Sutherland	4	4	4	4
Stephen Mathews	4	4	3	4
Alan Hanna	4	4	4	4
Paddy Farry	4	4	4	4
Tom Irvine	4	4	3	4
Briege Arthurs	2	4	3	4
Gary McMichael	3	4	3	4
Cllr Paula Bradley	4	4	3	4
Cllr Cadogan Enright	3	4	4	4
Emma O'Neill	4	4	4	4
Dr Julie Aiken	4	4	3	4
Rhoda Walker	3	4	3	4
Tom Sullivan	3	4	3	4

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 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. Due to delays associated with COVID 19, the Statement of Strategic Intent was finalised and launched in February 2023.

While the SSI has only been live since February 2023, much has changed since its inception externally as well as within the PCC itself. Within the last 18 months we have appointed a new Chair, 8 new Council members and an entirely new Executive Management Team.

The external environment has seen a change in the UK government with the Labour party in place, a return to locally devolved administration and a newly appointed Health Minister.

Reflecting on the operational outcomes listed in the SSI, there has been huge developments in many of these areas. However, reprioritisation of resources has meant that we will no longer focus on some of the areas noted and, in this context, it is 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. This work commenced during 2024-2025 with Council Members and the Executive Management Team. The refresh will be concluded during 2025-2026 which will include further public engagement on our priorities.

The PCC Annual Operational Plan 2024-25 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. These 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 Corporate Risk Register (CRR).

The existing CRR was developed in 2021 and has been updated regularly since then. 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. In the interim it was agreed that the existing CRR would remain valid and in place.

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. It reflects 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. Furthermore, the PCC Council meeting held in November 2024 dedicated time to discuss and approve the new Corporate Risk Register.

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

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

Processes are in place to discuss and review risk with functional leads at monthly meetings, feeding into the Corporate Risk Register. The Corporate Risk Register is then formally reviewed and updated on a quarterly basis, initially by the Executive Management Team (EMT) before it is brought to ARAC.

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. The SIRO chairs a PCC Information Governance Group, which comprises membership of the Information Asset Owners and the Data Protection Officer.

Information governance reports are brought 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 Business Services Organisation (BSO), through a Service Level Agreement (SLA), including the services of the Data Protection Officer.

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

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

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

A review is underway regarding the Information Assets register and in particular issues regarding disposal of data/information held. This includes a records

management project plan to digitise all hard copy files and review the manner and content of all information held electronically on shared drives within the PCC. The digitisation of records was completed during the year.

However, PCC are operating with a number of legacy systems dating from 2012 including the Alemba case management system, and needs to develop an information management and reporting system that allows PCC to comprehensively record data, store data and documents securely and produce accurate and automated reports on this information across the functions of the organisation. PCC and BSO ITS have been working closely together during the last year to consider potential solutions for PCC's Information Management needs. An application to Digital Healthcare NI has been submitted and this will be progressed during 2025-2026 with a view to developing a fully integrated Information Management system for PCC.

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 2024-25 (2023-24 nil).

6. Public Stakeholder Involvement

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

The PCC has worked throughout 2024-25 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. Through 2024-25, we have further progressed and strengthened this approach through the PCC 'Positive Passporting Initiative.' This concept is anchored within the PCC service standards of mediation, partnership, co-production and a relationship-based approach to working in partnership with other agencies to ensure the service user, at point of contact with PCC, has an avenue of advocacy and support that PCC will positively passport the individual to.

The PCC introduced a pilot scheme to engage the public through a community outreach programme to allow PCC to provide opportunities to advocate and engage with people 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. The approach was to provide outreach via a clinic style activity to marginalised communities by linking with established groups and other structures that would allow the PCC to engage directly with those communities offering advocacy and engagement opportunities. Since November 2024 to March 2025, 80 community outreach service days attracting 224 members of the public across 18 venues throughout Northern Ireland have been held. This programme will continue indefinitely with a target of 160 community outreach days for 2025-2026.

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;
- 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 2024-25 the following internal audit assignments were conducted:

Audit Assignment	**Level of Assurance received***
Financial Review	Satisfactory
Governance and Performance Management	Satisfactory
Advocacy	Limited

* Internal Audit's definition of levels of assurance:

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

Internal Audit provided limited assurance to the Advocacy Audit in 2024-25. Limited Assurance was provided solely on the basis that the current limitations of the Alemba case management system reduced the ability to accurately and easily report and manage advocacy cases effectively. This is an old legacy system, with a number of limitations including, for example, the inability to link cases for clients who make repeat contact and the inadequate management information and reporting functionality available from the system (which is highly manual). As noted above under section 4.3, work is under way to develop a new integrated Information Management System for PCC.

8.2 Follow up on Previous Recommendations

The Internal Audit End of Year Follow Up report on previous Internal Audit recommendations (all priority 2), issued on 5 March 2025, identified that of the 30 recommendations where the implementation date had now passed, 93% (28 recommendations) were fully implemented, 7% (2 recommendations) were partially implemented. Work will continue during 2025-26 to address those recommendations that have not yet been fully implemented.

8.3 Overall Opinion from the Head of Internal Audit

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

"Overall, for the year ended 31 March 2025, 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**
Accounts Payable Shared Service Centre	Satisfactory
Business Services Team	Satisfactory
Payroll Shared Service	Satisfactory
Recruitment Shared Service Centre	Satisfactory

8.5 External Audit

In her 'Report to Those Charged with Governance' for the year ending 31 March 2024 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) 2025, which received Royal Assent on 6 March 2025, together with the Northern Ireland Spring Supplementary Estimates 2024-25 which were agreed by the Assembly on 17 February 2025, provide the statutory authority for the Executive's final 2024-25 expenditure plans. The Budget Act (Northern Ireland) 2025 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2025-26 financial year."

10. Internal Governance Divergences

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

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

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, the Urology inquiry and the national COVID 19 inquiry.

The PCC is 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 is placing an increasing pressure on the organisation.

