THE PATIENT AND CLIENT COUNCIL

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2012

This document is available on our website at
http://www.patientclientcouncil.hscni.net/about-us/how-we-make-decisions.
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PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

Laid before the Northern Ireland Assembly
under the Health and Social Care (Reform) Act (Northern Ireland) 2009 by the
Department of Health Social Services and Public Safety for Northern Ireland and the
Comptroller & Auditor General for Northern Ireland

3rd August 2012

Our Purpose

The Patient and Client Council (PCC) is a regional body established 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 overarching objective of the Patient and Client Council is to provide a powerful, independent voice for patients, clients, carers and communities on health and social care issues through the exercise of the following functions:

- to represent the interests of the public by engaging with the public to obtain their views on services and engaging with Health and Social Care (HSC) organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- to promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- to provide assistance to individuals making or intending to make a complaint relating to health and social care; and
- to promote the provision of advice and information to the public by the HSC about the design, commissioning and delivery of health and social care services.

Our Vision

Our vision is for a health and social care service where the voice of patients, clients, carers and communities is heard and acted upon.

Our Values

We will:
• Put the patient and client at the centre of all we do
• Be independent, determined and trustworthy
• Work in partnership with colleagues
• Serve all people whatever their background and needs
• Be honest
• Be innovative
• Base our work on evidence and research
• Be open and transparent

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FOREWORD

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

- to engage with the public;
- to promote involvement of the public;
- to help people in making a complaint; and
- to promote the provision of advice and information to service users.

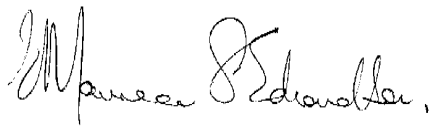
The past year has witnessed the Patient and Client Council report on the priorities of 11,789 members of the public who have engaged with us over the first 3 years of our work. The health priorities expressed by these 11,789 people were shared with and informed the Compton Review. It is gratifying to see these themes reflected in the Health Ministers priorities for change published in the subsequent Transforming Your Care programme. Highlights in this year included the Patient and Client Council giving voice to the concerns of rural dwellers about the quality and accessibility of health and social care services, a report on the experiences and circumstances of 16 year old carers and a study of public opinions on the approach to prescribing of medications.

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

Listening to and understanding the public voice is only one part of the process for PCC. We need to transmit what we hear to the receptive ears of the service providers. Many organisations and individuals throughout the Health and Social Care system have welcomed our interventions as assistance to them in improving the patient experience. We appreciate that.

The next few years will be challenging as resources are stretched and difficult choices will have to be made. "Transforming Your Care", a review of health and social care services in Northern Ireland, will fundamentally change how people receive such services. The ongoing implementation of "Transforming Your Care" will require that the public are kept informed, involved and engaged at all levels. We will continue to work with those charged with the implementation of the programme to ensure that this happens

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



26/6/12
Dr. Maureen Edmondson OBE
Chair
The Patient and Client Council

26/6/12
Mrs Maeve Hully
Chief Executive
The Patient and Client Council

INTRODUCTION

This annual report presents an overview of the main activities of the Patient and Client Council during the period 1st April 2011 to 31st March 2012. The Patient and Client Council ended the year in a net liability position due to its holding minimum fixed assets and debtors and income from the DHSSPS treated as financing through reserves.

The Patient and Client Council was established on the 1st April 2009 to provide a powerful and independent voice for the public in health and social care. This is a unique opportunity to inform policy makers, commissioners and providers of health and social care services about the experiences of patients, clients, carers and communities in Northern Ireland.

Patient and Client Council Board

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

Staff

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

The staff of the Patient and Client Council is key to the delivery of the organizations corporate objectives. As at 31st March 2012, there were 28 members of staff (27.5 WTEs) in post across four offices; Belfast, Broughshane, Lurgan and Omagh.

MANAGEMENT COMMENTARY

The Patient and Client Council (PCC) was established on April 1st 2009 as a powerful, independent voice in health and social care for patients, clients, carers and communities.

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

1. **To represent the interests of the public by engaging with them to obtain their views on services and engaging with Health and Social Care (HSC) organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;**

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

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

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

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

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

Despite setting ourselves a challenging agenda for the year we have achieved our objectives.
Some key facts regarding operational activity this year are

- We supported 980 people through the health and social care complaints process;
- We published 12 major reports summarising the views of over 8,000 people;
- 4,500 people have joined our Membership Scheme;
- We participated in 56 TV or Radio interviews and had 338 mentions or articles in regional, weekly and daily print media.

Throughout the year we have constantly challenged ourselves to develop innovative ways of engagement to advance the presence and work of the Patient and Client

Council. This has included the use of a mobile unit in public places, visiting factories, online engagement through schools and colleges, health information events, an outreach programme in communities "wherever people are at", engagement with churches and faith groups, and developing partnerships with voluntary sector organisations such as Action Cancer and Chest Heart and Stroke Association.

1.0 Membership Scheme

The Membership Scheme Manager took up post in July 2011 and this gave a much needed focus to the development of this innovative work. The Scheme was launched in January 2011 and has now reached 4,500 members. Throughout the year recruitment was targeted at new audiences including men and migrant workers (via factories), schools, ethnic and minority groups and in areas of social deprivation. We constantly sought new ways of reaching people "where they are at". We employed a mobile trailer and this not only improved recruitment but supported our Personal and Public Involvement (PPI) work and brought an increase in complaints support work.

A five year development plan for the future growth and utilisation of the scheme was presented to and approved by the PCC Board in January 2012. This provides strong strategic direction for the Scheme and the operational team to deliver. Since then we have developed a communication plan for the Scheme and a training programme to enable members to improve their skills in engagement. The training programme has been piloted with members and based on their feedback the programme will now be rolled out to other members.

2.0 The People's Priorities

In November 2011 we published "The People's Priorities", a report of our engagement with almost 3,500 people across Northern Ireland regarding their views on future priorities for health and social care. This year, in an attempt to reach new audiences, we specifically targeted factories and faith based organisations. The report has been widely acknowledged by decision makers (including those involved with producing Transforming Your Care) and is helping to shape commissioning plans at both regional and local level.

3.0 Road Shows

The Patient and Client Council held a second series of six road shows during the year. The purpose of the road shows was largely twofold:

- To provide the public with an opportunity to understand "who is in charge" of health and social care services in Northern Ireland; and,
- To enable the public to speak directly to decision makers.

The panel for the road shows included the Permanent Secretary for the Department of Health Social Services and Public Safety and the Chief Executives of the Regional Health and Social Care Board, the Public Health Agency and the local Health and Social Care Trust. Each road show was different in both its tone and the issues raised, dependent on what was important to local people. Each road show raised specific issues which have been reported and will be further addressed through our workplan

for the year 2012/13. The Roadshows were attended by 240 members of the public and are now planned as annual events.

4.0 Health and Social Care Review – Transforming Your Care

The Chair and Senior Management Team met with the Health and Social Care Review (Compton Review) Team to impress upon the team the need for appropriate engagement with patients, service users and the public.

As part of this process we reviewed the evidence contained within 26 reports on what people told us over the previous two years and submitted a précis of the key recurring themes along with supporting documentation, including the Bamford Annual Report.

In addition to our own submission to the Review we helped to organise and facilitate six public events to enable the public to engage directly with the review team. The format was similar to the annual Patient and Client Council Roadshows, and they were attended by over 400 people.

There is clear evidence in the "Transforming Your Care" report of the influence of the work undertaken by the PCC and we are continuing to engage with those taking the work forward to ensure that there is effective PPI within the implementation process.

5.0 Domiciliary Care Project

Older people, policy makers and the general public believe that domiciliary care helps people achieve their desire to live in their own homes for longer. Given this, and against a background of an ageing population and budgetary constraints, the PCC examined older people's experience of, and the public's attitudes towards, domiciliary care. This substantial and challenging project is now complete. The report and associated recommendations will be formally launched in June 2012.

6.0 Bamford Monitoring Group

The Annual Report for the Bamford Monitoring Group, and supporting suite of six reports, were submitted to the Minister and formally launched on the steps of Stormont in September 2011. Service users and carers on the Group met the Minister in a very useful and positive exchange. Service users have reported improvements from the implementation of the Bamford recommendations but emphasised a high priority must be maintained to improve the experience of those affected by these services

In addition the Minister and other government department representatives attended two very successful PCC sponsored inter-departmental workshops with service users and carers. The objective of these workshops was to raise awareness of the need for more effective interdepartmental working in the fields of mental health and learning disability.

This year also saw the PCC take forward a project entitled "7 Day Follow up", seeking to understand people's experiences of the follow up visit that takes place within 7 days of leaving a mental health inpatient hospital and the immediate period

post discharge from hospital leading up to this visit. The project is looking at what happens and whether people feel the appropriate help and support they needed was provided? The focus is on the quality of the care and support available after discharge based on the views and self reported experiences of patients. This project has taken a ground breaking and challenging change of direction in that this project will be delivered in its entirety by service users. After much discussion a project proposal has now been agreed with input from service users, peer advocates and the Bamford Centre at Magee College.

7.0 Young People's Priorities

A report which gathered the views of young people (16-21 year olds) on health and social care was approved by the PCC Board in February 2012. It was formally launched by the Minister on 10 May 2012. Young people were involved in the development of the project and over 1,200 gave their views on health and social care services. Engagement was largely through schools and colleges. However, care was taken to also engage with young people not in education or indeed excluded from education. The recommendations will be submitted to the Department and service planners and providers. We will look for the views of young people to be taken into account in how services develop in forthcoming commissioning plans.

