

excellence



Gloucestershire

Information Sheets

Annual Report 2007 - 2008

Gloucestershire Primary Care Trust

The Trust Board 2007-2008

The duty of a NHS Board is to add value to the organisation, enabling it to deliver healthcare and health improvement within the law and without causing harm. It does this by providing a framework of good governance within which the organisation can thrive and grow.

The Gloucestershire PCT Board has four key roles:

- 1. Collective responsibility for adding value to the organisation:** promoting the success of the PCT by directing and supervising its affairs
- 2. Leadership and Control:** providing active leadership within a framework of prudent and effective controls which enables risk to be assessed and managed
- 3. Looking ahead:** The Board should set the organisation's strategic aims, ensure that the necessary financial and human resources are in place for the organisation to meet its objectives, and review management performance
- 4. Setting and maintaining values:** the Board sets the PCTs vision, values and standards and ensures that its obligations to patients, the local community and the Secretary of State are understood and met.

Gloucestershire PCT Board has a Chair, Ruth FitzJohn, and 7 Non-Executive Directors, local people who share responsibility with the Executive Directors for the success of the organisation. Non-Executive Directors are appointed by the Appointments Commission on behalf of the local community. They, therefore, have a responsibility to ensure that the Board acts in the best interests of the public and is fully accountable to the public for the services provided by the organisation and the public funds it uses.

The PCT Chief Executive, Jan Stubbings, and the Professional Executive Committee Chair, Dr Tony Walsh, also sit on the Board, as do five of the Executive Directors.

The Board meets once a month and meetings are open to members of the public to attend. All Board reports can be found on the internet and intranet sites of the PCT.

Chair and Non-Executive Members

Ruth FitzJohn (Chair)

Rob Graves (Vice Chair)

Anne Noble (Vice Chair)

Ingrid Barker

Chris Hickey (from December 2007)

Alan Elkin

John Harkness (to October 2007)

Rob Rees (from December 2007)

Margaret Styles.

Our Chief Executive and Directors

Jan Stubbings	Chief Executive
Dr Shona Arora	Director of Public Health
Hazel Braund	Director of Strategy Development and Corporate Services
Jill Crook	Director of Clinical Development
John Ford	Director of Care Services
Jan Marriott	Director of Clinical Change
Nuala Ring	Director of Human Resources
Sarah Truelove	Director of Finance and Chief Information Officer.

Pictures of our Chair, Chief Executive and Directors as well as a record of board member attendance are available on our website at www.glospct.nhs.uk.

Professional Executive Committee 2007-2008

The role of the PCT Professional Executive Committee (PEC) is to identify the health services and health programmes that the PCT and its partners should commission to meet the health needs of Gloucestershire now and in the future.

The PEC supports the PCT by providing clinical leadership and works with the Board to establish a clear strategic direction for the organisation. The PEC is also jointly responsible (with the Integrated Governance Committee) for ensuring clinical effectiveness and clinical governance (safe and high quality services).

The PEC is chaired by Dr Tony Walsh, GP, with the following membership:

David Adams	Optometrist
Dr Shona Arora	Director of Public Health
Helen Ballinger	Community Nurse
Dr Joanna Bayley	GP
Kim Carey	Director of Community and Adult Care Services, Gloucestershire County Council
Jill Crook	Director of Clinical Development
Dr Helen Miller	GP
Candace Plouffe	Occupational Therapist
Tim Poole	Chief Executive, Carers Gloucestershire
Jan Stubbings	Chief Executive, PCT
Sarah Truelove	Director of Finance and Chief Information Officer
Debbie Winter-Taylor	Health Visitor.

PEC meets on a monthly basis and minutes of the meetings are available on request.

Other Committees

Integrated Governance Committee

The role of the Integrated Governance Committee (IGC) is to ensure the timely achievement of the PCT objectives by developing and monitoring systems to manage and minimise the risk associated with the PCT's activities. The Clinical Quality Assurance Group reports to the IGC and it has the responsibility for overseeing and leading on the development of clinical quality within the PCT to ensure that healthcare provided is safe and effective. Other groups that report to the IGC include the Risk Management Group and the Health and Safety Group.

Audit Committee, Remuneration Committee and Charitable Funds Committee

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 Chair, the Director of Finance and one other Non-Executive Director. PCT board members act as trustees of the PCT Charitable Trust Fund.