The PCC is a small regional organisation, and therefore has limited capacity. While additional assistance has been engaged through the HSC Leadership Centre, and external legal 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 PCC staff to support this work. There is a risk therefore that the PCC will be unable to undertake all of its core work, and priorities set out in the Statement of Strategic Intent and Annual 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 PCC for Inquiry related legal and associate spend was due to end in March 2024. Following the approval of a Business Case in January 2025, additional resource has been allocated for 2025-2026 to enable the PCC to access legal and associate support regarding its role in responding to statutory inquiries.

Information Governance: Alemba and Information Management Systems
A review is underway regarding the Information Assets register and in particular issues regarding disposal of data/information held. This included a records management project plan to digitise all hard copy files and review the manner and content of all information held electronically on shared drives within the PCC. The digitisation of records was completed during the year.

However, PCC are operating with a number of legacy systems dating from 2012 including the Alemba case management system, and needs to develop an

information management and reporting system that allows PCC to comprehensively record data, store data and documents securely and produce accurate and automated reports on this information across the functions of the organisation. PCC and BSO ITS have been working closely together during the last year to consider potential solutions for PCC's Information Management needs. An application to Digital Healthcare NI has been submitted and this will be progressed during 2025-2026 with a view to developing a fully integrated Information Management system for PCC.

10.3 **New governance issues identified during 2024-25**

BSO has continued to consolidate its office estate and included future provision to meet PCC's needs in Belfast. While BSO had been awaiting the outcome of their business case in January 2025, to manage the business interruption risks 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 PCC being required to vacate the Great Victoria Street offices by April 2025. As of April 2025, PCC are working closely with Sponsor Branch and DoH Property to secure alternative accommodation in Belfast. For a number of reasons PCC are fundamentally limited in the control we have over our estate and therefore rely heavily on the support of BSO and the Department.

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. There is a risk that PCC may suffer reputational damage if accessibility or awareness is low, PCC are unable to assert our operational independence, demonstrate continuous improvement and thus maintain trust and confidence in PCC's role, our services and support.

PCC have advised the Department of the concern regarding potential reputational risk to the Department and to PCC if PCC are unable to secure alternative Belfast accommodation.

Financial Resources: In December 2024, PCC received a correspondence from DoH Finance setting out the future financial position and seeking detailed information on potential reductions in the 2025-2026 budget allocation. To inform the planning, we were asked to develop plans for savings based on two scenarios over a three-year period from 2025-2028: a flat cash budget, 1% reduction per annum on the opening 2024-25 budget position.

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 PCC received its opening allocation for 2025-2026 representing flat cash, there is no doubt that even with a flat cash budget allocation, this presents significant challenges for PCC going forward. The biggest impact will be the lack of funds to fill critical vacancies within the organisation including Head of Business and Finance

Manager. The functions, role etc. 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 £1 for each person living in Northern Ireland. The PCC have previously developed and submitted to the Department a Strategic Outline Case (Feb 2023) which seeks to address PCC's resourcing issues.

The PCC will continue to manage its current budget and will liaise with DoH sponsor branch in respect of any potential budgetary issues in a timely manner.

10. 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 2024-25.

Meadhbha Monaghan
Chief Executive Officer

Remuneration and Staff Report

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

Senior managers include the Chief Executive Officer, the Head of 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 2024-25 membership is:

Members
Ruth Sutherland (Chair)
Alan Hanna

The appraisal for the Chief Executive Officer will take place during the first quarter of 2025. 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.

The main functions of the Committee are to:

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

Service Contracts

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

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

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

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

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

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

Council Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits £000s		Total £000s	
	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24
Ruth Sutherland (Chair)	20-25	15-20	-	-	-	-	20-25	15-20
Stephen Matthews* Council Member	0-5	5-10	-	-	-	-	0-5	5-10
Martin Reilly** Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Patrick Farry Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Paul Douglas*** Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Alan Hanna Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Tom Irvine Council Member	0-5	0-5	-	-	-	-	0-5	0-5

Briege Arthurs Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Emma O'Neill Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Julie Aiken Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Rhoda Walker Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Paula Bradley Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Gary McMichael Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Tom Sullivan Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Cadogen Enright Council Member	0-5	0-5	-	-	-	-	0-5	0-5

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

** Martin Reilly term ended 31 January 2024. Martin received a back-dated pay award for 2023-24 during 2024-25 but was not working as part of the Council's Board function.

*** 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 Department of Health has introduced in 2025 a Senior Executive Pay Structure Reform which impacts all Senior Executives in post at 1 April 2023. An incremental scale has been introduced, initially an 8-point scale, annually reducing by 1 point to achieve a 5-point scale by year 4 (1 April 2026). All incremental progression is subject to satisfactory performance, as considered by the relevant Remuneration Committee applying the standards as set out in the revised

Performance Management Framework. The Department will introduce a new performance framework, setting expectations of organisational and personal objectives which must be met to merit a satisfactory rating. There shall be no further individual performance related pay elements or bonuses. The estimated impact of these changes are reflected within the Senior Employees Remuneration Table below. It should be noted that these figures are accrued and unpaid at 31 March 2025.

Executive Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits £000s		Total £000s	
	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24
Vivian McConvey* CEO	-	30-35	-	-	-	4	-	30-35
Meadhbha Monaghan CEO	85-90	75-80	-	-	21	17	110-115	85-90
Carol Collins** Head of Business Support	-	50-55	-	-	-	13	-	60-65
Peter Hutchinson*** Senior Policy Impact and Influence Manager	50-55	35-40 (FYE 45-50)	-	-	13	10	65-70	45-50
Úna McKernan **** Head of Operations	70-75	40-45 (FYE 60-65)	-	-	17	9	85-90	50-55
Katherine McElroy***** Principal Practitioner	40-45 (FYE 55-60)	-	-	-	-	-	40-45 (FYE 55-60)	-

* Vivian McConvey left the organisation on 7 June 2023

** Carol Collins stepped down from role 31 January 2024

*** Peter Hutchinson commenced 3 July 2023

**** Úna McKernan commenced 4 September 2023

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

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

2023-24 Salaries show actual remuneration paid plus accrued pay awards for 2023-24 due to be paid in 2024-25. 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.