8.0 Advice and Information

Since September 2011 some 40 meetings have taken place with patients, members of the public and other stakeholders from all HSC organisations across Northern Ireland, to gather views on the health service advice and information currently available to people and future requirements. In addition the Senior Management Team of the PCC has had discussions with UK based organisations such as NHS Direct, NHS 24 and the Patient Opinion organisation to understand more of what they do in providing advice and information for users.

During June 2012 we will host a workshop in partnership with Northern Ireland Confederation for Health and Social Care (NICON) aimed at bringing together key stakeholders to develop strategic proposals as to how best to address this major gap in service provision in Northern Ireland.

9.0 Involvement and Primary Care

In September 2011 the PCC co-hosted with the Royal College of General Practitioners a conference for GPs and Practice staff on patient involvement in primary care. The Chief Executive and PCC staff presented at the conference and held workshops on the day, with the Minister for Health also in attendance. Following the conference the Royal College has given a commitment to the development and support of new patient participation groups. The College has written to all GP practices in Northern Ireland with the aim of;

- ascertaining the number of Patient Participation Groups in existence; and
- providing assistance to those practices that are interested in establishing such a group.

10.0 Complaints Support and Advocacy

Advocacy Policy

The Chief Executive led the development of a regional advocacy policy for implementation by commissioners. The policy had extensive input from service users and carers and is now out for consultation.

Advocacy Toolkit for Use in Residential and Nursing Homes

The PCC developed an Advocacy Toolkit to help people living in residential and nursing homes in Northern Ireland have their voices heard. The Toolkit was piloted by eight homes in the Southern Health and Social Care Trust area. The Toolkit was presented to the PCC Board in December 2011 and subsequently launched by the Minister in March 2012. The Toolkit has also been endorsed by the Minister and Regulation and Quality Improvement Authority and has been issued to every residential and nursing home in Northern Ireland.

Network for People with Rare Diseases

In previous work the PCC identified the need for a support network for people with rare diseases, as a means for enabling them to have their voice heard. This network has now been established and a recognition of the need to commission services for those with rare diseases has been incorporated into the HSC Board commissioning plan. While initially supported by PCC staff, the network is service user and carer led and intends to apply for independent charitable status in coming months. Launched by the Minister this network will be supported by PCC for a limited period until it is entirely self-sufficient.

Prisoner Advocacy service

Proposals have now been agreed between the Department of Justice and NI Prison Service, The South Eastern Health and Social Care Trust and the Patient and Client Council as to how we can best provide a service for prisoners.

Complaints Support

The following table details the number of complaints supported by PCC teams during this year.

Team	No. of Complainants 2011/12
Belfast	216
South Eastern	269
Northern	184
Western	175
Southern	136
Total	**980**

This represents a 50% increase in caseload since 2009 when we had 643 (2009/10) people come to the PCC for help (with 874 in 2010/11).

Month on month the demand on our complaints support team continues to increase. This can partly be attributed to the fact that we are out and about more and people are more aware of the organisation. Individual members of staff receive very positive feedback from service users, and carers on the support and advice offered to them. From this we know that people really value the support that they get from the Patient and Client Support Officers.

Some examples of complaints include:

- A client had been referred for orthopaedic surgery and was patiently awaiting an admission date. It became apparent that something was wrong and client was getting nowhere with tracking the admission date. The PCC contacted the Trust Complaints Department and the Admissions Office and "eventually" it was discovered that there had been a mistake made in the admissions system. As soon as this was identified the Consultant personally contacted the client, apologised and conveyed the date of admission for surgery. Assurances have been received that procedures have been changed to prevent this happening again.

- An elderly client was dissatisfied with an Occupational Therapy assessment recommending the installation of a shower downstairs in his home. He had requested a chairlift to enable him to access his bathroom upstairs, feeling it would meet his needs, be less costly and less inconvenient. With advice and support from the PCC the original Occupational Therapy decision was set aside and a stair lift installed.

- A client had tried unsuccessfully for a number of years to get a copy of a record held by GP practice on an incident which took place on the Practice premises. With PCC assistance and support he finally obtained a copy of the record.

- A client with a communicable disease was unhappy that the condition was marked in red and clearly visible on records used in the Accident and Emergency department, highlighting it to other patients and staff not involved in his clinical care. The PCC championed the issue and the Trust has agreed to now use a code on such records to preserve patient confidentiality

11.0 Local Advisory Committees

During this period, Local Advisory Committees (LACs) have become more integrated into the work of the PCC, including supporting the Operations Team at various public events and field work.

LACs have also taken the lead in the development of a number of projects and system changes, such as:

- the implementation of the National Institute for Health and Clinical Excellence (NICE) guidelines on information available to patients who are discharged from hospital following brain injuries;
- development of Citizens Jury;

- the Pain agenda; and
- the development of specific research projects such as a study around the experience of patients undergoing appendectomies.

Throughout the year LAC members have advised on and participated in field work on numerous projects.

Procedures are now in place to ensure that there is a clear process for consideration by the Board of recommendations coming from the LACs, rooting the organisation in the community agenda.

12.0 Communication

The Patient and Client Council has planned, organised and delivered a number of high-profile public events throughout the year. These included the launch of "Rural Voices Matter" at Loughry College, the annual roadshows, and the launch of the rare disease network. These events received regional media and online attention.

The views and experiences of patients and clients are at the centre of all communications. As relationships with media have developed, we have seen an increase in participation in live discussions and requests from media. In the past year the Patient and Client Council has taken part in 56 TV/radio interviews and 338 mentions in local weekly and daily print media. Although a small resource within the Patient and Client Council, the communications function has a large remit.

13.0 PCC online presence and social networking

The PCC website received over 18,000 visits during the course of the year. We are finding that 40% of our visitors return to the website. The website provides a valuable source of information for people on the work of the PCC and an opportunity for people to find out what is happening in their area. Keeping the site fresh and innovative is a key to ensuring it grows and develops to support the PCC's engagement and interaction with the public. To this end we have just posted our first YouTube video. The video was a new medium to share our "People's Priorities" report. The website will become a more valuable tool for reports dissemination as we move from a print medium, providing immediacy of access to information and improved cost effectiveness.

Over the past three years the PCC has been creative and innovative in how it engages with the public. The PCC was the first HSC organisation to set up a Facebook page and Twitter account. At the end of this year we have 250 people who "like" our Facebook page and have the opportunity to engage in debate and discussion on health and social care issues. Our audience includes MLAs, community groups and of course members of the public. In addition to Facebook the PCC also has a Twitter following of 450 people who receive messages every day on what we are doing. Again our followers include politicians, community and voluntary sector groups, broadcast media and

people interested in health and social care. We are glad to see that other health and social care organisations are now following the lead of the PCC and looking to set up their own Facebook pages and Twitter accounts.

14.0 Risk Management

The Patient and Client Council maintains a Corporate Risk Register which is formally reviewed every quarter. The risks are updated quarterly within the year. Within the register the following risks may have a major impact on the delivery of future Business Plans

- Reduced Budget

  The PCC is seeking to move from commercial leases to Health and Social Care property to free more funding for its operations and offset any reduction in budget in times of austerity.
  The objectives with the Business Plan will be reviewed and tailored to meet any reduction in budget.
- Loss of key staff

  The PCC is developing succession planning and a learning and development strategy to support the possible loss of key staff.

15.0 Accounts

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

DIRECTORS' REPORT

Statutory background

The Patient and Client Council was established under legislation (Health and Social Care (Reform) Act (Northern Ireland) 2009) on the 1st April 2009 as part of the reform of Health and Social Care in Northern Ireland, replacing the Health and Social Service Councils.

Principle activities

The overarching objective of the Patient and Client Council is to provide a powerful, independent voice for patients, clients, carers, and communities on health and social care issues through the exercise of the following functions:

- to represent the interests of the public by engaging with the public to obtain their views on services and engaging with Health and Social Care (HSC) organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- to promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- to provide assistance to individuals making or intending to make a complaint relating to health and social care; and
- to promote the provision of advice and information to the public by the HSC about the design, commissioning and delivery of health and social care services.

Chair and Chief Executive

The Chair is responsible to the Minister of Health and Social Services and Public Safety. The Chair is Dr. Maureen Edmondson.

The Chief Executive is an officer of the Patient and Client Council and not a member of the Board. The Chief Executive is responsible to the Board through the Chair, for managing the Patient and Client Council as a corporate body. As the designated Accounting Officer the post-holder has specific financial responsibilities and duties for which he or she is accountable to the Permanent Secretary of the DHSSPSNI in his or her role as the Accounting Officer of the Patient and Client Council's sponsor department. The Chief Executive for the period was Mrs. Maeve Hully and she has responsibility for the Annual Report and Accounts for the whole of the financial year to 31st March 2012.

The Patient and Client Council Board

The following appointments by the Minister form the Board of the Patient and Client Council as at the 31st March 2012.

Dr. Maureen Edmondson (Chair)
Cllr. Elizabeth Adger
Cllr. Martin Reilly

Mr. Brian Compston
Dr. Paul Coulter
Mrs. Margaret Harte
Mr. Errol Hutchinson
Miss Elaine Kelly
Dr. May McCann
Prof. Hugh McKenna
Mrs. Rena Shepherd
Cllr. Mrs Marion Smith
Cllr. Trevor Wilson
Ms. Koulla Yiasouma
Dr. Sheila Kelly

During the year the following Board members stepped down from their positions.

