

# Your Guide to Local Health Services 2007

## Annual Report Information Sheets

### Information Sheet 1: Leadership of the PCT

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#### The Trust Board 2006/07

The Trust Board is responsible for how we perform as an organisation e.g. making sure we meet targets to improve services and make best use of our money.

The Board has a Chair and Non-Executive Directors, local people who work to make sure that the Trust is accountable to you, has the right plans in place and is performing well.

Our Executive Directors also sit on the Board, and up to 3 representatives from the Trust's Professional Executive Committee, a GP, a nurse and an Allied Health Professional.

The information below refers to the period from 1 October 2006 (the date that Gloucestershire PCT was formed) to 31 March 2007.

Information concerning the period between 1 April and 30 September (predecessor PCTs) can be found in the Half Year Annual Reports. They are available on the PCT website at [www.glospct.nhs.uk](http://www.glospct.nhs.uk) or from Gloucestershire PCT, 1250 Landsdowne Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4AA, E-mail: [enquiries@glospct.nhs.uk](mailto:enquiries@glospct.nhs.uk).

#### Chair and Non-Executive Members

Ruth FitzJohn (Chair)	Rob Graves (Vice Chair)
Ingrid Barker	John Harkness (from March 07)
Alan Elkin	Anne Noble (Vice Chair)
Ross Fraser (Oct - March 07)	Margaret Styles

#### Our Chief Executive and Directors

Jan Stubbings	Chief Executive
Simon Hairsnape	Director of Commissioning and Primary Care Development and Deputy Chief Executive
Sarah Truelove	Director of Finance
Dr Shona Arora	Acting Director of Public Health
Hazel Braund	Director of Communication, Performance and Planning
Jill Crook	Director of Clinical Development
John Ford	Director of Care Services
Nuala Ring	Director of Human Resources

*Pictures of our Chair, Chief Executive and Directors are available on our website at [www.glospct.nhs.uk](http://www.glospct.nhs.uk)*

## Interim Professional Executive Committee 2006/07

From 1 October 2006 until September 2007, the day-to-day administration of the Trust was led by the Interim Professional Executive Committee (as a sub-committee of the Board) with representation from local GPs, nurses and other health and social care professionals. This meant that the Board was free to concentrate on the overall strategic direction of the Trust ensuring that it met its financial and legal responsibilities.

The Interim PEC comprised 13 members with a professional majority as follows:

Interim PEC Members	Role
Dr Shona Arora	Acting Director of Public Health
Chris Boden	Allied Health Professional
Dr Stuart Drysdale	GP and PEC Chair
Kim Carey	Local Authority member
Dr Martin Freeman	GP
Jill Kearsley	Allied Health Professional
Dr Helen Miller	GP
Helen Moss	Health Visitor
Howard Oddy	Interim Director of Finance
Judy Richards	Nursing
Dr Mike Roberts	GP
Jan Stubbings	Chief Executive
Angela Sycamore	Allied Health Professional

## Professional Executive Committee (as of September 2007)

David Adams	Optometrist
Dr Shona Arora	Acting Director of Public Health
Helen Ballinger	Nurse
Dr Joanna Bayley	GP
Kim Carey	Community and Adult Care Directorate, Gloucestershire County Council
Jill Crook	Director of Clinical Development
Dr Helen Miller	GP
Candace Plouffe	Occupational Therapist/Allied Health Professional
Tim Poole	Chief Executive, Carers Gloucestershire
Jan Stubbings	Chief Executive
Sarah Truelove	Director of Finance
Dr Tony Walsh	GP
Debbie Winter-Taylor	Nurse

## Other Committees

The PCT has a number of other committees to ensure high standards are maintained. These include the Audit Committee, which reviews the work of the Trust's Internal and External Auditors and the Remuneration Committee, which reviews the performance, remuneration (pay) and terms and conditions of the Executive Directors of the PCT.

The Charitable Funds Committee includes the Non-Executive Board members who are trustees of the PCT Charitable Trust Fund and the Integrated Governance Committee ensures on behalf of the Board, that appropriate risk management systems and policies are in place.