Declarations of Interest

Trust Board – 31 March 2008

CATEGORY A:	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies)
Rob Rees	Director, Rob Rees Ltd Director, The Cotswold Chef Ltd Director, The Wiggly Worm Ltd
CATEGORY B:	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS
Jan Stubbings	Managing Director of Care Futures UK Ltd (currently dormant)
Sarah Truelove	Director, Care Futures UK Ltd (currently dormant)
Robert Graves	Shareholder in Epsilon Systems Limited
Rob Rees	Project Ambassador for Gloucestershire Food Vision (Gloucestershire First)
CATEGORY C:	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS
	None declared
CATEGORY D:	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
Rob Rees	Trustee/Director, British Nutrition Foundation Trustee/Director, School Food Trust Chairman, Health4Schools Project as part of Kraft Cares
Chris Hickey	Chair, Carers Gloucestershire
CATEGORY E:	Any connection with a voluntary or other body contracting for NHS services
Ingrid Barker	Husband is Director of the Health Services Management Centre and Head of School of Social Policy, University of Birmingham.
CATEGORY F:	Current or potential provider of services commissioned by or for the Primary Care Trust
	None declared
CATEGORY G:	Any other interest which a member wishes to place on record but that does not fall into categories A-F above
Shona Arora	Governor on the Board of Gloucestershire College. Husband is Member of Parliament for Cheltenham
Ingrid Barker	Chair of Governors, Ribston Hall High School, Gloucester
John Harkness	Wife is the Chairman of Open Door – Cheltenham Charity for the homeless/rootless.

Professional Executive Committee – 31 March 2008

CATEGORY A:	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies) None declared
CATEGORY B:	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS
Jan Stubbings	Managing Director of Care Futures UK Ltd (currently dormant)
Sarah Truelove	Director of Care Futures UK Ltd (currently dormant)
David Adams	Partner, David Kear Opticians
CATEGORY C:	Directorships, Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS None declared
CATEGORY D:	A position of authority in a charity or voluntary body in the field of health and social care
Tim Poole	Chief Executive of Carers Gloucestershire, registered charity No 1110529 Member of Policy and Development Board of the Princess Royal Trust for Carers
David Adams	Chair of Trustees SAO Cambodia, Bawtry Hall, Bawtry, Nr Doncaster
Dr Joanna Bayley	Consultant to the Clinical Effectiveness Committee of the College of Emergency Medicine
CATEGORY E:	Any connection with a voluntary or other body contracting for NHS services
Dr Tony Walsh	Senior Partner, Dr Walsh & Partners Tetbury, Gloucestershire
Tim Poole	Trustee, Forest of Dean Crossroads
Dr Joanna Bayley	Occasional work as an Out of Hours GP in Gloucestershire Occasional work as a Clinical Assistant in Emergency Medicine for Cheltenham General Hospital
CATEGORY F:	Current or potential provider of services commissioned by or for the Primary Care Trust
Tim Poole	Chief Executive of Carers Gloucestershire, registered charity No 1110529
David Adams	Optometrist
Dr Helen Miller	GP Appraiser
Dr Joanna Bayley	General Practitioner, Saintbridge Surgery, Gloucester
CATEGORY G:	Any other interest which a member wishes to place on record but that does not fall into categories A - F above
Shona Arora	Governor on the Board, Gloucestershire College. Husband is Member of Parliament for Cheltenham
Dr Tony Walsh	Tetbury Town Councillor Member of the "Thirteen" of Tetbury
David Adams	Wife is Dr Janet Adams, Coleford Health Centre
Helen Ballinger	Learning Representative for the Royal College of Nursing
Tim Poole	Member of Board of Trustees for the Princess Royal Trust for Carers
Dr Joanna Bayley	Member of the Gloucestershire Local Medical Committee.

Equality and Diversity

Gloucestershire Primary Care Trust believes a sense of involvement, fairness, trust and dignity is fundamentally important for our services users just as it is to every one working with and within the Trust.

The PCT recognises the diversity of both the population it serves and its staff and takes its responsibilities very seriously. We are committed to improving equity of access and outcomes in health for all, for achieving a more representative workforce and remaining an employer of choice.

We aim to work with staff and local agencies, listen and communicate with our local communities to take a more innovative and inclusive approach to our delivery of services across the County.