- Cllr. Oliver Molloy, 5th May 2011
- Mrs. Janice Smyth, 2nd June 2011

Board Committee structure

The Patient and Client Council has one delegated committee, the Governance and Audit Committee.

Audit Committee members are

- Mr. Brian Compston (Chair)
- Cllr. Elizabeth Adger
- Mr. Errol Hutchinson
- Mrs. Rena Shepherd
- Miss Elaine Kelly

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

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

- to set the *strategic direction* of the organisation within the overall policies and priorities of the HPSS, define its annual and longer term objectives and agree plans to achieve them;
- to oversee the delivery of planned results by *monitoring performance* against objectives and ensuring corrective action is taken as necessary;
- to ensure effective *financial stewardship* through value for money, financial control and financial planning and strategy;
- to ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation;
- to put in place systems to appoint, appraise senior officers and appraise non-executive Directors (adapted for PCC); and

- to ensure that there is *effective engagement between the organisation and the local communities* on its plans and performance and that these are influenced by and responsive to community needs

Register of Interests

The Patient and Client Council maintains a register of interests. This register details interests which may conflict with the management responsibilities of Board members and is recorded as necessary. Information on the register can be found on the Patient and Client Council web site www.patientclientcouncil.hscni.net.

Each Board meeting includes an agenda item asking Board members to declare any conflicts of interest in the meeting business. There were no conflicts of interest in the period of this report.

Pension Scheme for All Staff
Details of the scheme for staff and the treatment of pension liabilities in the accounts are included in the 'Remuneration Report' section of this document.

Auditors

Under Schedule 4, paragraph 10 (4) of *The Health and Social Care (Reform) Act (Northern Ireland) Act 2009,* the Comptroller and Auditor General has been appointed as auditor of Patient and Client Council.

The Accounting Officer has taken all the steps that she ought to have taken to make herself aware of any relevant audit information and to establish that it is made known to the Patient and Client Council's auditors. So far as the Accounting Officer is aware, there is no relevant audit information of which Patient and Client Council's auditors have not been advised.

The notional cost of the audit of the 2011-12 annual accounts was £6,160.

The Business Services Organisation provides the internal audit service to the Patient and Client Council. The cost for 2011-12 was £6028. All reports by internal and external audit are considered by the Governance and Audit Committee. There was no remuneration paid to the Auditors for non-audit work.

The Patient and Client Council is part of the health and social care network response to the National Fraud Initiative. The Council has a Fraud Policy and Response Plan in place and an appointed Fraud Liaison Officer. No audit services were purchased in support of the National Fraud Initiative.

Prompt payments

The Patient and Client Council has sought to observe the principles of the "CBI Better Payments Practice Code". The code advocates;

- Explaining payment procedures to suppliers;
- Agreeing payment terms at the outset and sticking to them;
- Paying bills in accordance with agreed terms, or as agreed by law;

- Telling suppliers without delay when an invoice is contested and
- Settling quickly when a contested invoice gets a satisfactory response

The code also seeks payment to be made within 30 days of the receipt of goods or valid invoice. In the course of the year a review of payments found that 96.8% of payments were made within the timeframe (95.9% in 2011).

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

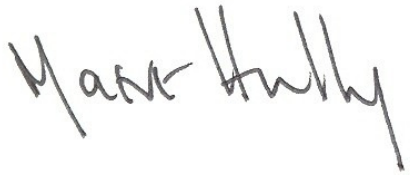
Sickness absence data
The Patient and Client Council has managed its sickness absence during the year. Over the year the average sickness rate was 2.32%**.**

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

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

Post balance sheet events
There were no post balance events.

Resource Revenue Allocation Surplus
The Patient and Client Council delivered a surplus in its operations against its Revenue Resource Limit of £539 for the year.



Mrs. Maeve Hully
Chief Executive
The Patient and Client Council

Date 26/6/12

Remuneration Report

Remuneration report for the year ended 31 March 2012

Scope of the report

Section 421 of the Companies Act 2006, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about director's remuneration. The Remuneration Report summarises the remuneration policy of the Patient and Client Council (the "Council") and particularly its application in connection with senior managers.

Remuneration policy

The Board has responsibility within its Standing Orders for the monitoring of the remuneration of senior executives in accordance with the guidance issued by the DHSSPS.

The Patient and Client Council does not operate a performance pay award system. The Patient and Client Council does not have any discretionary authority to make salary increases to staff and does not have an associated Remuneration Committee. All salary increases are as directed by DHSSPSNI circulars.

Non Executive Directors

The Patient and Client Council Board is made up of non executive directors and does not have any appointed executive directors.

Dr. Maureen Edmondson was appointed Chair on the 7th March 2011.

The Non Executive Directors of the Patient and Client Council are listed below.

Cllr. Elizabeth Adger (appointed 1st April 2009)
Mr. Brian Compston (appointed 1st April 2009)
Dr. Paul Coulter (appointed 1st April 2009)
Mrs. Margaret Harte (appointed 1st April 2009)
Mr. Errol Hutchinson (appointed 1st April 2009)
Miss Elaine Kelly (appointed 1st April 2009)
Dr. May McCann (appointed 1st April 2009)
Prof. Hugh McKenna (appointed 1st April 2009)
Mrs. Rena Shepherd (appointed 1st April 2009)
Cllr. Mrs Marion Smith (appointed 1st April 2009)
Cllr. Trevor Wilson (appointed 1st April 2009)
Ms. Koulla Yiasouma (appointed 1st April 2009)
Dr. Sheila Kelly (appointed 1st May 2009)
Cllr. Martin Reilly (appointed 2nd August 2010)

All appointments are for a period of four years. Reappointment to the same post may be considered subject to an appropriate standard of performance having been achieved

during the initial period of office, continued adherence to the Principles of Public Life and the approval of the Minister, however, re-appointment is not guaranteed.

During the year the following Board members stepped down from their positions.

- Cllr. Oliver Molloy, appointed on 2nd August 2010 and resigned on 5th May 2011
- Mrs. Janice Smyth, appointed on 1st April 2009 and resigned on 2nd June 2011

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

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

Retirement age
Currently, employees are required to retire at age 65 years; occupational pensions are normally effective from age 60 years. With effect from 1 October 2006 with the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees can ask to work beyond age 65 years.

Retirement benefit costs

The Council participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Council and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The Council is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Pensions Scheme Resource Account for the Department of Health, Social Services and Public Safety.

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

Senior Employees' Remuneration (Audited)

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

	2011-12			2010-11			2011-12				
Name	**Salary £000s**	**Bonus / Performance pay £000**	**Benefits in Kind (Rounded to nearest £100)**	**Salary £000s**	**Bonus / Performance pay £000**	**Benefits in Kind (Rounded to nearest £100)**	**Real increase in pension and related lump sum at age 60 £000s**	**Total accrued pension at age 60 and related lump sum £000s**	**CETV at 31/03/11 £000s**	**CETV at 31/03/12 £000s**	**Real increase in CETV £000s**
Non-Executive Members											
Maureen Edmondson	16-20	0	1	0	0	0	0	0	0	0	0
Elizabeth Adger	0-5	0	0	0-5	0	0	0	0	0	0	0
Brian Compston	0-5	0	1	0-5	0	0	0	0	0	0	0
Paul Coulter	0-5	0	0	0-5	0	0	0	0	0	0	0
Margaret Harte	0-5	0	2	0-5	0	0	0	0	0	0	0
Errol Hutchinson	0-5	0	0	0-5	0	0	0	0	0	0	0
Elaine Kelly	0-5	0	0	0-5	0	0	0	0	0	0	0
Sheila Kelly	0-5	0	1	0-5	0	0	0	0	0	0	0
May McCann	0-5	0	0	0-5	0	0	0	0	0	0	0
Hugh McKenna	0-5	0	1	0-5	0	0	0	0	0	0	0
Oliver Molloy*	0-5	0	0	0	0	0	0	0	0	0	0
Martin Reilly	0-5	0	1	0-5	0	0	0	0	0	0	0
Rena Shepherd	0-5	0	1	0-5	0	0	0	0	0	0	0
Marion Smith	0-5	0	0	0-5	0	0	0	0	0	0	0
Janice Smyth**	0-5	0	0	0	0	0	0	0	0	0	0
Trevor Wilson	0-5	0	1	0-5	0	0	0	0	0	0	0
Koulla Yiasouma	0-5	0	1	0-5	0	0	0	0	0	0	0

Senior Employees' Remuneration (Continued)

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

	2011-12			2010-11			2011-12				
Name	**Salary £000s**	**Bonus / Performance pay *£000s***	**Benefits in Kind (Rounded to nearest £100)**	**Salary £000s**	**Bonus / Performance pay £000**	**Benefits in Kind (Rounded to nearest £100)**	**Real increase in pension and related lump sum at age 60 £000s**	**Total accrued pension at age 60 and related lump sum £000s**	**CETV at 31/03/11 £000s**	**CETV at 31/03/12 £000s**	**Real increase in CETV £000s**
Executive Members											
Maeve Hully	70-75	0	2	70-75	0	0	4	87	339	389	50
Sean Brown	40-45	0	1	40-45	0	0	3	17	53	71	18
Louise Skelly	45-50	0	5	40-45	0	0	2	66	248	286	38

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

Disclosure of Highest paid Director and the Median remuneration

	2011-12 £000s	**2010-11 £000s**
Band of Highest Paid Employee total remuneration	70-75	65-70
Median Total Remuneration	19	19
Ratio	3.8	3.5

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 HSC pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines prescribed by the institute and Faculty of Actuaries.