The Clinical Quality Assurance Group reports to the Integrated Governance Committee and it has responsibility for overseeing and leading on the development of clinical quality within the PCT (this means supporting the provision and development of high standards of health care).

## Remuneration Committee

The Remuneration Committee comprises the Chair of the Gloucestershire Primary Care Trust and all non-executive Members. The quorum is 2 members. The PCT Chair is Chair of the Committee and the Secretary is the Primary Care Trust Human Resources lead. The Non-Executive Directors are:

Ruth FitzJohn, PCT Chair

Alan Elkin

John Harkness

Rob Graves

Margaret Styles

Ann Noble

Ingrid Barker

Non-Executive Directors

The Remuneration Committee is responsible for overseeing the remuneration of the Chief Executive, Directors and very senior managers. It meets on an ad hoc basis, but at least twice a year. Remuneration for Board and PEC members is determined nationally and the PCT follows these recommendations. Our working practice is in line with that set out in the Appointments Commission guide governing the NHS and the SHA approach to top management pay.

The contracts of employment for Senior Managers are in line with other staff and the terms and conditions match those introduced under Agenda for Change. Very senior managers will move onto new national terms and conditions and salaries will be based on job evaluation in line with

the new arrangements. Salaries prior to the introduction of Agenda for Change had been based on advice originally received from the Strategic Health Authority and have not materially changed since that time other than for cost of living increases. These are considered by the Remuneration Committee each year in line with national guidance on the determination of Senior Managers salaries. The PCT has no performance related payment schemes. Under the terms of Commissioning a Patient Lead NHS and the supporting Human Resources Framework, Trusts have been directed that all employment contracts for staff directly affected by these changes are guaranteed until June 2007. At the end of this period staff displaced by the changes will be paid their standard contractual entitlements.

## Declarations of Interest

A Register of Members' Interests (Board and PEC Members) is kept by the Trust. This is available for public viewing on request during office hours. Members' Declaration of Interests for 2006/07 (1 October 2006 to 31 March 2007) were as follows:

<b>CATEGORY A:</b>	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies)
Ross Frazer	Director, Ross Frazer Limited
<b>CATEGORY B:</b>	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS
Jan Stubbings	Director of Care Futures UK Ltd
Rob Graves	Shareholder – Epsilon Systems Limited
Dr Mike Roberts	GP Partner – Rosebank Surgery, Gloucester (providing PMS services)
<b>CATEGORY C:</b>	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS
<b>CATEGORY D:</b>	A position of authority in a charity or voluntary body in the field of health and social care
Ruth FitzJohn	Trustee of Gloucestershire GP Educational Trust (GGPET)
Ingrid Barker	Chair of Governors, Ribston Hall High school, Gloucester

<b>CATEGORY E:</b>	Any connection with a voluntary or other body contracting for NHS services
Dr Stuart Drysdale	Member of Medical Officers for Schools Association
Ingrid Barker	Consultancy Work – NHS and other agencies i.e. 'Health Services Management Centre Husband – Head of School of Public Policy, University of Birmingham –some areas contract for NHS Services
Ross Frazer	Provide consultancy support to Ernst & Young
<b>CATEGORY F:</b>	Current or potential provider of services commissioned by or for the Primary Care Trust
Chris Boden	Head of Gloucestershire Podiatry Service
Dr Martin Freeman	General Practitioner – Orchard Medical Centre, Cam, Gloucestershire
Dr Stuart Drysdale	General Practitioner – Rendcomb Surgery, Cirencester
<b>CATEGORY G:</b>	Any other interest which a member wishes to place on record but that does not fall into categories A- F above
John Harkness	Chairman, Gretton Parish Council
Dr Shona Arora	Governor, Gloscat College of Future Education Husband – MP for Cheltenham
Dr Stuart Drysdale	Sessional employment by PCT to provide Out of Hours General Medical Services
Dr Mike Roberts	Sessional employment by PCT to provide Out of Hours General Medical Services.

## Information Sheet 2: Equality and Diversity Statement

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The PCT is required to demonstrate how it will fulfil its equality and diversity duties in relation to race, disability, gender, religion or belief, age, sexual orientation and gender identity. The PCT takes these duties seriously and is committed to involving service users and carers groups in the on-going development of these schemes.