Pensions of Senior Management (Audited Information)

Name & Position	Accrued pension at pension age as at 31/3/25 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/25	CETV at 31/03/24	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	71	56	15
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	21	9	12
Úna McKernan Head of Operations***	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	32	12	20

* Meadhbha Monaghan commenced CEO role 13 March 2023

** Peter Hutchinson commenced 3 July 2023

*** Úna McKernan commenced 4 September 2023

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

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 2025. HM Treasury published updated guidance on 27 April 2023; this guidance was used in the calculation of 2024-25 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 PRACRICE DISCLOSURES

Payments to Past Directors

There were no payments made to past directors during the year (2023-24:£nil).

Staff benefits

There were no staff benefits paid in 2024-25 or 2023-24.

Retirements due to ill health

During 2024-25 there were no cases of early retirement from the PCC on the grounds of ill health (2023-24: nil)

Off Payroll Engagements

The Agency had no off payroll engagements during 2024-25 (2023-24: 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	2024-25	2023-24
Band of Highest Paid Director's Total Remuneration (£000s):	85-90	75-80
75th Percentile Total Remuneration (£)	46,148	45,002
Median Total Remuneration (£)	44,962	37,199
25th Percentile Total Remuneration (£)	37,338	35,876
Ratio (75th/Median/25th)	1.9/2.0/2.3	1.7/2.0/2.1

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

The banded remuneration of the highest-paid director in PCC in the financial year 2024-25 was £85-90k (2023-24: £75-£80k). This was 2.3 times (2023-24: 2.1) the 25th percentile of the workforce which was £37,338 (2023-24: £35,876), 2.0 times the median remuneration of the workforce (2023-24: 2.0), which was £44,962 (2023-24: £37,199), 1.9 times (2023-24: 1.7) the 75th percentile of the workforce in which was £46,148 (2023-24: £45,002). No employees received remuneration in excess of the highest-paid director. Remuneration ranged from £23,615 to £72,293 (2023-24: £5,557 to £66,493). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind.

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

Percentage Change for:	**2024-25 vs 2023-24**
Average employee salary and allowances	20.87%
Highest paid director's salary and allowances	15.93%

The average salary and highest paid director have increased from 2023-24 due to pay awards and additional hours worked during the financial year. No performance pay or bonuses were payable to PCC employees in these years.

Staff Report

Staff Numbers and Related Costs (Audited Information)

Staff Costs			2024-25	2023-24
Staff costs comprise:	Permanently employed staff	Others	Total	Total
	£	£	£	£
Wages and salaries	1,276,566	66,577	1,343,143	1,262,101
Social security costs	148,371		148,371	129,719
Other pension costs	290,436		290,436	257,450
Sub-Total	1,715,373	66,577	1,781,950	1,649,270
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	**1,715,373**	**66,577**	**1,781,950**	**1,649,270**
Less recoveries in respect of outward secondments			-	-
Total net costs			**1,781,950**	**1,649,270**

Wages and salaries include £nil costs relating to VES (2023-24: £nil)

Retirement Benefit Costs

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

PCC is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for DoH. The costs of agreed early retirements are met by PCC and charged to the Statement of Comprehensive Net Expenditure at the time PCC commits itself to the retirement.

In respect of Directors, there are no provisions for the cost of early retirement included in the 2024-25 accounts. Further, there were no provisions for the cost of early retirement included in the 2023-24 accounts. As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation has been used for the 2024-25 accounts. Demographic assumptions are updated to reflect an analysis of experience that has been carried out as part of the 2020 valuation.

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

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The public service pensions remedy, known as the 'McCloud Remedy' puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Stage 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Stage 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'. In complying with FReM, for 2024-25 pensions are being calculated using the rolled back opening balance, the rolled back closing balance, calculation of CETV by HSCPS on the rolled back basis and no restatement of prior year figures, where disclosed. All benefits accrued from 1 April 2022 onwards are calculated under the 2015 CARE Scheme. HSCPS will contact retirees with personalised information to assist in making their retrospective choice regarding the remedy period.

Employee contributions are determined by the level of pensionable earnings. In accordance with the Scheme regulations, the tiered contribution thresholds for 2023/24 have been amended to reflect the AFC uplift in pay. The revised thresholds are displayed in Table 1 below.

The amended thresholds, whilst applicable from 01/04/2023 to 31/03/2024 will be applied retrospectively for these dates and will be implemented simultaneously with the 2023/24 pay award in June 2024. There will be a regionally agreed FAQ Document made available to staff to show how the revised tiered contribution thresholds are impacted by the AFC Pay Award.

Table 1: 01 April 2023 – 31 March 2024

Pensionable salary range	Contribution Rates 2023-24 (before tax relief and based on actual annual pensionable pay)
Up to £13,246	5.1%
£13,247 to £17,673	5.7%
£17,674 to £24,022	6.1%
£24,023 to £25,146	6.8%
£25,147 to £29,635	7.7%
£29,636 to £30,638	8.8%
£30,639 to £45,996	9.8%
£45,997 to £51,708	10.0%
£51,709 to £58,972	11.6%
£58,973 to £75,632	12.5%
£75,633 and above	13.5%

From 01 April 2024 the Employee Tiered Contribution Structure has reduced to 6 tiers which are displayed below in Table 2.

Table 2: 01 April 2024 – ongoing

Pensionable earnings (based on actual salary)	Contribution rate (before tax relief) (gross)
Up to £13,259	5.2%
£13,260 to £26,831	6.5%
£26,832 to £32,691	8.3%
£32,692 to £49,078	9.8%
£49,079 to £62,924	10.7%
£62,925 and above	12.5%

With effect from 1 April 2022, all active members of the HSC Pension Scheme transitioned to the new 2015 HSC Pension Scheme. For those members who were previously in the legacy schemes, the 1995 and 2008 sections, the benefits they had accrued on those schemes will remain with them and are fully protected until they retire. Those affected by the McCloud remedy and retiring after 1 October 2023 will be asked to make a choice about some of their pension benefits as part of their retirement process.