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

* Oliver Molloy stepped down from his role on 5th May 2011. His remuneration for the period 1st April 2011 to 5th May 2011 is shown above.
**Janice Smyth stepped down from her role on 2nd June 2011. Her remuneration for the period 1st April 2011 to 2nd June 2011 is shown above

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

- efficiency of the service
- redundancy
- organisational change

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation as at 31st March 2008 was completed in 2011/11.

Premature retirement costs

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

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

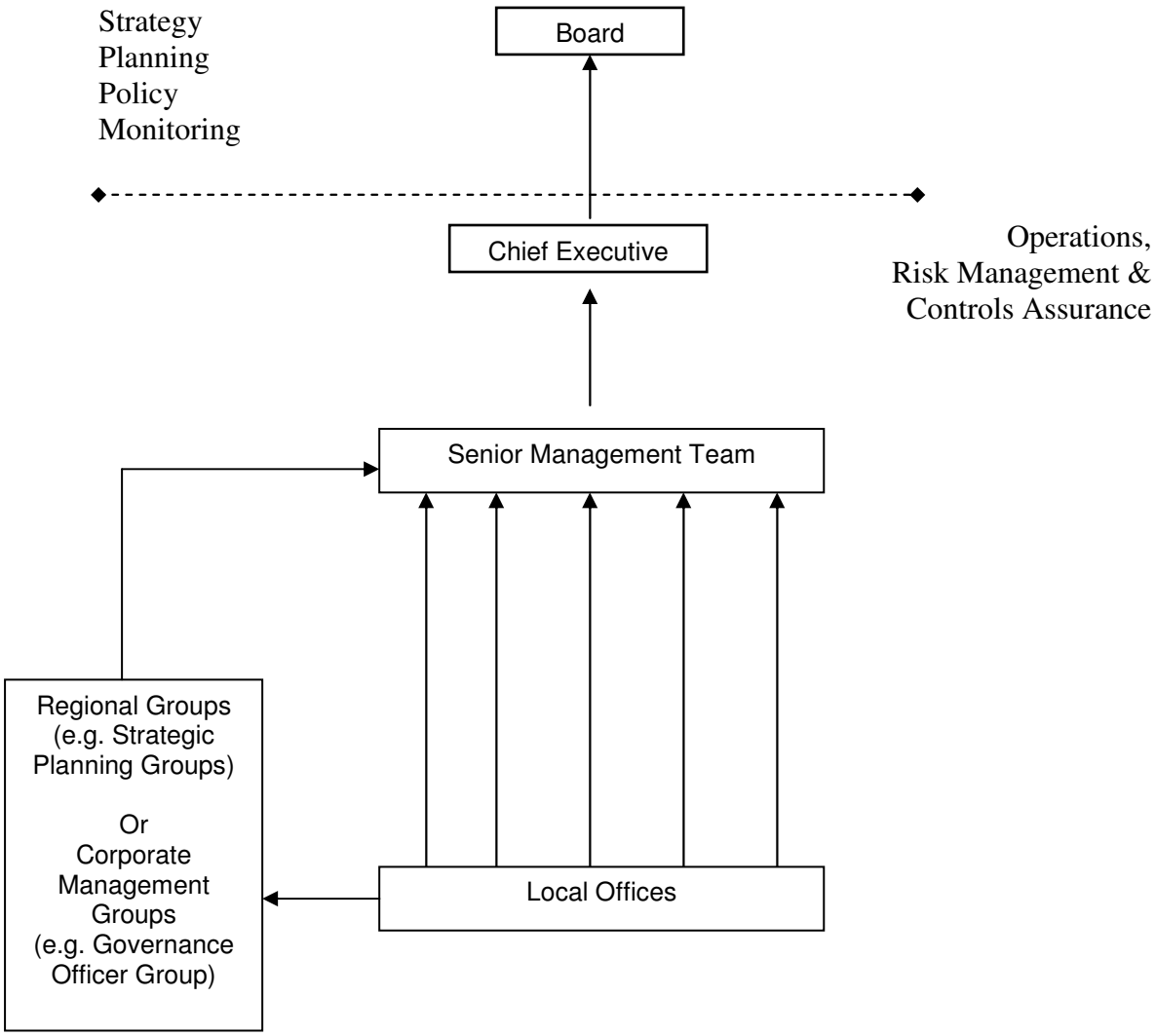
Alternatively, staff made redundant who are members of the HSC Pension Scheme, have at least two years "continuous service" and two years "qualifying membership" and have reached the minimum pension age currently 50 years can opt to retire early without a reduction in their pension as an alternative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

Exit Packages

Three members of staff have been provided with Exit Packages. The packages are in line with providing a more efficient and cost effective service. Information on the packages is included in the Financial Statement.

Mrs Maeve Hully
Chief Executive
Date 26/06/12

PCC ACCOUNTABILITY STRUCTURES



PATIENT AND CLIENT COUNCIL

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2012

Laid before the Northern Ireland Assembly
under the Health and Social Care (Reform) Act (Northern Ireland) 2009 by the Department of Health Social Services and Public Safety for Northern Ireland and the Comptroller & Auditor General for Northern Ireland

3rd August 2012

Contents Page

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

FOREWORD

These accounts for the year ended 31 March 2012 have been prepared in accordance with Health and Social Care (Reform) Act (Northern Ireland) 2009, in a form directed by the Department of Health, Social Services and Public Safety.

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

STATEMENT OF RESPONSIBILITIES

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

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

a) observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
b) make judgments and estimates on a reasonable basis;
c) state whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements;
d) prepare the financial statements on the going-concern basis, unless it is inappropriate to presume that the Patient and Client Council will continue in operation;
e) keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Patient and Client Council; and
f) pursue and demonstrate value for money in the services the Patient and Client Council provides and in its use of public assets and the resources it controls.

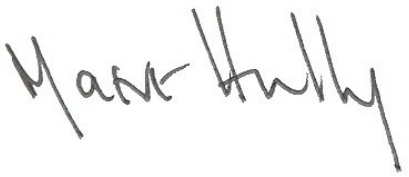
The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Maeve Hully of the Patient and Client Council as the Accounting Officer for the Patient and Client Council.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

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

CERTIFICATES OF CHAIRMAN AND CHIEF EXECUTIVE

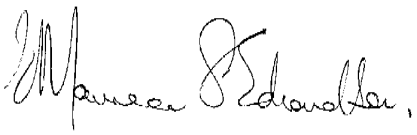
I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 41 to 76) which I am required to prepare on behalf of the Patient and Client Council have been compiled from and are in accordance with the accounts and financial records maintained by the Patient and Client Council and with the accounting standards and policies for HSC bodies approved by the DHSSPS.



Chief Executive

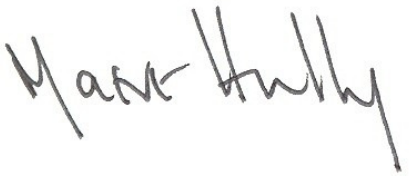
26th June 2012 Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 41 to 76) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chair

26th June 2012 Date



Chief Executive

26th June 2012 Date

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

26th June 2012

STATEMENT OF INTERNAL CONTROL

Scope of Responsibility

The Patient and Client Council was established in legislation on the 1st April 2009.

The Board of the Patient and Client Council (PCC) is responsible for internal control. As Accounting Officer and Chief Executive of the Patient and Client Council, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisations policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible in accordance with the responsibilities assigned to me by the Department of Health, Social Services and Public Safety.

The Patient and Client Council is an independent organisation within the health and social care architecture. The organisation works in partnership with all health and social care organisations to fulfil its statutory functions. The Patient and Client Council attends appropriate health and social care forums and officers and Board members of the Patient and Client Council attend the Board meetings of the Regional Health and Social Care Board, the Public Health Agency and the Health and Social Care Trusts.

The Patient and Client Council's Management Statement establishes the framework agreed with the Department of Health, Social Services and Public Safety within which the Patient Client Council will operate.

The Planning & Performance Management Directorate within the Department is the sponsoring team for the PCC, forming its primary point of contact with the Department on non-financial management and performance. Regarding such matters, the team is the primary source of advice to the Minister on the discharge of his/her responsibilities in respect of the PCC. It also supports the Departmental Accounting officer on his/her responsibilities towards the PCC.

Purpose of system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of control is based on an ongoing process designed to:

1. identify and prioritise the risks to the achievement of organisational policies, aims and objectives; and
2. evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in the Patient and Client Council for the year ended 31 March 2012, and up to the date of the approval of the annual report and accounts and accords with Department of Health, Social Services and Public Safety guidance.

System of internal control
The Board of the Patient and Client Council exercised strategic control over the organisation through a system of corporate governance which included

- a schedule of matters reserved for Board decisions approved on the 1st April 2009
- standing orders and standing financial instructions approved on the 1st April 2009
- a scheme of delegation, which delegated decision making authority to the Chief Executive and others approved on the 1st April 2009; and
- the appointment of a Governance and Audit Committee. The Committee met formally five times in the twelve month period and provided assurance to the Board that governance standards were met.

The system of internal financial control is based on a framework of regular financial information, administrative procedures including the segregation of duties and a system of delegation and accountability. In particular it includes:

- comprehensive budgeting systems with an annual budget agreed by the Board; and
- regular reviews by the Board of financial reports, indicating performance against budget

The Patient and Client Council employed an Internal Audit function through a service level agreement with the Business Services Organisation which operates to defined standards and whose work was informed by an analysis of the risk to which the organisation was exposed. The annual audit plan was based on this. In 2011/12 Internal Audit reviewed the following systems

- Financial management
- Complaints/advocacy service
- Organisation structures
- Risk Management

Each report provided the management of the Patient and Client Council with "satisfactory" assurance in regard to the controls in place. A limited number of medium risks and minor risks along with recommendations for improvement that needed to be addressed were noted. The recommendations to address these control weaknesses have been or are being implemented.