As a PCT we will continually review and build equality and diversity into our programmes, policies, culture and relationships with partners to deliver safe, quality and cost effective care for the people of Gloucestershire.

In this way we believe through mainstreaming equality and diversity we can make real our PCT vision, values and commitment to achieving excellence in health for the people of Gloucestershire.

Statement on Internal Control

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 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 2007-08 is contained within the full annual accounts for the year 2007-08. Copies of these accounts are available on request from the PCT Headquarters.

Signed:

A handwritten signature in blue ink that reads "Ian Stubbings". The signature is written in a cursive style with a large loop at the beginning.

(Chief Executive Officer on behalf of the Board).

Complaints

Gloucestershire Primary Care Trust reviews its complaints process annually, taking into account new national guidance, feedback from complainants and PCT complaint investigators. The PCT is currently reviewing its complaints process in response to new arrangements for complaints handling across the NHS and Social Care, due to come into place in April 2009.

The PCT welcomes the Health Service Ombudsman's (HSO) publication of "Principles for Remedy". The current Complaints review will consider these and they will be discussed with the PCT's Involvement Group, made up of lay representatives, PCT managers and chaired by the PCT's Non-Executive Director with responsibility for Patient and Public Involvement and Complaints.

The PCT Board receives a quarterly Patient Experience Report, which draws themes from across the range of complaints and other patient experience data e.g. contacts with the Community Patient Advice and Liaison Service and survey responses.

For the period 1 April 2007 – 31 March 2008, 178 complaints were handled by the PCT Complaints Team. The following is a sample of issues, lessons learned and actions taken in response to patient experiences:

- **Issue:** Patient Discharges from Hospital. Patients and Carers had raised a range of concerns regarding the quality of patient discharges from the county's acute and community hospitals with the PCT through complaints and PALS.
- **Lessons learned/action taken:** The PCT formed a joint steering group with partners from the acute and social care sector to review current discharge arrangements. Joint focus groups were held with ward managers and district nursing sisters/charge nurses from both the acute wards and Community Hospitals/Services. It was clear in most cases that there is an understanding of each others' roles in the process of discharge planning and implementation. However, in some areas the need for further improvement was highlighted e.g. communications, paperwork and early discharge planning.
- **Issue:** Several incidents had been reported where patients had complained that they were not aware that they had to pay for full course of medicines dispensed from stock at an Out of Hours Primary Care Centre and had subsequently received a request for payment from the PCT Finance department.
- **Lesson learned/action taken:** Clinicians have been asked to ensure that patients are fully aware that if they are not normally exempt from prescription charges, and sign the back of the PREC form as a declaration, that they will receive an invoice for £6.85 per item.

Personal Data Related Incidents

Summary of serious untoward incidents involving personal data as reported to the information commissioner's office in 2007-08

No incidents to report

Summary of other personal data related incidents in 2007-08

Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	1
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	0
V	Other	0

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 2007/08 and key planning assumptions and risks for 2008/09.

Background

Gloucestershire PCT was formed on 1st October 2006 and replaced the three former Primary Care Trusts in Gloucestershire (Cheltenham and Tewkesbury, Cotswold and Vale and West Gloucestershire).

The organisation serves a population of approximately 602,000 and covers the following district council areas: Cotswold, Cheltenham, Forest of Dean, Gloucester, Tewkesbury Borough and Stroud.

The PCT is responsible for commissioning healthcare for its population. It has contracts with 83 GP Practices and runs 10 community hospitals and a maternity hospital. It also provides a range of community services such as podiatry, speech and language therapy, occupational therapy, district nursing and health visiting.

The PCT has a budget of £751million for 2007/2008 (and a forecast budget of £786m for 2008/2009) and currently employs approximately 2,250 whole time equivalent members of staff.

The main roles of our PCT are to:

- engage with the local population to improve health and well being
- commission a comprehensive and equitable range of high quality, responsive and efficient services and;
- directly provide services where this gives best value.

As a countywide organisation, the PCT recognises how important it is to retain a local focus so that the valuable working relationships that have been built with primary care, local councils and a wide range of committed community and voluntary groups continue to be strengthened. The PCT believes that its future success will depend on this co-operation and joint working.