Average number of persons employed

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

			2024-25	2023-24
	Permanently employed staff	Others	Total	Total
	No.	No.	No.	No.
Administrative and clerical	31	1	32	33
Total average number of persons employed	**31**	**1**	**32**	**33**
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**	**33**

The staff numbers disclosed as 'Others' in 2024-25 relate to temporary members of staff.
The figures exclude the Chair and Non-Executive Directors of PCC.
*Permanent staff based on 12-month average. 'Other' made up of 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	
	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24
<£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	-	-	-	-	-	-
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
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 2024-25 and 2023-24. £nil exit costs were paid in 2024-25 (2023-24: £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 2024-25 there were no early retirements from the PCC (2023-24: nil).

Staff Composition

	Male		Female	
	No.	**%**	**No.**	**%**
Council Members				
PCC Council Members	7	16.2%	6	13.9%
Council Members Total	**7**		**6**	
Executive Management Team				
Chief Executive			1	2.3%
Admin & Clerical 8b			1	2.3%
Admin & Clerical 8a	1	2.3%	1	2.3%
Executive Management Team Total	**1**		**3**	
Leadership Team				
Admin & Clerical Band 7			5	11.6%
Leadership Team Total			**5**	
Other Staff				
Admin & Clerical Band 6	2	4.6%	14	32.5%
Admin & Clerical Band 5	1	2.3%	1	2.3%
Admin & Clerical Band 4	1	2.3%	1	2.3%
Admin & Clerical Band 2	1	2.3%		
Other Staff Total	**5**		**16**	
Total	**13**	**30%**	**30**	**70%**

These figures do not include agency workers.

The total number of staff at 31st March 2025, including PCC Council members is 43. The percentage of male and female staff is calculated using this figure.

The information in the above table is taken from the Human Resources, Payroll and Travel System (HRPTS) and reflects the position of staff in post on 31 March 2025.

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 (3) and Communication & Public Affairs Manager. Please see page 9 for the PCC's organisational structure as at 31 March 2025.

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

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

Attendance at Work policy. For information governance and data protection purposes, the PCC are unable to disclose the exact number of employees in PCC who have disclosed they have a disability, however this number equates to less than 5% of the workforce.

Staff Absence Data

PCC sickness absence target for 2024-25, as agreed with the BSO, was 3.13%. The cumulative absence level at 31 March 2025 was 2.37% which represented a decrease on 2023-24 figures.

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

Staff Turnover

The overall employee turnover figure for 2024-25 was 6.25% (2023-2024 – 6.06%).

The figures below do not include agency workers.

	Average Headcount	Leavers	% Turnover
Total (average total headcount over the year	32*		6.25%
Permanent Only (average permanent headcount over the year	31	1	3.22%
Others (average temporary headcount over the year)	1	1	100%

*Excludes Council Members

Exit interview feedback

Exit interviews are offered to permanent and temporary employees of the PCC as well as agency workers and can identify where change is necessary to improve the employment experience. Attending an exit interview or completing an exit interview questionnaire is a voluntary process. Feedback received in 2024-25 has been positive of the PCC, team morale, training and development opportunities and communication throughout the organisation. Workload and the office environment were identified as concerns and the PCC has taken steps to address these through the staff stability plan, hybrid working and estate strategy plan.

Investing in our Team

The Patient Client Council (PCC) remains committed to offering our staff stability as well as maintaining our focus on development, compassionate and collaborative leadership and staff engagement and motivation. PCC has continued to embed support mechanisms for staff under the new organisations structure introduced during 2023-24. This included the continuation of external supervision to ensure appropriate psychological and emotional support for staff given the nature of the work being undertaken.

With the aim of achieving our organisational outcome of managing people effectively, the PCC has invested in a significant programme of staff training and support in 2024-25 including:

- City & Guilds Qualification: Level 2 Award in Independent Advocacy
- OCN Level 2 Mediation Theory and Practice;
- Adult Safeguarding;
- Personal Data Guardian Training;
- Introduction to Public Affairs and Lobbying;
- Essential Writing Skills
- Professional Curiosity
- Homeless Awareness Training;
- Alemba Case Management database training;
- Case Recording Training
- Microsoft Word and Excel.
- Introduction to PPI
- Plain English
- Emotional intelligence
- SafeTalk
- Having difficult conversations
- Mental capacity Act Level 4
- Community Development and Health Inequality
- Stroke Awareness
- Conflict, Bullying and Harassment Awareness
- Northern Ireland Health Equity Network Conference
- Women's Aid Awareness
- Sexual Orientation and Gender Identity
- Schizophrenia Awareness
- Bowel Awareness
- Minute Taking
- PG Dip Community Development/Specialist Social Work Award (1 academic year) – 1 service manager 2023/24 and 1 service Manager academic year 24/25
- ASPIRE Leadership Training – HSCNI Leadership Centre Leadership in PPI and Co Production (8 Sessions)

The HSC Leadership Centre provides a range of management and organisational support to health and social care organisations which PCC staff have availed of. This includes a programme of development for the PCC Executive Management Team and Leadership Management Team including the completion of the Strengths Development and Inventory Tool and follow up workshops to develop and maximise our strengths as a team.

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 Northern Ireland Chest Heart & Stroke (NICHS). In October 2024 PCC applied and was accepted as a participant on the programme for small to medium size organisations. Following a staff survey and the selection and training of two Health Champions among PCC staff, a programme of support will be developed for staff in the incoming year which will include the following:

- Three free NICHS Well Talks or Well Webinars for staff;
- Free advanced workplace health training including Mental Health First Aid;
- Professional networking opportunities for Health Champions;
- Support with implementing the Equality Commission's Mental Health Charter;
- Resources for health and wellbeing initiatives;
- Ongoing personalised support from our experienced Workplace Health and Wellbeing team.

Investors in People (IiP)

In January 2025 PCC initiated the first stage in the Investors in People journey. The IiP framework evaluates how effectively organisations lead and support staff, and the impact of people strategies and initiatives. It consists of nine key indicators of excellence in people management, each broken down into three themes of Leading, Supporting and Improving that are used to assess and accredit organisations. The first stage was to complete a staff survey early 2025 which provides a way to quantify and explore experiences at work. The results of the survey will be used to measure progress and provide focus on what needs to be considered for future improvement plans. This will be taken forward during 2025-2026.