With regard to the wider control environment the Patient and Client Council has in place a range of organisational controls, commensurate with the current assessment of risk, designed to ensure the efficient and effective discharge of its business in accordance with the law and departmental direction. Every effort is made to ensure that the objectives of the Patient and Client Council are pursued in accordance with the recognised and accepted standards of public administration.

For example: The Patient and Client Council recruitment and selection policies are based on the principle of equality of opportunity and controls are in place to ensure that all such decisions are taken in accordance with the relevant legislation.

Capacity to handle risk
Leadership is provided on risk management through the Governance and Audit Committee and the Head of Development and Corporate Services. The risk management process seeks to identify risks in accordance with best practice as well as providing a system for embedding risk management in the organisation.

All staff receive an induction training programme on joining the organisation. Subsequent training is cascaded from the Head of Development and Corporate Services, through the Local Area Managers to all staff.

The risk and control framework
The Patient and Client Council has a risk management policy approved by the Governance and Audit Committee and in turn its Board.

Risk management is embedded in the activities of the Patient and Client Council. Executive responsibility for risk management lies with the Chief Executive who delegates day to day management to the Head of Development and Corporate Services.
The Patient and Client Council manages risk by:

- undertaking an annual assessment to identify the principal risks to the Patient and Client Council achieving its objectives to inform the operation of the Assurance Framework;

- monitoring and reviewing the effectiveness of the Assurance Framework at six monthly intervals. This is undertaken by the Governance and Audit Committee and informed by information from internal and external review activities;

- ensuring that risk management policies are developed to define risk management responsibilities and to embed an ethos of learning and improvement following adverse incidents;

- integrating risk management into the annual planning process, ensuring that risks inform the planning process;

- completing and annually reporting on compliance with the DHSSPS Controls Assurance Standards, so as to provide evidence that the Patient and Client Council is doing its ''reasonable best'' to manage itself in order to meet objectives and protect service users, staff and other stakeholders against risks of all kinds;

- empowering staff at all levels in the organisation to identify, assess and notify risks;

- developing and maintaining a no blame culture. In such a culture, staff are accountable for their actions, but it is recognised that individuals can and do make mistakes. The Patient and Client Council Board is committed to having an open and honest approach in all matters and to be a supportive, open and learning organisation;

- ensuring that its work is underpinned by an evidence base through its engagement with patients, clients and carers. This is reinforced through its Membership Scheme and its Personal and Public Involvement Officers; and

- ensuring an appropriate business continuity plan is in place and reviewed to maintain the organisation's activities.

Risk Registers are developed at corporate and local office levels to record all forms of risk. The Risk Registers describe the risk in enough detail for it to be understood and assess the impact and/or consequences and likelihood of realisation of the risk as well as the action necessary to manage the risk. Identification of the officers responsible for ensuring that the risk management actions and the expected completion dates are also detailed.

Information Risk Management
Information risk management is an essential part of good management. The Patient and Client Council ensures that information risk management is considered in its procedures and policies. Information risk management is managed within the context of the organisation's risk management strategy.
The Patient and Client Council has limited personal and confidential data. Specific roles in the organisation look to manage the risk to the organisation of the information it may hold. These roles include;

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

The Patient and Client Council has a number of policies in place that support its risk management in this area. These are

- ICT security policy
- Records management policy
- ICT Security Policy
- Use of ICT Equipment
- Use of the Internet
- Use of Electronic Mail

Litigation and Legal Services
The Patient and Client Council has a service level agreement with the Business Services Organisation for its legal services.

Review of Effectiveness
As a health and social care body the Patient and Client Council employs the controls assurance standards system to provide reassurance on its operations.

The Patient and Client Council assessed its compliance with the applicable Controls Assurance Standards which were defined by the Department. It should be noted that the PCC is not a frontline service providing care to patients.

The Patient and Client Council achieved the following levels of compliance for 2011/12

Standard	**DHSS&PS Expected Level of Compliance**	**Organisation level of compliance**
Buildings, Land, Plant and Non-Medical Equipment	75% - 99% (Substantive)	N/a
Decontamination of Medical Devices	75% - 99% (Substantive)	N/a
Emergency Planning	75% - 99% (Substantive)	77%
Environmental Cleanliness	75% - 99% (Substantive)	N/a
Environment Management	75% - 99% (Substantive)	N/a
Financial Management ***(Core Standard)*** ***Verified by BSO Internal Audit***	75% - 99% (Substantive)	75%
Fire Safety ***Verified by BSO Internal Audit***	75% - 99% (Substantive)	80%
Fleet and Transport Management	75% - 99% (Substantive)	N/a
Food Hygiene	75% - 99% (Substantive)	N/a
Governance ***(Core Standard)*** ***Verified by BSO Internal Audit***	75% - 99% (Substantive)	79%
Health & Safety	75% - 99% (Substantive)	75%
Human Resources	75% - 99% (Substantive)	75%
Infection Control	75% - 99% (Substantive)	N/a
Information Communication Technology	75% - 99% (Substantive)	92%
Management of Purchasing and Supply	75% - 99% (Substantive)	75%
Medical Devices and Equipment Management	75% - 99% (Substantive)	N/a
Medicines Management	75% - 99% (Substantive)	N/a
Records Management ***Verified by BSO Internal Audit***	70% - 99% (Substantive)	77%
Research Governance	75% - 99% (Substantive)	75%
Risk Management ***(Core Standard)*** ***Verified by BSO Internal Audit***	75% - 99% (Substantive)	75%
Security Management ***Verified by BSO Internal Audit***	75% - 99% (Substantive)	76%
Waste Management	75% - 99% (Substantive)	N/a

As per Departmental guidance for independent verification of controls assurance standards in 2011-12 the following standards were verified by Internal Audit

- governance,
- risk management
- financial management
- records management
- security
- fire safety

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of Internal Audit and the Patient and Client Council's Heads of Function, who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governance and Audit Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

The Patient and Client Council Board is responsible for ensuring that there is an effective system of internal control for all aspects of its business. The Board is also responsible for confirming that it is doing its reasonable best to manage the organisation's affairs efficiently and has an effective risk management strategy in operation. The Board receives updates from the Governance and Audit Committee at least four times a year.

As part of its Governance arrangements, the Patient and Client Council considers the contents of both their Assurance Framework and Risk Register when identifying possible control issues.
The Standing Orders of the Patient and Client Council require the setting up of a Governance and Audit Committee, as directed by HSS(PDD)8/94 to reassure the Board that financial stewardship and corporate governance standards are being met. The Governance and Audit Committee maintains and reviews the effectiveness of the system of internal control for the Patient and Client Council. Full details of the Committee, its role, terms of reference and responsibilities can be found in the Standing Orders as approved by the PCC Board on the 1st April 2009 and updated in March 2012.

The internal Audit service for the Patient and Client Council is provided by the Business Services Organisation. Internal Audit carries out its role by systematic review and evaluation of risk management, control and governance which comprises the policies, procedures and operations in place to:

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

In its work programme for 2011/12 Internal Audit has provided "Satisfactory Assurance" to the Governance and Audit Committee and the Board on the internal control arrangements. There were no priority one internal control weaknesses noted in the reports (Weakness that counld have a significant on the achievement of the objectives of the system under review, including a significant impact on the achievement of corporate objectives.

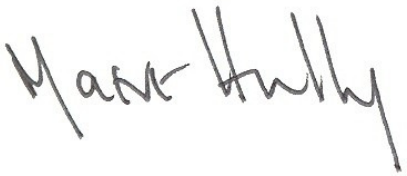
Existing Significant Internal Control Issues
As there were no significant Internal Control issues identified for the Patient and Client Council in the year 2010/11 none were carried forward into 2011/12.

New Significant Internal Control Issues

During October 2011, an overpayment of £11,446 in staff salaries over a period of 15 months came to the attention of management. This oversight was identified by the Patient and Client Council following the introduction of a "Staff in Post" report from the Business Services Organisation.

"Staff in Post" reports are now produced and reviewed on a quarterly basis by management to ensure adequate controls are in place to mitigate against any future overpayments. The Council reported the matter to the Council's Audit Committee in the meeting following the identification of this oversight. The Patient and Client Council is seeking to recoup the monies owed, with support from Human Resources function of the Business Services Organisation.

It should also be noted that the Patient and Client Council has carried out significant work on its Records Management Controls Assurance Standard and now has an approved policy in place consistent with Good Management Good Records, the DHSSPSNI advice and guidance on records management for all health and social care organisations. This work will continue into 2012/13 with a planned electronic records management system.



Mrs. Maeve Hully
Chief Executive
The Patient and Client Council
26th June 2012

AUDIT CERTIFICATE

PATIENT AND CLIENT COUNCIL

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

I certify that I have audited the financial statements of the Patient and Client Council for the year ended 31 March 2012 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Responsibilities Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to examine, certify and report on the financial statements in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Patient and Client Council's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Patient and Client Council; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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

Opinion on Regularity

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

Opinion on financial statements

In my opinion:

31/7/12

- the financial statements give a true and fair view of the stat Council's affairs as at 31 March and of the net expenditure, taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in acc and Social Care (Reform) Act (Northern Ireland) 2009 and De Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been accordance with Department of Health, Social Services and P made under the [insert authorising legislation]; and
- the information given in the Annual Report for the financial y statements are prepared is consistent with the financial state

Matters on which I report by exception

I have nothing to report in respect of the following matters which I re opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Re in agreement with the accounting records; or
- I have not received all of the information and explanations I r
- the Statement on Internal Control does not reflect complianc Finance and Personnel's guidance.