The formation of the new PCT has required us to either merge and revise existing schemes from the three predecessor organisations (e.g. Race Equality) or develop new schemes (Disability and Gender). The intention (in future) is to draw all schemes together through a Single Equality Scheme. This work is on-going. Three of the schemes (race equality, disability and gender) have been approved by the Board and Action Plans are currently being implemented.

The new PCT has established a cross-Directorate Equality and Diversity Steering Group (EDSG), to drive this agenda forward and to oversee the planning, implementation, performance monitoring and audit/evaluation of the PCT's statutory requirements.

## Information Sheet 3: Statement on Internal Control

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The amalgamation of the three primary care trusts in Gloucestershire has created one primary care trust of which I am Chief Executive and Accountable Officer. The Board of Gloucestershire Primary Care Trust ("GPCT") has subsumed the responsibilities, including policies, aims and objectives, previously held by the predecessor organisations.

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The proper fulfilment of the functions for which the Board and I are responsible involves a network of key stakeholders, including the local community of public and patients, elected representatives such as MPs and the local authorities, other NHS Trusts, the Strategic Health Authority, local independent contractors and voluntary sector organisations.

As Accountable Officer and Chief Executive, I am accountable through the Strategic Health Authority to the accounting officer of the Department of Health for the funds entrusted to the PCT.

The full Statement on Internal Control 2006/07 is contained within the full annual accounts for the year 2006/07. Copies of these accounts are available on request from the PCT Headquarters.

Signed:

A handwritten signature in green ink, appearing to read "Ian Stubbs". The signature is written in a cursive style and is positioned above a large, circular, green ink scribble that partially overlaps the word "Signed:".

(Chief Executive Officer on behalf of the Board)

## Information Sheet 4: Operating and Financial Review

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This section is complementary to the content in the rest of the annual report, and in total fulfils the requirements of a Management Commentary introduced in 2006.

### Purpose

The Operating and Financial Review is an integral part of the Annual Report and is complementary to the content in the rest of the report. It intends to describe the PCT's planning assumptions, the underlying issues affecting its financial performance in 2006/07 and key planning assumptions and risks for 2007/08.

### Background

The three predecessor PCTs in Gloucestershire jointly prepared financial plans for 2006/07 and these were approved by the respective PCT Boards and the former Strategic Health Authority (SHA) at the beginning of the financial year. This included a savings requirement of £27.2m to deliver a balanced budget (in addition to Cash Releasing Efficiency Savings). The financial plan provided for higher levels of hospital admissions; the cost of specialist mental health and learning disability payments and repayment of the net deficit of the three former PCTs from 2005/06.

### Overview

The PCT had a total resource limit of £684.2m of which £669.7m was recurring. It underspent its resource limit by £1.4m. The key reasons for the underspend were lower than planned activity at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), particularly non-elective inpatient episodes; the deferral of some planned investments, savings achieved in administration costs. In addition the PCT received a share of unspent central budgets from the Strategic Health Authority of £4.9m.

### NHS Commissioning Activity

The total cost of activity from NHS Trusts in 2006/07 was £389.2m and in total was £5.5m less than the PCT budget for NHS commissioned services. Most of the inpatient and outpatient acute activity for patients in Gloucestershire is provided by Gloucestershire Hospitals NHS Foundation Trust (GHFT) and the PCT paid £260.3m to GHFT in 2006/07. Around 70 percent of acute hospital activity is provided under the national tariff introduced with the Payments by Results arrangements. In 2006/07 the PCT has reported both inpatient (elective and non-elective) and outpatient activity at GHFT below the plan which has contributed £2.8m to the overall

underspend on NHS commissioned services. This position includes 16,500 fewer outpatient appointments than planned and 3,500 fewer inpatient episodes. In part the underperformance against planned activity levels reflects the introduction of new care pathways and clinical services which are designed to treat patients in the community and avoid the need for an acute hospital appointment.