Financial overview

The PCT Board adopted the PCT Resource Strategy at the November 2006 meeting. The Resource Strategy was developed in response to lower levels of growth expected from 2008/09 onwards than had been available in previous years, plus an underlying recurrent deficit for the PCT assessed at the beginning of the financial year 2006/07. The basis of the strategic financial framework within the PCT Resource Strategy is the creation of a 2% contingency reserve to be held at PCT level; establishing a non-recurrent pump priming budget; ensuring that all budgets are set correctly; setting Choosing Health monies at an indicative level; applying 2.5% cash releasing efficiency savings (CRES) on all expenditure and working to target levels of expenditure on management costs in all the PCT functions.

The 2007/08 Local Delivery Plan produced by the PCT had included a planned financial surplus of £2.8m. In order to achieve this, savings plans were identified to the value of £14,287,000 (1.95% of resources). In addition to this, the PCT was required to deliver savings of £16,742,000 representing 2.5% cash releasing efficiency savings (CRES) on the recurrent baseline allocation.

NHS Commissioning Activity

The total cost of activity from NHS Trusts in 2007/08 was £433m and in total was £4.7m more 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 £289m to GHFT in 2007/08. Around 70 percent of acute hospital activity is provided under the national tariff introduced with the Payments by Results arrangements. In 2007/08 the PCT has reported inpatient (non-elective), A&E and outpatient activity at GHFT above the plan. This position includes 14,000 more outpatient appointments than planned, 5,000 more A&E attendances and 2,500 more inpatient episodes. Elective activity has been less than planned by 1,500 episodes.

Capacity for patient activity at GHFT was reduced in the summer of 2007 as a consequence of the severe flooding and loss of mains water supply in the County. The hospital has made efforts to make up the lost activity however this has not been possible in all service areas. Also 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 2007/08 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 32 patients were reported to have waited longer than 6 months for inpatient treatment and 15 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 finance plan for 2007/08 has identified additional investment in the year to support the acute service providers 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 predominately provided by Gloucestershire Partnership NHS Trust (now 2gether NHS Foundation Trust) and in 2007/08 the PCT spent £65.6m with 2gether NHS Foundation Trust. At present the contract for services between the PCT and 2gether 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 Hospitals 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 2007/08 the PCT has reported a small underspend of £0.4m against the specialist services budget of £5.4m.

Private Sector Placements

The PCT has spent a total of £51.5m 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 2007/08 the PCT has continued working with GPs to develop Practice Based Commissioning (PBC) arrangements in line with national guidance. All of the GP Practices in Gloucestershire have been operating with indicative commissioning budgets in 2007/08 as part of locality commissioning groups. In 2008/09 the PCT will establish indicative commissioning budgets based on actual, costed activity information. Financial incentives will be created to encourage Practices to become more involved in PBC and help to develop new care pathways and better treatment for patients.

Primary Care Prescribing

The total value of Practice prescribing budgets was £83.8m in 2007/08 and expenditure was £82.5m. Although the overall budget was underspent there were overspends by some Practices during the year. The PCT is working closely with GP Practices to support clinically based cost effective prescribing, especially with those Practices that are most over-spent against their budget.

PCT Provider Services

PCT staff support inpatient, outpatient and community based health care for the population of Gloucestershire. The PCT has 10 community hospitals which provide a range of services as well as providing a base for staff working in the communities. There are a number of major 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 hospitals in Gloucester and Cheltenham.

Financial Overview 2007/08

Summary Financial Position

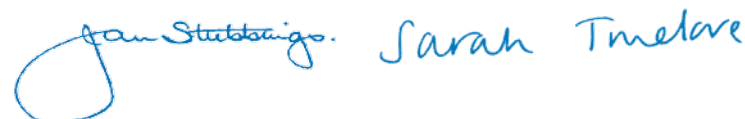
The 2007/08 accounts have been completed in line with resource accounting and budgeting conventions adopted in the NHS. In 2007/08 the PCT has reported a surplus of £2.8m. In 2006/07 the PCT reported a surplus of £1.4m in the accounts.

Financial Plan for 2008/09

The PCT has a planning resource limit of £786m for 2008/09 including a recurrent resource limit of £771m. Revenue growth in 2008/09 is £39.9m and the Cash Releasing Efficiency Savings required are £21.9m. The Local Delivery Plan (LDP) for 2008/09 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 2008/09.

Summary Financial Statements

The summary financial statements show the financial position of the Primary Care Trust for the financial year 2007/08. They are a summary of the information in the full accounts which are available on request from Director of Finance, Gloucestershire PCT, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE.