Report

I have no observations to make on these financial statements.

KJ Donnelly

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

31 July 2012

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2012

	NOTE	2012 £	2011 £
Expenditure			
Staff costs	3.1	(1,459,678)	(1,093,863)
Depreciation	4.0	(3,060)	(4,591)
Other Expenditures	4.0	(452,691)	(552,814)
		(1,915,429)	(1,651,268)
Income			
Income from activities	5.1	0	716
Other Income	5.2	0	0
Deferred income	5.3	0	0
		0	716
Net Expenditure		**(1,915,429)**	**(1,650,552)**
Revenue Resource Limit (RRL)	25.1	1,915,968	1,650,972
Surplus/(Deficit) against RRL		**539**	**420**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2012 £	2011 £
Net gain/(loss) on revaluation of Property, Plant & Equipment	6.1/10/ 6.2/10	0	0
Net gain/(loss) on revaluation of Intangibles	7.1/10/ 7.2/10	0	0
Net gain/ (loss) on revaluation of available for sale financial assets		0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2012		**(1,915,429)**	**(1,650,552)**

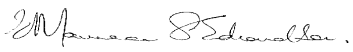
The notes on pages 45 to 76 form part of these accounts

PATIENT AND CLIENT COUNCIL

STATEMENT of FINANCIAL POSITION as at 31 March 2012

		2012		2011	
	NOTE	£	£	£	£
Non Current Assets					
Property, plant and equipment	6.1/6.2	12,008		10,626	
Intangible assets	7.1/7.2	11,613		14,516	
Financial assets	8.0	0		0	
Trade and other receivables	12.0	0		0	
Other current assets	12.0	0		0	
Total Non Current Assets			23,621		25,142
Current Assets					
Assets classified as held for sale	9.0	0		0	
Inventories	11.0	0		0	
Trade and other receivables	12.0	162,946		84,674	
Other current assets	12.0	13,112		12,444	
Financial assets	8.0	0		0	
Cash and cash equivalents	13.0	22,803		13,191	
Total Current Assets			198,861		110,309
Total Assets			**222,482**		**135,451**
Current Liabilities					
Trade and other payables	14.0	(440,683)		(258,883)	
Other liabilities	14.0	0		0	
Provisions	16.0	0		0	
Total Current liabilities			(440,683)		(258,883)
Non Current Assets less Net Current Liabilities			**(218,201)**		**(123,432)**
Non-Current liabilities					
Provisions	16.0	0		0	
Other payables > 1 yr	14.0	0		0	
Financial liabilities	8.0	0		0	
Total Non Current Liabilities			0		0
Assets Less Liabilities			**(218,201)**		**(123,432)**
Taxpayers' equity					
Revaluation reserve		1,000		1,000	
SoCNE reserve		(219,201)		(124,432)	
			(218,201)		**(123,432)**

The notes on pages 45 to 76 form part of these accounts.

Signed  (Chair) Date 26th June 2012

Signed  (Chief Executive) Date 26th June 2012

PATIENT AND CLIENT COUNCIL

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2012

	Note	2012 £	2011 £
Cashflows from operating activities			
Net expenditure after interest		(1,915,429)	(1,650,552)
Adjustments for non cash costs		12,123	12,472
(Increase)/decrease in trade & other receivables		(78,940)	(89,471)
Less movements in receivables relating to items not passing through the SoCNE			
Movements in receivables relating to the sale of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Movements in receivables relating to PFI and other service concession arrangement contracts		0	0
(Increase)/decrease in inventories		0	0
Increase/(decrease) in trade payables		181,800	(144,742)
Less movements in payables relating to items not passing through the SoCNE			
Movements in payables relating to the purchase of property, plant and equipment		(4,442)	(4,321)
Movements in payables relating to the purchase of intangibles		14,516	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		0	0
Use of provisions	16	0	0
Net cash outflow from operating activities		(1,790,372)	(1,876,614)
Cashflows from investing activities			
(Purchase of property, plant & equipment)	6	0	0
(Purchase of intangible assets)	7	(14,516)	(10,195)
Proceeds of disposal of property, plant & equipment		0	0
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Net Cash outflow from investing activities		(14,516)	(10,195)
Cash flows from financing activities			
Grant in aid		1,814,500	1,900,000
Cap element of payments - finance leases and on balance sheet (SOFP) PFI and other service concession arrangements		0	0
Net financing		1,814,500	1,900,000
Net increase in cash & cash equivalents in the period		9,612	13,191
Cash & cash equivalents at the beginning of the period	13	13,191	0
Cash & cash equivalents at the end of the period	13	22,803	13,191

The notes on pages 45 to 76 form part of these accounts

PATIENT AND CLIENT COUNCIL

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
for the year ended 31 March 2012

	Note	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 1 April 2010		**(382,829)**	**1,000**	**(381,829)**
Changes in Taxpayers' Equity 2010-11				
Grant from DHSSPS		1,900,000	0	1,900,000
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(1,650,552)	0	(1,650,552)
Transfers of asset ownership		1,147	0	1,147
Non cash charges - auditors remuneration	4	7,802	0	7,802
Balance at 31 March 2011		**(124,432)**	**1,000**	**(123,432)**
Changes in Taxpayers' Equity 2011-2012				
Grant from DHSSPS		1,814,500	0	1,814,500
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(1,915,429)	0	(1,915,429)
Transfers of asset ownership		0	0	0
Non cash charges - auditors remuneration	4	6,160	0	6,160
Balance at 31 March 2012		**(219,201)**	**1,000**	**(218,201)**

The notes on pages 45 to 76 form part of these accounts

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTES TO THE ACCOUNTS

STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel's Financial Reporting Manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to the Patient and Client Council (PCC). Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the PCC for the purpose of giving a true and fair view has been selected. The PCC's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

1.2 Currency

These accounts are presented in UK Pounds sterling.

1.3 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

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

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as "under construction" are recognised in the Statement of

Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings
Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (Statement of Asset Valuation Practice) Appraisal and Valuation Standards in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2010 by Land and Property Services (LPS) which is an independent executive within the Department of Finance and Personnel. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

Land and buildings used for the PCC's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:
- Land and non-specialised buildings – open market value for existing use
- Specialised buildings – depreciated replacement cost
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non current assets.

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

Assets Under Construction (AUC)
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

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

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

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

1.4 Depreciation

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and 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 their estimated useful lives. 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**
IT Assets	3 – 10 years
Intangible assets	3 – 10 years

1.5 Impairment loss

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

1.6 Subsequent expenditure

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

1.7 Intangible assets

Intangible assets comprise software and licences. 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.

1.8 Donated assets

Donated non-current assets were previously capitalised at their fair value on receipt, with a matching credit to the donated asset reserve. They were valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations and impairments were taken to the donated asset reserve and, each year, an amount equal to the depreciation charge on the asset was released from the donated asset reserve to income to offset the depreciation expenditure. On sale of donated assets, the net book value was transferred from the donated asset reserve to the General Reserve.

With effect from 1 April 2011, DFP changed the above policy on donated asset reserves. The donation reserve no longer exists. What used to be contained in the donated asset reserve has moved to the Statement of Comprehensive Net Expenditure (previously known as General Reserve) and to the Revaluation Reserve. Income for donated assets is

now recognised when received. This change in accounting policy did not have any impact on the accounts and a prior year restatement was not required.

1.9 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.

1.10 Inventories

The Council did not hold any goods for resale at either 31 March 2012 or 31 March 2011.

1.11 Income

Operating Income relates directly to the operating activities of the Patient and Client Council and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Grant in aid

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

1.12 Investments

The PCC does not have any investments.

1.13 Other expenses

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

1.14 Cash and cash equivalents

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

1.15 Leases

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

PCC as lessee

PCC do not have any finance leases.

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

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

PCC as lessor

PCC do not act as a lessor.

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1.16 Private Finance Initiative (PFI) transactions

The PCC had no PFI transactions during the year.

1.17 Financial instruments

- Financial assets

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

Financial assets are initially recognised at fair value.

- Financial liabilities

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

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

1.18 Provisions

The PCC has no provisions.

1.19 Contingencies

The PCC has no contingent assets or liabilities.

1.20 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the PCC is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31st March 2012. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to the PCC and has not been included.

Retirement benefit costs

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

the scheme and the liability to pay benefit falls to the DHSSPS. The PCC is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the balance sheet date and updates it to reflect current conditions. The 31 March 2008 valuation will be used in the 2011/12 accounts.

1.21 Reserves

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

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

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

1.23 Third party assets
The PCC did not hold any third party assets at either 31 March 2012 or 31 March 2011.

1.24 Government Grants
The PCC did not receive any Government Grants in either the year ended 31 March 2012 or the year ended 31 March 2011.