In 2006/07 the PCT was required to ensure that maximum waiting times were 6 months for inpatient treatment and 3 months for outpatient treatment. During the year no patients were reported to have waited longer than 6 months for inpatient treatment and 4 patients were reported as waiting more than 13 weeks for a first outpatient appointment. By December 2008 the national target is for no patient to wait longer than 18 weeks from referral to treatment. The PCT service and financial plan for 2007/08 has identified additional investment in the year to support the acute service provider to deliver this milestone. The current trends for inpatient activity, especially non-elective activity at GHT, indicate that the Gloucestershire health community is in a strong position to meet this important target in the timescale required.

Mental health services in Gloucestershire are predominantly provided by Gloucestershire Partnership NHS Trust (GPT) and in 2006/07 cost the PCT £60m. At present the contract for services between the PCT and GPT is a 'block' arrangement so that the PCT pays a fixed amount for the services provided.

Specialist health services are provided largely from North Bristol NHS Trust and United Bristol Hospital NHS Trust although some specialist services are provided outside of the region including in London. Specialist health services are commissioned on behalf of the PCT by a regional consortium which allows the PCT to balance financial risk with service stability and investment. In 2006/07 the PCT has reported a small underspend of £341,000 against the specialist services budget of £5.5m.

## Private Sector Placements

The PCT has spent a total of £43.5m on health services from Non-NHS service providers. This includes specialist mental health and learning disability placements in the private sector. In recent years private sector placements have increased significantly and this has required substantial new investment by the PCT. The PCT is working with other stakeholders, in particular the local authority, to make sure that placements are subject to

ongoing review where appropriate so that care packages properly reflect the needs of the individual clients at all times.

## Primary Care

The PCT is responsible for the commissioning of NHS Dental services and Community Pharmacy services as well as General Practitioner (GP) services for the population of Gloucestershire. During 2006/07 the PCT has worked with GPs to develop Practice Based Commissioning (PBC) arrangements in line with national guidance. Just over half of the GP Practices in Gloucestershire have been operating with indicative commissioning budgets in 2006/07 as part of locality commissioning groups. In 2007/08 the PCT is working towards all GP Practices participating in PBC and to this end Practice indicative budgets have been calculated for all Practices. For the sake of transparency the entire 2007/08 PCT planned revenue expenditure (including savings plans) has been apportioned to Practice level to provide a comparison with Fair Shares budgets calculated using the Department of Health toolkit. In 2007/08 the PCT will consider the best approach for moving Practice budgets closer to their Fair Shares allocation within a framework that balances equity and risk (both service and financial).

## Primary Care Prescribing

The total value of Practice prescribing budgets was £78.8m in 2006/07. Although the overall expenditure is very close to budget there are 43 (of 83) Practices overspent of which five Practices are more than 10 percent overspent. The PCT is working closely with GP Practices to support clinically based cost effective prescribing, especially with those Practices that are most over spent. For 2007/08 each practice within the PCT has received an indicative budget for prescribing based upon the needs of the practice population and its expenditure in 2006/07.

## PCT Provider Services

PCT staff support inpatient, outpatient and community based health care for the population of Gloucestershire. The PCT has 11 community hospitals which provide a range of services as well as providing a base for staff working in the communities. In 2006/07 the PCT has implemented some important changes to the way services are delivered, for example reconfiguration of inpatient services in the Cotswold locality and review of the use of inpatient beds at Dilke hospital in the Forest of Dean. There are a number of capital development plans under consideration by the PCT which will provide investment to the estate and underpin strategic service

plans in the future, in particular the development of community based services that will support local diagnosis and treatment for patients and avoid unnecessary journeys to the main acute hospital in Gloucester.

## Financial Overview 2006/07

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### Summary Financial Position

The 2006/07 accounts have been completed in line with resource accounting and budgeting conventions adopted in the NHS. In 2006/07 the PCT has reported a surplus of £1.4. In 2005/06 the predecessor PCTs reported an aggregate deficit of £9.4m in their accounts.

### Financial Recovery Plan

The PCT inherited a savings requirement of £27.2m in the Local Delivery Plans of the three predecessor organisations. Reflected in these savings plans were the financial contributions to the SHA risk pool arrangements in 2006/07 which in the event were not required. The PCT has repaid the deficits incurred in 2005/06 by the predecessor PCTs and has produced a service and financial plan for 2007/08 that will deliver a small recurrent surplus and overall in-year financial balance.