Staff Engagement

We also held all staff engagement days in June, October, December, and February 2025 aimed at improving communication and engagement across the organisation. The engagement days covered a wide range of topics including a focus on Planning and Performance during the year as well as the development of and final agreement on the PCC Operational Plan for 2025-2026. Other areas of discussion included PCC's Advocacy work, the Engagement Platforms, Finance and Governance updates to include dealing with complaints, Equality Planning, Investors In People,

Role of the Public Services Ombudsman (NIPSO), Public Affairs development and update on Positive Passporting. Sessions included presentations in person from NI Chest Heart and Stroke, and NIPSO Directors of Investigations. The workshops were interactive with staff being given the opportunity to feedback on issues discussed and plan for future sessions.

Expenditure on Consultancy

The PCC spent £nil on external consultancy during the financial year (2023-24: £nil).

Off Payroll Engagements

The PCC had no off-payroll engagements during the year (2023-24: nil).

Staff Policies/Employment and Occupation

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

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

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

Accountability and Audit Report

Funding Report

Regularity of Expenditure (Audited Information)

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

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

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

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

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

Liquidity and Cash Flow

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

Notation of Gifts (Audited Information)

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

Assembly Accountability Disclosure Notes

(i) Losses and Special Payments (Audited Information)

Losses Statement

Losses statement	2024-25		2023-24
	Number of Cases	£	£
Total number of losses	**-**	[redacted]	9
Total value of losses	[redacted]	**-**	**827**

Individual losses over £250,000	2024-25		2023-24
	Number of Cases	£	£
Cash losses	**-**	**-**	-
Claims abandoned	**-**	**-**	-
Administrative write-offs	**-**	**-**	-
Fruitless payments	**-**	**-**	-
Stores losses	**-**	**-**	-

Special payments	2024-25		2023-24
	Number of Cases	£	£
Total number of special payments	**-**	[redacted]	**-**
Total value of special payments	[redacted]	**-**	**-**

Special Payments over £250,000		2024-25		2023-24
		Number of Cases	£	£
Compensation payments				
	- Clinical Negligence	**-**	**-**	-
	- Public Liability	**-**	**-**	-
	- Employers Liability	**-**	**-**	-
	- Other	**-**	**-**	-
Ex-gratia payments		**-**	**-**	-
Extra contractual		**-**	**-**	-
Special severance payments		**-**	**-**	-
Total special payments		-	-	-

The PCC in 2023-24 has written off £827 of travel expenses due to a payroll system error that occurred in the period April 2017 to October 2019.

Other Payments During the Financial Year

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

(ii) Fees and Charges During the Financial Year

There were no other fees and charges during the year

(iii) Remote Contingent Liabilities (Audited Information)

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

Meadhbha Monaghan

Chief Executive Officer

18 July 2025

Certificate and Report of the Comptroller and Auditor General

PATIENT AND CLIENT COUNCIL

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

Opinion on financial statements

I certify that I have audited the financial statements of the Patient and Client Council for the year ended 31 March 2025 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise: The Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

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

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

In my opinion the financial statements:

- give a true and fair view of the state of the Patient and Client Council's affairs as at 31 March 2025 and of the Patient and Client Council's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis for opinions

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

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

Conclusions relating to going concern

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

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

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

Other Information

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

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

I have nothing to report in this regard.

Opinion on other matters

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

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

Matters on which I report by exception

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

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; or

- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Responsibilities of the Council and Accounting Officer for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Patient and Client Council through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included governing legislation and any other relevant laws and regulations identified;
- making enquires of management and those charged with governance on the Patient and Client Council's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of the Patient and Client Council's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud.

As part of this discussion, I identified potential for fraud in the posting of unusual journals;

- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading council and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
    - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
    - investigating significant or unusual transactions made outside of the normal course of business.

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

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

Report

I have no observations to make on these financial statements.

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

11 August 2025

SECTION 3: ANNUAL ACCOUNTS

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2025

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	2025 £	2024 £
Income			
Income from activities	4.1	-	955
Other Income (Excluding interest)	4.2	3,011	2,880
Deferred income	4.3	-	-
Total operating income		3,011	3,835
Expenditure			
Staff costs	3	(1,781,950)	(1,649,270)
Purchase of goods and services	3	-	-
Depreciation, amortisation and impairment charges	3	(32,962)	(36,837)
Provision expense	3	(31,199)	(27,212)
Other expenditure	3	(515,612)	(478,901)
Total operating expenditure		**(2,361,723)**	**(2,192,220)**
Net Expenditure		**(2,358,712)**	**(2,188,385)**
Finance income	4.2	-	-
Finance expense	3	-	-
Net expenditure for the year		**(2,358,712)**	**(2,188,385)**
		80,161	80,099

Adjustment to Net Expenditure for Non Cash Items			
Net expenditure funded by RRL		(2,278,551)	(2,108,286)
Revenue Resource Limit (RRL)	15.1	2,288,483	2,111,658
Surplus/(deficit) against RRL		**9,932**	**3,372**

OTHER COMPREHENSIVE EXPENDITURE

		2025	**2024**
	NOTE	**£**	**£**
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		-	-
Net gain/(loss) on revaluation of financial instruments	6	-	-
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 2025		**(2,358,712)**	**(2,188,385)**

The notes on pages 120 to 160 form part of these accounts.

STATEMENT of FINANCIAL POSITION as at 31 March 2025

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.