1.25 Losses and Special Payments
Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

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

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

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

Management has reviewed the new accounting policies that have been issued but are not yet effective, nor adopted early for these accounts. Management consider that these are unlikely to have a significant impact on the accounts in the period of the initial application.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

ANALYSIS OF NET EXPENDITURE BY SEGMENT

NOTE 2

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

The Council Board is responsible for ensuring effective financial stewardship through value for money, financial control and financial planning and strategy. The Council Board receives financial information on the council as a whole and makes decisions on this basis. 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 2012

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

Staff costs comprise	2012			2011
	Total	Permanently employed staff	Others	Total
	£	£	£	£
Wages & Salaries	1,292,311	1,292,311	0	938,347
Social security costs	64,669	64,669	0	57,200
Other pension costs	102,698	102,698	0	98,316
Sub-Total	1,459,678	1,459,678	0	1,093,863
Capitalised staff costs	0	0	0	0
Total staff costs reported in Statement of Comprehensive Expenditure	**1,459,678**	**1,459,678**	**0**	**1,093,863**
Less recoveries in respect of outward secondments	0			0
Total net costs	**1,459,678**			**1,093,863**

Staff costs charged to capital projects during the year were £Nil (2011 £Nil).

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation as at 31 March 2008 was completed in 2010/11.

3.2 Average number of persons employed

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

	2012			2011
	Total	Permanently employed staff	Others	Total
	No.	No.	No.	No.
Professions allied to medicine	0	0	0	0
Administrative and clerical	31	31	0	28
Works	0	0	0	0
Other Professional and technical	0	0	0	0
Other	0	0	0	0
Total net average number of persons employed	**31**	**31**	**0**	**28**
Less average staff number relating to capitalised staff costs	0	0	0	0
Less average staff number in respect of outward secondments	0	0	0	0
Total net average number of persons employed	**31**	**31**	**0**	**28**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.3 Senior Employees' Remuneration

Refer to Remuneration Report contained within the Annual Report section on page 20.

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2012	2011	2012	2011	2012	2011
<£10,000	0	0	0	0	0	0
£10,000 - £25,000	0	0	0	0	0	0
£25,000 - £50,000	0	0	1	0	1	0
£50,000 - £100,000	0	0	2	0	2	0
£100,000- £150,000	0	0	0	0	0	0
£150,000- £200,000	0	0	0	0	0	0
Total number of exit packages by type	0	0	3	0	3	0
Total resource cost	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
	0	0	189	0	189	0

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 Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at note 4. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

3.5 Staff Benefits

PCC had no staff benefits in 2011/12 or 2010/11.

3.6 Retirements due to ill-health

During 2011/12 there were no early retirements from the Council agreed on the grounds of ill-health.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 4 OPERATING EXPENSES

4.0 Operating Expenses are as follows:-

	2012	2011
	£	£
Establishment	267,362	298,049
Transport	0	0
Premises	144,341	177,130
Miscellaneous	31,925	69,754
Non cash items		
Depreciation	3,060	4,591
Amortisation	2,903	79
Impairments	0	0
(Profit) on disposal of property, plant & equipment (excluding profit on land)	0	0
(Profit) on disposal of intangibles	0	0
Loss on disposal of property, plant & equipment (including land)	0	0
Loss on disposal of intangibles	0	0
Provisions provided for in year	0	0
Cost of borrowing of provisions (borrowing costs on provisions)	0	0
Auditors remuneration	6,160	7,802
Total	**455,751**	**557,405**

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 5 INCOME

5.1 Income from Activities

	2012	2011
	£	£
GB/Republic of Ireland Health Authorities	0	0
HSC Trusts	0	716
Non-HSC:- Private patients	0	0
Non-HSC:- Other	0	0
Clients contributions	0	0
Total	**0**	**716**

5.2 Other Operating Income

The PCC did not have any Other Operating Income in either the year ended 31 March 2012 or the year ended 31 March 2011.

5.3 Deferred income

The PCC had no deferred income in either the year ended 31 March 2012 or the year ended 31 March 2011.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 6.1 Property, plant & equipment – year ended 31 March 2012

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation									
At 1 April 2011	0	0	0	0	0	0	47,479	0	47,479
Indexation	0	0	0	0	0	0	0	0	0
Additions	0	0	0	0	0	0	4,442	0	4,442
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexn)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	(741)	0	(741)
At 31 March 2012	**0**	**0**	**0**	**0**	**0**	**0**	**51,180**	**0**	**51,180**
Depreciation									
At 1 April 2011	0	0	0	0	0	0	36,853	0	36,853
Indexation	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexn)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	(741)	0	(741)
Provided during the year	0	0	0	0	0	0	3,060	0	3,060
At 31March 2012	**0**	**0**	**0**	**0**	**0**	**0**	**39,172**	**0**	**39,172**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 6.1 (continued) Property, Plant & Equipment - year ended 31 March 2012

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 31March 2012	**0**	**0**	**0**	**0**	**0**	**0**	**12,008**	**0**	**12,008**
At 31 March 2011	**0**	**0**	**0**	**0**	**0**	**0**	**10,626**	**0**	**10,626**
Asset financing									
Owned	0	0	0	0	0	0	12,008	0	12,008
Finance Leased	0	0	0	0	0	0	0	0	0
On SOFP PFI contracts and other service concession arrangement contracts	0	0	0	0	0	0	0	0	0
Carrying Amount At 31 March 2012	**0**	**0**	**0**	**0**	**0**	**0**	**12,008**	**0**	**12,008**

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure in respect of assets held under finance leases or hire purchase contracts is £nil (2011: £nil).

The fair value of assets funded from Donations / Government grant / Lottery funding during the year was £Nil (2011: £Nil)

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 6.2 Property, plant & equipment - year ended 31 March 2011

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation									
At 1 April 2010	0	0	0	0	0	0	33,217	0	33,217
Indexation	0	0	0	0	0	0	0	0	0
Additions	0	0	0	0	0	0	0	0	0
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	14,262	0	14,262
Revaluation	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexn)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2011	**0**	**0**	**0**	**0**	**0**	**0**	**47,479**	**0**	**47,479**
Depreciation									
At 1 April 2010	0	0	0	0	0	0	19,147	0	19,147
Indexation	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	13,115	0	13,115
Revaluation	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments (indexn)	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	4,591	0	4,591
At 31 March 2011	**0**	**0**	**0**	**0**	**0**	**0**	**36,853**	**0**	**36,853**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 6.2 (continued) Property, Plant & Equipment - year ended 31 March 2011

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 1 April 2010	**0**	**0**	**0**	**0**	**0**	**0**	**14,070**	**0**	**14,070**
At 31 March 2011	**0**	**0**	**0**	**0**	**0**	**0**	**10,626**	**0**	**10,626**
Asset financing									
Owned	0	0	0	0	0	0	10,626	0	10,626
Finance Leased	0	0	0	0	0	0	0	0	0
On SOFP PFI contracts and other service concession arrangement contracts	0	0	0	0	0	0	0	0	0
Carrying Amount									
At 31 March 2011	**0**	**0**	**0**	**0**	**0**	**0**	**10,626**	**0**	**10,626**
Asset financing									
Owned	0	0	0	0	0	0	14,070	0	14,070
Finance Leased	0	0	0	0	0	0	0	0	0
On SOFP PFI contracts and other service concession arrangement contracts	0	0	0	0	0	0	0	0	0
Carrying Amount									
At 1 April 2010	**0**	**0**	**0**	**0**	**0**	**0**	**14,070**	**0**	**14,070**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 7.1 INTANGIBLE ASSETS - year ended 31 March 2012

	Software licenses	Software	Total
Cost or Valuation	**£**	**£**	**£**
At 1 April 2011	2,439	14,516	16,955
Indexation	0	0	0
Additions	0	0	0
Donations / Government grant / Lottery funding	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
(Impairments)	0	0	0
(Disposals)	0	0	0
At 31 March 2012	**2,439**	**14,516**	**16,955**
Amortisation			
At 1 April 2011	2,439	0	2,439
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
(Impairments)	0	0	0
(Disposals)	0	0	0
Provided during the year	0	2,903	2,903
At 31 March 2012	**2,439**	**2,903**	**5,342**
Carrying Amount			
At 31 March 2012	**0**	**11,613**	**11,613**
At 31 March 2011	**0**	**14,516**	**14,516**
Asset financing			
Owned	0	11,613	11,613
Finance Leased	0	0	0
On SOFP PFI contracts and other service concession arrangement contracts	0	0	0
Carrying amount			
At 31 March 2012	**0**	**11,613**	**11,613**

The fair value of assets funded from Donations / Government grant / Lottery funding during the year was £Nil (2011: £Nil).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 7.2 INTANGIBLE ASSETS – year ended 31 March 2011

	Software licenses	Software	Total
Cost or Valuation	**£**	**£**	**£**
At 1 April 2010	2,439	0	2,439
Indexation	0	0	0
Additions	0	14,516	14,516
Donations / Government grant / Lottery funding	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
(Impairments)	0	0	0
(Disposals)	0	0	0
At 31 March 2011	**2,439**	**14,516**	**16,955**
Amortisation			
At 1 April 2010	2,360	0	2,360
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
(Impairments)	0	0	0
(Disposals)	0	0	0
Provided during the year	79	0	79
At 31 March 2011	**2,439**	**0**	**2,439**
Carrying Amount			
At 1 April 2010	**79**	**0**	**79**
At 31 March 2011	**0**	**14,516**	**14,516**
Asset financing			
Owned	0	14,516	14,516
Finance Leased	0	0	0
On SOFP PFI contracts and other service concession arrangement contracts	0	0	0
Carrying Amount			
At 31 March 2011	**0**	**14,516**	**14,516**
Asset financing			
Owned	79	0	79
Finance Leased	0	0	0
On SOFP PFI contracts and other service concession arrangement contracts	0	0	0
Carrying Amount			
At 1 April 2010	**79**	**0**	**79**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 8 FINANCIAL INSTRUMENTS

The Council did not have any financial instruments at either 31 March 2012 or 31 March 2011.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

The Council did not hold any assets classified as held for sale at either 31 March 2012 or 31 March 2011.