### Financial Plan for 2007/08

The PCT has a planning resource limit of £737.3m for 2007/08 including a recurrent resource limit of £731.2m. Revenue growth in 2007/08 is £61.5m and the Cash Releasing Efficiency Savings required are £16.7m. The Local Delivery Plan (LDP) for 2007/08 approved by the PCT Board includes investment to achieve the key access targets as well as identified funds to 'pump prime' service change programmes in year. The PCT has also provided for a contingency fund as a key element in managing financial risk in 2007/08.

### Summary Financial Statements

The summary financial statements show the financial position of the Primary Care Trust for the financial year 2006/07. They are a summary of the information in the full accounts which are available on request from Director of Finance, Gloucestershire PCT, 1250 Lansdowne Court Gloucester Business Park, Brockworth, Gloucester GL3 4AA.



Chief Executive:

Jan Stubbings



Director of Finance:

Sarah Truelove

## Information Sheet 5: Our Accounts

### Operating Cost Statement

	2006/07	2005/06
	£000	£000
Gross operating costs for commissioned services	636,392	648,388
Less: miscellaneous income	(9,306)	(18,033)
Commissioner net operating costs	627,086	630,355
Gross operating costs for services provided by the PCT	86,265	77,678
Less: miscellaneous income	(26,740)	(31,033)
Provider net operating costs	59,525	46,645
Pensions interests costs and expected returns on pension assets (net)	(34)	(15)
<b>Net Operating Costs</b>	<b><u>686,577</u></b>	<b><u>676,985</u></b>

The above shows the net expenditure for the PCT

### Statement of Recognised Gains and Losses

	2006/07	2005/06
	£000	£000
Fixed assets impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	5,357	1,861
Increase in donated asset and Government grant reserve	193	9
Reduction in donated asset and Government grant reserve	0	0
Transfer of assets from/(to) NHS bodies and the Dept. of Health	0	0
Actuarial Gain/(Loss) on Local Government Pension Scheme	(507)	581
Additions/(reductions) in other reserves	0	19
<b>Gains &amp; Losses Recognised in the Financial Year</b>	<b><u>5,043</u></b>	<b><u>2,470</u></b>

The statement represents changes to the value of fixed and donated assets not included in then operating costs.

<b>Balance Sheet</b>	2006/07 £000	2005/06 £000
<b>Fixed Assets</b>		
Intangible assets	3	5
Tangible assets	71,809	67,791
Investments	0	0
<b>Current Assets</b>		
Stocks and WIP	39	106
Debtors	11,848	9,495
Cash at Bank and in Hand	638	245
<b>Current Liabilities</b>		
Creditors – amounts falling due within one year	(43,903)	(44,609)
Creditors – amounts falling due after more than year	0	0
Provisions for liabilities and charges	(5,074)	(4,505)
<b>Total assets employed excluding pension asset</b>	<b>35,360</b>	<b>28,528</b>
Net Pension asset/(liability)	(160)	301
<b>Total assets employed including pension asset</b>	<b>35,200</b>	<b>28,829</b>
<b>Financed by:</b>		
General Fund	7,339	5,736
Revaluation Reserve	24,490	19,335
Donated Asset Reserve	3,531	3,457
Pension Fund	(160)	301

Local Government Pension Scheme – Guidance from the Department of Health states that the pension scheme liability should not be shown as gross figures ie. Investment and liability, but should be disclosed as a net debtor/creditor as appropriate.

The Balance Sheet sets out the assets and liabilities of the PCT.

<b>Cash Flow Statement</b>	2006/07	2005/06
	£000	£000
Net Operating Costs	(685,275)	(668,815)
Interest paid	0	0
Interest received	0	0
Interest element of finance leases	0	0
<b>Net cash outflow from operating activities</b>	<b>(685,275)</b>	<b>(668,815)</b>
<b>Capital expenditure</b>		
Payments to acquire tangible fixed assets	(1,434)	(1,531)
Receipts from the sale of tangible fixed assets	0	0
Receipts from the sale of investment assets	0	2,896
<b>Net cash inflow/outflow from capital expenditure</b>	<b>(1,434)</b>	<b>1,365</b>
<b>Net cash inflow/outflow from all activities</b>	<b>(686,709)</b>	<b>(667,450)</b>
<b>Financing:</b>		
From Department of Health	687,102	667,283
Cash Transfers from other NHS bodies	0	18
Increase/(Decrease) in cash	<b>393</b>	<b>(149)</b>

The statement reports cash flow arising from the activities of the PCT and the cash financing of them.