		2025		2024	
	NOTE	£	£	£	£
Non-Current Assets					
Property, plant and equipment	5.1/5.2	22,817		55,779	
Intangible assets		-		-	
Financial assets	6	-		-	
Trade and other receivables	8	-		-	
Other current assets	8	-		-	
Total Non-Current Assets			22,817		55,779
Current Assets					
Assets classified as held for sale		-		-	
Inventories		-		-	
Trade and other receivables	8	13,996		18,039	
Other current assets	8	16,814		17,211	
Intangible current assets	8	-		-	
Financial assets	6	-		-	
Cash and cash equivalents	7	37,690		28,102	
Total Current Assets			68,500		63,352
Total Assets			**91,317**		**119,131**
Current Liabilities					
Trade and other payables	9	(342,638)		(328,749)	
Other liabilities	9	(17,438)		(22,250)	
Intangible current liabilities	9	-		-	
Financial liabilities	6	-		-	
Provisions	10	(32,150)		(18,114)	
Total Current Liabilities			(392,226)		(369,113)

Total assets less current liabilities			**(300,909)**		**(249,982)**
Non-Current Liabilities					
Provisions	10	(26,261)		(9,098)	
Other payables > 1 yr	9	-		(17,181)	
Financial liabilities	6	-		-	
Total Non-Current Liabilities			(26,261)		(26,279)
Total assets less total liabilities			**(327,170)**		**(276,261)**
Taxpayers' Equity and other reserves					
Revaluation reserve		6,613		6,613	
SoCNE Reserve		(333,783)		(282,874)	
Total equity			**(327,170)**		**(276,261)**

The financial statements on pages 113 to 116 were approved by the Council on 9th July 2025 and were signed on its behalf by:

Signed Ruth Sutherland (Chair) Date 18/7/25

Signed M. Monaghan (Chief Executive Officer) Date 18/7/25

PATIENT AND CLIENT COUNCIL

STATEMENT of CASH FLOWS for the year ended 31 March 2025

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	2025 £	2024 £
Net surplus after interest/Net operating expenditure			
Net surplus after interest/Net operating cost		(2,358,712)	(2,188,385)
Adjustments for non cash costs	3	80,161	80,099
(Increase)/decrease in trade & other receivables		4,440	(7,325)
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		(8,104)	63,932
Less movements in payables relating to items not passing through the SoCNE			
Movements in payables relating to the purchase of property, plant & equipment		-	-
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		21,993	25,515
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	10	-	-
Net cash inflow/(outflow) from operating activities		(2,260,222)	(2,026,164)

Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	-	-
(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		-	-
Cash flows from financing activities			
Grant in aid		2,291,803	2,051,984
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		(21,993)	(25,515)
Net financing		2,269,810	2,026,469
Net increase (decrease) in cash & cash equivalents in the period		9,588	305
Cash & cash equivalents at the beginning of the period	7	28,102	27,797
Cash & cash equivalents at the end of the period	7	37,690	28,102

The notes on pages 120 to 160 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2025

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

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2023		**(162,523)**	**6,613**	**(155,910)**
Changes in Taxpayers Equity 2023-24				
Grant from DoH		2,051,984	-	2,051,984
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(2,188,385)	-	(2,188,385)
Transfer of asset ownership		-	-	-
Non-cash charges - auditors remuneration	3	16,050	-	16,050
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)**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

1. STATEMENT OF ACCOUNTING POLICIES

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

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

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

1.1 Accounting convention

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

1.2 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

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

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

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

Valuation of Land and Buildings

The PCC did not own any Land and Building in the current 2024-25 financial year, or in the 2023-24 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 and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

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

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

1.7 Inventories

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

1.8 Income

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

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

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

Income is stated net of VAT.

1.9 Grant in aid

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

1.10 Research and Development expenditure

PCC has no Research and Development expenditure under ESA 2010 at 31 March 2025 or 31 March 2024.

1.11 Cash and cash equivalents

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

1.12 Leases

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

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

Short term leases

Short term leases are defined as having a lease term of 12 months or less. Any lease with a purchase option cannot qualify as a short term lease. The lessee must not exercise an option

to extend the lease beyond 12 months. No liability should be recognised in respect of short-term leases, and neither should the underlying asset be capitalised.

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

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

Low value assets

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

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

Separating lease and service components

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

The PCC as lessee

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

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

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

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

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

Subsequent measurement

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

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

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

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

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

Depreciation

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

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

Leased assets under construction must also be depreciated.

The PCC as lessor

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

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

The PCC will classify subleases as follows:

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

1.13 Financial instruments

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

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

- Financial assets

Financial assets are recognised on the Statement of Financial Position when the PCC becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
Financial assets are initially recognised at fair value. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon PCC's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.
Financial assets are classified into the following categories:

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

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

- Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the PCC becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are 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.

1.14 Provisions

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

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

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

1.15 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2025. It is not anticipated that the level of untaken leave will vary significantly from year to year.

Retirement benefit costs

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

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

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

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

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation has been used for the 2024-25 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that has being carried out as part of the 2020 valuation.

1.16 Value Added Tax

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

1.17 Third party assets

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

1.18 Government Grants

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

1.19 Losses and Special Payments

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

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

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

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

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

IFRS 16 Insurance PFI:

IFRS 16 applies a different measurement basis to PFI assets. To date HM Treasury guidance regarding changes to accounting for PFI arrangements have not been published. Hence it has not been possible to estimate the financial impact on the financial statements.

IFRS 17 Insurance Contracts:

IFRS 17 replaces the previous standard on insurance contracts, IFRS 4. The standard will be adapted for the central government context and updates made to the 2024-25 FReM, with an implementation date of 1 April 2025 (with limited options for early adoption).

Management currently assesses that there will be minimal impact on application to the PCC's consolidated financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements:

IFRS 18 Presentation and Disclosure in Financial Statements was issued in April 2024, replaced IAS 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.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

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 2025

NOTE 3 EXPENDITURE

	2025	2024
	£	£
Staff costs[1]:		
Wages and Salaries	1,343,143	1,262,101
Social security costs	148,371	129,719
Other pension costs	290,436	257,450
Supplies and services - General	-	-
Establishment	246,919	241,735
Transport	32,969	21,743
Premises	62,589	99,108
Bad debts	-	-
Rentals under operating leases	-	-
Interest charges	257	485
FTC expenditure	-	-
PFI and other service concession arrangements service charges	-	-
Research & development expenditure	-	-
Costs of exit packages not provided for	-	-
Miscellaneous expenditure	156,878	99,780
Total Operating Expenses	2,281,562	2,112,121
Non Cash items		
Depreciation	32,962	36,837
Amortisation	-	-
Impairments	-	-
Impairments relating to FTC		-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	
(Profit) on disposal of intangibles		-
Loss on disposal of property, plant & equipment (including land)	-	-
Loss on disposal of intangibles	-	-

Increase / Decrease in provisions (provision provided for in year less any release)	31,199	27,212
Cost of borrowing of provisions (unwinding of discount on provisions)		-
Auditors remuneration	16,000	16,050
Total non cash items		
	80,161	80,099
Total	**2,361,723**	**2,192,220**

[1]Further detailed analysis of staff costs is located in the Staff Report on page 93 within the Accountability Report.