NOTE 10 IMPAIRMENTS

The Council had no impairments in either 2011/12 or 2010/11.

NOTE 11 INVENTORIES

The Council did not hold any goods for resale at either 31 March 2012 or 31 March 2011.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2012 £	2011 £
Amounts falling due within one year		
Trade receivables	162,946	84,674
Deposits and advances	0	0
VAT recoverable	0	0
Other receivables - not relating to fixed assets	0	0
Other receivables - relating to property, plant and equipment	0	0
Other receivables – relating to intangibles	0	0
Trade and other receivables	162,946	84,674
Prepayments and accrued income	13,112	12,444
Current part of PFI and other service concession arrangements prepayment	0	0
Other current assets	13,112	12,444
Amounts falling due after more than one year		
Trade receivables	0	0
Deposits and advances	0	0
Other receivables	0	0
Trade and other receivables	0	0
Prepayments and accrued income	0	0
Other current assets falling due after more than one year	0	0
TOTAL TRADE AND OTHER RECEIVABLES	162,946	84,674
TOTAL OTHER CURRENT ASSETS	13,112	12,444
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**176,058**	**97,118**

The PCC had no bad debts provided for at 31 March 2012 or 31 March 2011.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

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

	Amounts falling due within 1 year 2011/12 £	Amounts falling due within 1 year 2010/11 £	Amounts falling due after more than 1 year 2011/12 £	Amounts falling due after more than 1 year 2010/11 £
Name				
Balances with other central government bodies	144,457	78,673	0	0
Balances with local authorities	0	0	0	0
Balances with NHS /HSC Trusts	0	0	0	0
Balances with public corporations and trading funds	0	0	0	0
Intra-Government Balances	144,457	78,673	0	0
Balances with bodies external to government	31,601	18,445	0	0
Total Receivables & other current assets at 31 March	**176,058**	**97,118**	**0**	**0**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 13 CASH AND CASH EQUIVALENTS

	2012	2011
	£	£
Balance at 1st April	13,191	0
Net change in cash and cash equivalents	9,612	13,191
Balance at 31st March	**22,803**	**13,191**

The following balances were held at	2012	2011
	£	£
Commercial banks and cash in hand	22,803	13,191
Balance at 31st March	**22,803**	**13,191**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2012 £	2011 £
Amounts falling due within one year		
Other taxation and social security	0	0
VAT payable	0	0
Bank overdraft	28,291	0
Trade capital payables – property, plant and equipment	4,442	0
Trade capital payables – intangibles	0	14,516
Trade revenue payables	85,739	228,991
Payroll payables	34,455	15,376
RPA payables	0	0
BSO payables	0	0
Other payables	189,023	0
Accruals and deferred income	98,733	0
Accruals and deferred income – relating to property, plant and equipment	0	0
Accruals and deferred income – relating to intangibles	0	0
Trade and other payables	440,683	258,883
Current part of finance leases	0	0
Current part of long term loans	0	0
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	0	0
Other current liabilities	0	0
Total payables falling due within one year	440,683	258,883
Amounts falling due after more than one year		
Other payables, accruals and deferred income	0	0
Trade and other payables	0	0
Finance leases	0	0
Imputed finance lease element of on balance sheet (SoFP) PFI other service concession arrangements contracts	0	0
Long term loans	0	0
Total non current other payables	0	0
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**440,683**	**258,883**

The above bank overdraft is the Council share of a bank balance held in the legal name of the Business Services Organisation.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

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

	Amounts falling due within 1 year 2011/12 £	Amounts falling due within 1 year 2010/11 £	Amounts falling due after more than 1 year 2011/12 £	Amounts falling due after more than 1 year 2010/11 £
Name				
Balances with other central government bodies	93,405	15,376	0	0
Balances with local authorities	1,426	0	0	0
Balances with NHS /HSC Trusts	0	90,268	0	0
Balances with public corporations and trading funds	0	0	0	0
Intra-Government Balances	94,831	105,644	0	0
Balances with bodies external to government	345,852	153,239	0	0
Total Payables and other liabilities at 31 March	**440,683**	**258,883**	**0**	**0**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.2. Loans

The Council did not have any loans payable at either 31 March 2012 or 31 March 2011.

NOTE 15 PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that PCC pay their non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The PCC's payment policy is consistent with the Better Payments Practice Code and Government Accounting rules and its measure of compliance is:

	2012 Number	2012 Value £	2011 Number	2011 Value £
Total bills paid	1,110	488,341	1,255	2,785,559
Total bills paid within 30 day target or under agreed payment terms	1,074	451,812	1,204	2,734,027
% of bills paid within 30 day target or under agreed payment terms	**96.8%**	**92.5%**	**95.9%**	**98.2%**

15.2 The Late Payment of Commercial Debts Regulations 2002

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

	£
Total	0

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES

The PCC had no provisions for liabilities and charges at either 31 March 2012 or 31 March 2011.

NOTE 17 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2012 or 31 March 2011.

NOTE 18 COMMITMENTS UNDER LEASES

18.1 Operating Leases

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

Obligations under operating leases comprise	2012 £	2011 £
Land & Buildings		
Not later than 1 year	30,500	40,753
Later than 1 year and not later than 5 years	77,000	20,000
Later than 5 years	80,208	206,500
	187,708	**267,253**
Other		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	0	**0**

18.2 Finance Leases

The PCC had no finance leases at either 31 March 2012 or 31 March 2011.

18.3 Operating Leases: Commitments under Lessor Agreements

The PCC had not issued any operating leases at either 31 March 2012 or 31 March 2011.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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

The PCC had no commitments under PFI Schemes at either 31 March 2012 or 31 March 2011.

NOTE 20 OTHER FINANCIAL COMMITMENTS

The PCC did not have any financial commitments at either 31March 2012 or 31 March 2011.

NOTE 21 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

The PCC did not have any financial instruments at either 31March 2012 or 31 March 2011.

NOTE 22 CONTINGENT LIABILITIES

The PCC did not have any contingent liabilities at either 31 March 2012 or 31 March 2011.

NOTE 23 RELATED PARTY TRANSACTIONS

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

In addition there are material transactions throughout the year with the Business Services Organisation who are a related party by virtue of being an arms length body with the Department of Health, Social Services and Public Safety.

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

NOTE 24 THIRD PARTY ASSETS

The PCC held no assets at either 31 March 2012 or 31 March 2011 belonging to third parties.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 25 FINANCIAL PERFORMANCE TARGETS

25.1 Revenue Resource Limit

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

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

	2012 Total £	2011 Total £
HSCB	0	0
PHA	0	0
SUMDE & NIMDTA	0	0
DHSSPS (excluding non cash)	1,903,845	1,638,500
Other Government Departments	0	0
Non cash RRL (from DHSSPS)	12,123	12,472
Adjustment for Income received re Donations/ Government grant / Lottery funding for non current assets	0	0
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	1,915,968	1,650,972

25.2 Capital Resource Limit

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

	2012 £	2011 £
Gross capital expenditure	4,442	14,516
(Receipts from sales of fixed assets)	0	0
Net capital expenditure	4,442	14,516
Capital Resource Limit	4,442	15,000
Overspend/(Underspend) against CRL	0	(484)

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

25.3 Financial Performance Targets

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

	2011/12 £	2010/11 £
Net Expenditure	(1,915,429)	(1,650,552)
RRL	1,915,968	1,650,972
Surplus/(Deficit)	539	420
Break Even cumulative position(opening)	201,378	200,958
Break Even Cumulative position (closing)	201,917	201,378

Materiality Test:

	2011/12 %	2010/11 %
Break Even in year position as % of RRL	0.03%	0.03%
Break Even cumulative position as % of RRL	10.54%	12.20%

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 26 LOSSES & SPECIAL PAYMENTS

	TYPE OF LOSS	NO. OF CASES	VALUE £
1	Cash Losses - Theft, fraud etc	0	0
2	Cash Losses - Overpayments of salaries, wages and allowances	0	0
3	Cash Losses - Other causes (including unvouched and incompletely vouched payments)	0	0
4	Nugatory and fruitless payments	0	0
	i. Abandoned capital schemes	0	0
	ii. Late payment of Commercial Debt	0	0
	iii. Other	0	0
5	Bad debts and claims abandoned	0	0
6	Stores and Inventory Losses - Theft, fraud, arson (whether proved or suspected) etc	0	0
	i. Bedding and linen	0	0
	ii. Other equipment and property	0	0
7	Stores and Inventory Losses - Incidents of the service (result of fire, flood, etc)	0	0
8	Stores and Inventory Losses - Deterioration in store	0	0
9	Stores and Inventory Losses - Stocktaking discrepancies	0	0
10	Stores and Inventory Losses - Other causes	0	0
	i. Bedding and linen	0	0
	ii. Other equipment and property	0	0
11	Compensation payments (legal obligation)	0	0
	i. Clinical Negligence	0	0
	ii. Public Liability	0	0
	iii. Employers Liability	0	0
12	Ex-gratia payments - Compensation payments (including payments to patients and staff)	0	0
13	Ex-gratia payments - Other payments	0	0
14	Extra statutory payments	0	0
15	a. Losses sustained as a result of damage to buildings and fixtures arising from bomb explosions or civil commotion.	0	0
	b. Damage to vehicles	0	0
	TOTAL	**0**	**0**

26.1 Special Payments

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

NOTE 27 POST BALANCE SHEET EVENTS

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

NOTE 28 ISSUING OF ACCOUNTS

The Accounting Officer authorised these financial statements for issue on 3rd August 2012.

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