<b>Operational Financial Balance</b>	2006/07	2005/06
	£000	£000
Net Operating Costs	686,557	676,985
<b>Less: Non discretionary expenditure</b>	<b>3,755</b>	<b>5,203</b>
Operating Costs less non-discretionary expenditure	682,822	671,782
Revenue Resource Limit	684,223	662,352
<b>Under/(Over) spend against revenue resource limit</b>	<b>1,401</b>	<b>(9,430)</b>

The statement shows the revenue surplus or deficit for the PCT.

## Better Payment Practice Code – measure of compliance

	2006/07 Number	2006/07 £000	2005/06 Number	2005/06 £000
<b>Non-NHS Creditors</b>				
Total bills paid in the year	33,616	34,570	43,632	42,239
Total bills paid within target	30,698	31,903	39,931	39,734
Percentage of bills paid within target	91.3	92.3	91.5	94.1
<b>NHS Creditors</b>				
Total bills paid in the year	9,145	55,886	7,853	44,430
Total bills paid within target	7,859	47,126	6,492	37,870
Percentage of bills paid within target	85.9	84.3	82.7	85.2

The Better Payment Practice Code requires the PCT to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

<b>Management Costs</b>	2006/07	2005/06
Management Costs (£000)	10,934	12,001
Weighted Population (Number)	522,487	507,521
Management cost per head of weighted population (£)	20.93	23.65

The PCT measures its management costs according to the definitions provided by the Department of Health.

## Use of resources

The Primary Care Trust gross expenditure in 2006/07 was £722.8m of which £680.3m was spent on healthcare. The majority of health care was commissioned in Gloucestershire.

<b>Service Provider</b>	£m
Gloucestershire Hospitals NHS Foundation Trust	271.3
Gloucestershire NHS Partnership Trust	61.2
Gloucestershire Primary Care Trust	59.7
Primary Care Services in Gloucestershire	177.5

In addition, secondary care was commissioned from out of county health care providers, particularly for specialist services in Bristol, Oxford, Birmingham and London.

## Programme Area Expenditure Analysis

£m

### Expenditure on secondary health care

Learning Difficulties	28.4
Mental Illness	69.4
Maternity	11.3
General & Acute	284.0
Accident & Emergency	8.6
Community Health Services	75.6
Other	22.8

### Expenditure on primary health care

General Medical Services	73.7
Prescribing costs	81.3
Pharmaceutical services	2.5
General Ophthalmic services	3.8
Dental Services	13.2

## Remuneration

### Board and PEC Members

Name and title	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £00)
	£000	£000	£00	£000	£000	£00
Ruth FitzJohn, Chair	25-30	0-5	-	15-20	-	-
Jan Stubbings, Chief Executive	70 - 75	0-5	-	-	-	-
Howard Oddy, Interim Director of Finance	80-85	0-5	-	75-80		
Shona Arora, Interim Director of Public Health	70-75	-	-	60-65		
Amanda Fisk, Director of Communication, Performance and Planning	65-70	-	-	60-65	-	-
Jill Crook, Director of Clinical Development	10-15	-	-	-	-	-
John Ford, Director of Care Services	75-80	-	-	70-75	-	-