During the year the PCC purchased no non-audit services from its external auditor (NIAO) (2023-24: £NIL)

The PCC participated in the NFI during 2024-25 but did not during 2023-24.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 4 INCOME

4.1 Income from Activities

	2025	2024
	£	£
HSC Trusts	-	955
Non – HSC Private Patients	-	-
Non – HSC Other	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
TOTAL INCOME	**-**	**955**

4.2 Other Operating Income

	2025	2024
	£	£
Other income from non-patient services	3,011	2,880
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	**3,011**	**2,880**
TOTAL INCOME	**3,011**	**3,835**

4.3 Deferred income

The PCC had no income released from conditional grants in 2024-25 and 2023-24.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 5.1 Property, plant & equipment

	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 2025

NOTE 5.1 (continued) Property, plant & equipment

	Buildings (excluding dwellings)	Information Technology (IT)	Total
	£	£	£
Carrying Amount			
At 31 March 2025	**17,193**	**5,624**	**22,817**
At 31 March 2024	**39,062**	**16,717**	**55,779**

Asset financing

Owned	17,193	5,624	22,817
Carrying Amount			
At 31 March 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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 5.2 Property, plant & equipment - year ended 31 March 2024

	Buildings (excluding dwellings)	Information Technology (IT)	Total
	£	£	£
Cost or Valuation			
At 1 April 2023	90,243	49,772	140,015
Disposals	-	(1,513)	(1,513)
At 31 March 2024	**90,243**	**48,259**	**138,502**
Depreciation			
At 1 April 2023	25,596	21,803	47,399
Disposals	-	(1,513)	(1,513)
Provided during the year	25,585	11,252	36,837
At 31 March 2024	**51,181**	**31,542**	**82,723**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 5.2 (continued) Property, plant & equipment- year ended 31 March 2024

	Buildings (excluding dwellings)	Information Technology (IT)	Total
	£	£	£
Carrying Amount			
At 31 March 2024	**39,062**	**16,717**	**55,779**
At 1 April 2023	**64,647**	**27,969**	**92,616**
Asset financing			
Owned	39,062	16,717	55,779
Carrying Amount			
At 31 March 2024	**39,062**	**16,717**	**55,779**

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:

	2024	2023
	£	£
Donations	-	-
Government Grant	-	-
Lottery funding	-	-

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 6 FINANCIAL INSTRUMENTS

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

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

NOTE 7 CASH AND CASH EQUIVALENTS

	2025	2024
	£	£
Balance at 1st April	28,102	27,797
Net change in cash and cash equivalents	9,588	305
Balance at 31st March	**37,690**	**28,102**

The following balances at 31 March were held at	**2025**	**2024**
	£	**£**
Commercial Banks and cash in hand	37,690	28,102
Balance at 31st March	**37,690**	**28,102**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

7.1 Reconciliation of liabilities arising from financing activities

	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**

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 8 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2025	2024
	£	£
Amounts falling due within one year		
Trade receivables	5,223	3,203
Deposits and advances	-	-
VAT receivable	6,533	13,709
Other receivables – not relating to fixed assets	2,240	1,127
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	**13,996**	**18,039**
Prepayments	16,814	17,211
Accrued income	-	-
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	**16,814**	**17,211**
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	**13,996**	**18,039**
TOTAL OTHER CURRENT ASSETS	**16,814**	**17,211**
TOTAL INTANGIBLE CURRENT ASSETS	-	-
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**30,810**	**35,250**

The balances are net of a provision for bad debts of £Nil (2023-24: £Nil).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 9 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2025	2024
	£	£
Amounts falling due within one year		
Other taxation and social security	102,355	77,472
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	-	-
Trade capital payables – intangibles	-	-
Trade revenue payables	18,574	43,678
Payroll payables	-	111,922
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	61,624	27,104
Other payables	-	-
Accruals	160,085	68,573
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	-	-
Trade and other payables	**342,638**	**328,749**

Current part of lease liabilities	17,438	22,250
Current part of long term loans	-	-
Current part of imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Other current liabilities	17,438	22,250

Carbon reduction commitment	-	-
Intangible current liabilities	-	-
Total payables falling due within one year	**360,076**	**350,999**
Amounts falling due after more than one year		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance Leases	-	17,181
Imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Long term loans	-	-
Total non current other payables	-	17,181
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**360,076**	**368,180**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 10 PROVISIONS FOR LIABILITIES AND CHARGES

	Other	2025	2024
	£	£	£
Balance at 1 April	27,212	27,212	-
Provided in year	31,199	31,199	27,212
(Provisions not required written back)	-	-	-
(Provisions utilised in the year)	-	-	-
Borrowing costs (unwinding of discount)	-	-	-
At 31 March	**58,411**	**58,411**	**27,212**

Amounts included in other relate to a provision made for the potential liability of senior executive pay award of £32,150 (2023-24 £18,114) 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 £26,261 (2023-24 £9,098). The total of provisions is estimated as £58,411 for PCC (2023-24 £27,212).

Holiday Pay Liability

On 4 October 2024, the Supreme Court handed down the decision in the case of the Chief Constable of the PSNI v Agnew and others. The judgement 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 judgement 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.

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 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 is still required for the period 1998/99 to 2024/25. The PCC provision at 31 March 2025 reflects this retrospective time frame. In calculating

the provision, the PCC 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.

Revised Working Time Directive (14.5%) and Employer costs rates have been factored in, and compound interest applied. A settlement year of 2026/27 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:

- The reliability of the data used.
- 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 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.
- The uptake rate for current or past employees.
- The extent of attrition in the workforce.
- Delays in the time it will take to administer the payments, once agreed.
- The extent to which interest will apply.

No sensitivity analysis has been undertaken to assess how much the value of the provision would change if the assumptions used were to differ. The reason for this is the possible permutations for any sensitivity analysis are numerous and the value of the provision is already subject to the key areas of uncertainty identified above.