Jackie Huck, Interim Director of Commissioning (period Oct.-Mar.)	30-35	0-5	-	-	-	-
Sarah Truelove, Director of Finance (from March 2007)	0-5	0	-	-	-	-
Nuala Ring, Director of Human Resources (from March 2007)	0-5	-	-	-	-	-
Ingrid Barker, Non Executive Director	0-5	-	-	-	-	-
Alan Elkin, Non Executive Director	0-5	-	-	-	-	-
Ross Fraser, Non Executive Director	0-5	-	-	-	-	-
Robert Graves, Non Executive Director	5-10	-	-	-	-	-
Margaret Styles, Non Executive Director	0-5	-	-	-	-	-
Anne Noble, Non Executive Director	5-10	-	-	5-10	-	-
Stuart Drysdale, PEC Chair	30-35	5-10	-	30-35	-	-
Chris Boden, PEC Member	5-10	-	-	5-10	-	-
Jill Kearsley, PEC Member	25-30	5-10	-	-	-	-
Helen Moss, PEC Member	0	15-20	-	5-10	30-35	-
Angela Sycamore, PEC Member	0-5	0-5	-	5-10	10-15	-
Mike Roberts, PEC Member	20-25	-	-	30-35	-	-
Martin Freeman, PEC Member	5-10	-	-	5-10	-	-
Helen Miller, PEC Member	5-10	-	-	5-10	-	-
Ann McCluskey, former Director of Human Resources (West Gloucestershire PCT)	60-65	-	-	60-65	-	-
Richard James, former Chief Executive (Cotswold & Vale PCT)	105-110	0-5	-	105-110	-	-
Robert Knibbs, former Director of Finance (Cotswold & Vale PCT)	85-90	0-5	-	90-95	-	-
Paul Edwards, former Director of Commissioning (Cheltenham & Tewkesbury PCT) (for period Oct. – Mar)	35-40	0-5	-	-	-	-
Ruth Thomas, former Associate Director of Human Resources Cheltenham & Tewkesbury PCT (for period Oct. – Mar)	20-25	-	-	-	-	-
Stephen Gollidge, former Chief Executive (West Gloucestershire PCT)	105-110	-	-	105-110	-	-
Jan Marriott, Director of Clinical Change	35-40	-	-	35-40	-	-

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2007 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2007 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2007	Cash Equivalent Transfer Value at 31 March 2006	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£00
Jan Stubbings, Chief Executive	0 - 2.5	2.5 - 5	30 - 35	95 - 100	538	478	33	0
Howard Oddy, Interim Director of Finance	0 - (2.5)	0 - (2.5)	20 - 25	70 - 75	309	298	2	0
Shona Arora, Interim Director of Public Health	0 - 2.5	5 - 7.5	15 - 20	50 - 55	205	172	21	0
Chris Boden, PEC member	0 - 2.5	5 - 7.5	15 - 20	50 - 55	258	218	25	0
Jill Kearsley, PEC member	0 - 2.5	5 - 7.5	20 - 25	65 - 70	383	324	35	0
Helen Moss, PEC member	0 - 2.5	5 - 7.5	5 - 10	20 - 25	121	86	23	0
Angela Sycamore, PEC member	2.5 - 5	7.5 - 10	5 - 10	15 - 20	87	47	27	0
Amanda Fisk, Director of Communication, Performance & Planning	2.5 - 5	7.5 - 10	15 - 20	50 - 55	231	186	28	0
Jill Crook, Director of Clinical Development	2.5 - 5	10 - 12.5	30 - 35	100 - 105	455	394	36	0
John Ford, Director of Care Services	2.5 - 5	7.5 - 10	35 - 40	105 - 110	596	520	43	0

Ann McCluskey, former Director of Human Resources (West Gloucestershire PCT)	0 - 2.5	2.5 - 5	0 - 5	10 - 15	63	46	12	0
Jackie Huck, Interim Director of Commissioning	0 - (2.5)	0 - (2.5)	15 - 20	50 - 55	292	284	0	0
Sarah Truelove, Director of Finance (from March 2007)	2.5 - 5	7.5 - 10	15 - 20	55 - 60	201	156	29	0
Nuala Ring, Director of Human Resources (from March 2007)	2.5 - 5	7.5 - 10	25 - 30	80 - 85	377	317	36	0
Richard James, former Chief Executive Cotswold & Vale PCT	0 - 2.5	2.5 - 5	45 - 50	145 - 150	851	806	18	0
Robert Knibbs, former Director of Finance Cotswold & Vale PCT	0 - 2.5	2.5 - 5	10 - 15	40 - 45	253	228	14	0
Paul Edwards, former Director of Commissioning Cheltenham & Tewkesbury PCT	0 - (2.5)	0 - (2.5)	25 - 30	75 - 80	387	370	5	0
Ruth Thomas, former Associate Director of HR, Cheltenham & Tewkesbury PCT	0 - 2.5	5 - 7.5	5 - 10	15 - 20	78	50	19	0
Stephen Golledge, former Chief Executive West Gloucestershire PCT	0 - 2.5	2.5 - 5	40 - 45	130 - 135	732	682	23	0
Jan Marriott, Director of Clinical Change	0-2.5	0-2.5	15-20	50-55	290	271	8	0

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

Remuneration details for senior staff in the three former PCTs for the period 1 April 06 to 30 September 06 are included at Appendix 1.

## Cash Equivalent Transfer Values

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 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 NHS 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 and framework 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 scheme or arrangement) and uses common market valuation factors for the start and end of the period.

# Independent auditor's report to the Directors of the Board of Gloucestershire Primary Care Trust

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I have examined the summary financial statement which comprises the Operating Cost Statement, the Balance Sheet, the Cash Flow Statement, the Statement of Recognised Gains and Losses and related notes.

This report is made solely to the Board of Gloucestershire Primary Care Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

## Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

## Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

## Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the PCT for the year ended 31 March 2007.

Auditor     Stephen Malyn, District Auditor  
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Address     Audit Commission, Westward House, Lime Kiln Close,  
Stoke Gifford, Bristol. BS34 8SU

Date                     5 July 2007  
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## Information Sheet 6: Emergency Planning

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1. Gloucestershire PCT is being held up as a beacon of excellence for Emergency Planning and many of our plans and procedures have been used as a template by other Trusts. The South West SHA is currently designing a questionnaire for all Trusts to establish emergency preparedness and identify a working programme to ensure high standards across the region. GPCT is being used to pilot the survey and review the questions presented in the electronic questionnaire.
2. The Civil Contingencies Act 2004 places a statutory obligation upon Health services to undertake emergency planning and have formal integration with other emergency responders. To ensure that the Trust maintains its statutory obligations the following actions are being pursued:
  - a. Establish a GPCT Emergency Planning Group to ensure a Trust-wide integrated/standardised approach to emergency response/planning. This Group will be responsible to the Integrated Governance Committee, a sub-committee of the PCT Board.
  - b. Identify an Emergency Planning Lead for the 'Provider Arm' of the Trust. This appointment is to be responsible for emergency and business continuity planning for the Community Hospitals and District Nursing.
3. An outbreak of Pandemic Flu is considered the most significant risk to the nation in the Cabinet Office National Risk Register and is a key risk for the PCT to manage. A joint Department of Health and Cabinet Office National Framework document has recently been issued for consultation, which places a considerable workstream upon all PCTs regarding the planning process. The key workstream elements for the PCT are;
  - Communications – implement a communications strategy for the public, staff and other stakeholders e.g. GPs
  - Plan for a pandemic Flu co-ordination centre to be established
  - Identify a secure location for storage and distribution of antiviral drugs
  - Operational plans for working with other health services and stakeholders to be prepared

### Business Continuity Management

4. Comprehensive Business Continuity Management (BCM) Plans have been written for the Community Hospitals and will be implemented following a review process. Business continuity plans for other PCT provider services will be developed in the coming months.

5. If the administrative building at Arle Road, Cheltenham was not available for use, plans are in place for the PCT Health Incident Control to move to the Great Western Ambulance Trust TriService HQ at Quedgeley. A template action plan has been written for compiling a Trust wide BCM plan, which will be undertaken when the final detail of the new PCT HQ is available. It is anticipated that a Health Incident Control will be located at the new HQ with the alternative location at Arle Road.

## **On-Call Arrangements**

6. On-call arrangements have been finalised for the Trust, which consists of an:

- On-call director to provide strategic cover across the county
- 'Operational' on-call senior manager, responsible for out of hours clinical management. This team of nine is provided by the Care Services Directorate
- 'Emergency' on-call senior manager, to respond to alerts from Ambulance Control. This team is managed by Public Health and will establish the GPCT Health Incident Control to support the Gloucestershire Health Community respond to an incident.