The overall impact has been to increase this provision from £9,098 in 2023/24 to £26,261. The increase in 2024/25 is largely interest driven due to the inclusion of 8% compound interest in the calculations.

NOTE 10 PROVISIONS FOR LIABILITIES AND CHARGES continued

	2025	2024
Comprehensive Net Expenditure Account Charges		
	£	**£**
Arising during the year	31,199	27,212
Reversed unused	-	-
Cost of borrowing (unwinding of discount)	-	-
Total charge within Operating costs	**31,199**	**27,212**

Analysis of expected timing of discounted flows as at 31 March 2025

	Pensions relating to former directors	Pensions relating to other staff	Clinical Negligence	Other	2025	2024
	£	**£**	**£**	**£**	**£**	**£**
Not later than one year	-	-	-	32,150	32,150	18,114
Later than one year and not later than five years	-	-	-	26,261	26,261	9,098
Later than five years	-	-	-	-	-	-
At 31 March	**-**	**-**	**-**	**58,411**	**58,411**	**27,212**

NOTE 11 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2025 or 31 March 2024.

NOTE 12 COMMITMENTS UNDER LEASES

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

12.1 Quantitative disclosures around right of use assets

	Land and Buildings	Total
	£	£
Cost or valuation		
At 1 April 2024	90,243	90,243
At 31 March 2025	**90,243**	**90,243**
Depreciation expense		
At 1 April 2024	51,181	51,181
Charged in year	21,869	21,869
At 31 March 2025	**73,050**	**73,050**
Carrying amount at 31 March 2025	**17,193**	**17,193**
Interest charged on IFRS 16 leases	257	257

12.2 Quantitative disclosures around Lease Liabilities

	31 March 2025	31 March 2024
Maturity analysis	**£**	**£**
Buildings		
Not later than one year	17,500	22,250
Later than one year and not later than five years	-	17,500
	17,500	39,750
Less interest element	(62)	(319)
Present value of obligations	17,438	39,431
Total present value of obligations	17,438	39,431
Current portion	17,438	22,250
Non-current portion	-	17,181

12.3 Quantitative disclosures around cash outflow for leases

	31 March 2025	31 March 2024
	£	**£**
Total cash outflow for lease	22,250	26,000

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 13 CONTINGENT LIABILITIES

The PCC did not have any quantifiable contingent liabilities at 31 March 2025 or 31 March 2024.

Unquantifiable Contingent Liabilities

Public Sector Pensions - Injury to Feelings Claims

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

Holiday Pay Liability

The Northern Ireland Social Care Council has made provision of the potential liability, back to 1998, for claims for shortfalls to staff in holiday 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 judgement and will have to be agreed with Trade Unions.

NOTE 14 Related Party Transactions

PCC is an arms length body of the Department of Health and as such the Department is a related party with which the PCC has had various material transactions during the 2024-25 year and also during 2023-24.

In addition, there were material transactions throughout the year 2024-25 with the Business Services Organisation who are a related party by virtue of being an arms length body with the Department of Health.

During the year 2024-25, none of the Council members, members of the key management staff or other related parties has undertaken any material transactions with the PCC.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 15 Financial Performance Targets

15.1 Revenue Resource Limit

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

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

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

	2024-25	2023-24
	£	£
Revenue Resource Limit (RRL)		
RRL Allocated From:	-	-
DoH (SPPG)	-	-
DoH (Other)	2,288,483	2,111,658
PHA	-	-
Other	-	-
Total	**2,288,483**	**2,111,658**
Less RRL Issued To:		
RRL Issued	-	-
RRL to be Accounted For	**2,288,483**	**2,111,658**

Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	(2,358,712)	(2,188,385)
Adjustments		
Capital Grants	-	-
Research and Development under ESA10	-	-
Depreciation/Amortisation	32,962	36,837
Impairments	-	-
Notional Charges	16,000	16,050
Movements in Provisions	31,199	27,212
PPE Stock Adjustment	-	-
PFI and other service concession arrangements/IFRIC	-	-
Profit/(loss) on disposal of fixed asset	-	-
Other (Specify)	-	-
Net Expenditure Funded from RRL	(2,278,551)	(2,108,286)
Surplus/(Deficit) against RRL	9,932	3,372
Break Even cumulative position (opening)	329,434	326,062
Break Even cumulative position (closing)	339,366	329,434

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

	2024-25	**2023-24**
	%	%
Break Even in year position as % of RRL	0.43%	0.16%
Break Even cumulative position as % of RRL	14.83%	15.60%

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

NOTE 15 Financial Performance Targets

15.2 Capital Resource Limit

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

	2024-25	2023-24
	£	£
Gross capital expenditure by PCC	-	-
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	-	-
Capital Resource Limit	-	-
Adjustment for Research and Development under ESA10	-	-
Overspend/(Underspend) against CRL	**-**	**-**

NOTE 16 EVENTS AFTER THE REPORTING PERIOD

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

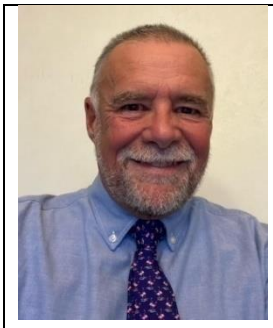
Date of authorisation for issue

The Accounting Officer authorised these financial statements for issue on 11th August 2025

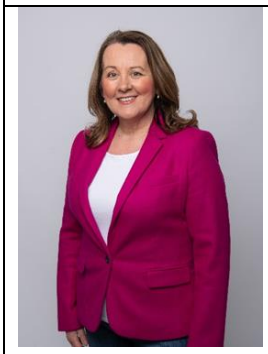
APPENDIX A: COUNCIL MEMBER AND SENIOR STAFF PROFILES

Council Member Profiles

Council Member Profiles		
Photo	**Name & Position**	**Bio**
	Ruth Sutherland, CBE Chairperson From: 15 May 2023	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 Department of Health Substance Use Strategy Programme Board, Chair of the Belfast Drug and Alcohol Co-ordination Team and sits on a number of other regional strategic groups related to health and social care. 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.

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

Phone: 0800 917 0222

Email: info@pcc-ni.net

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