Chief Executive:
Jan Stubbings

Director of Finance:
Sarah Truelove

Operating Cost Statement	2007/08	2006/07
	£000	£000
Gross operating costs for commissioned services	689,854	636,392
Less: miscellaneous income	(8,761)	(9,306)
Commissioner net operating costs	681,093	627,086
Gross operating costs for services provided by the PCT	94,852	86,265
Less: miscellaneous income	(23,574)	(26,740)
Provider net operating costs	71,278	59,525
Pension assets	(38)	(34)
Net Operating Costs	752,333	686,577

The above shows the net expenditure for the PCT

Statement of Recognised Gains and Losses	2007/08	2006/07
	£000	£000
Fixed assets impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/ indexation	5,003	5,357
Increase in donated asset and Government grant reserve	0	193
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	445	(507)
Additions/(reductions) in other reserves	0	0
Gains & Losses Recognised in the Financial Year	5,448	5,043

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

Balance Sheet	2007/08	2006/07
	£000	£000
Fixed Assets		
Intangible assets	22	3
Tangible assets	73,714	71,809
Investments	0	0
Current Assets		
Stocks and WIP	0	39
Debtors	15,670	11,848
Cash at Bank and in Hand	432	638
Current Liabilities		
Creditors – amounts falling due within one year	(46,056)	(43,903)
Creditors – amounts falling due after more than year	0	0
Provisions for liabilities and charges	(8,847)	(5,074)
Total assets employed excluding pension asset	34,935	35,360
Net Pension asset/(liability)	0	(160)
Total assets employed including pension asset	34,935	35,200
Financed by:		
General Fund	2,188	7,339
Revaluation Reserve	28,894	24,490
Donated Asset Reserve	3,574	3,531
Pension Fund	279	(160)
Total Taxpayers Equity	34,935	35,200

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.

Cash Flow Statement	2007/08	2006/07
	£000	£000
Net Operating Costs	(745,600)	(685,275)
Adjust for non-cash transactions	0	0
Adjust for movements in working capital	0	0
Local Government Pension Fund	0	0
Net cash outflow from operating activities	(745,600)	(685,275)
Capital expenditure		
Payments to acquire intangible fixed assets	(21)	0
Payments to acquire tangible fixed assets	(1,514)	(1,434)
Receipts from the sale of tangible fixed assets	986	0
Receipts from the sale of investment assets	0	0
Net cash inflow/outflow from capital expenditure	(549)	(1,434)
Net cash inflow/(outflow) before financing and management of liquid resources	(746,149)	(686,709)
Management of Liquid Resources		
(Purchase) of other current asset investments	0	
Sale of other current asset investments	173	
Net cash inflow/(outflow) from management of liquid resources	173	0
Net cash inflow/outflow from all activities	(745,976)	(686,709)
Financing:		
From Department of Health	745,770	687,102
Increase/(Decrease) in cash	(206)	393

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

Operational Financial Balance	2007/08	2006/07
	£000	£000
Net Operating Costs	752,333	686,577
Less: Non discretionary expenditure	3,941	3,755
Operating Costs less non-discretionary expenditure	748,392	682,822
Revenue Resource Limit	751,190	684,223
Under/(Over) spend against revenue resource limit	2,798	1,401

The statement shows the revenue surplus for the PCT.

Better Payment Practice Code – measure of compliance

	2007/08	2007/08	2006/07	2006/07
	Number	£000	Number	£000
Non-NHS Creditors				
Total bills paid in the year	38,484	41,659	33,616	34,570
Total bills paid within target	34,364	37,487	30,698	31,903
Percentage of bills paid within target	89.3	90.0	91.3	92.3
NHS Creditors				
Total bills paid in the year	5,382	450,320	9,145	55,886
Total bills paid within target	4,805	442,323	7,859	47,126
Percentage of bills paid within target	89.3	98.2	85.9	84.3

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.

Management Costs	2007/08	2006/07
Management Costs (£000)	11,177	10,934
Weighted Population (Number)	525,517	522,487
Management cost per head of weighted population (£)	21.27	20.93

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 2007/08 was £784.9m of which £743m was spent on healthcare. The majority of health care was commissioned in Gloucestershire.

Service Provider	£m
Gloucestershire Hospitals NHS Foundation Trust	301.4
Gloucestershire NHS Partnership Trust	68.3
Gloucestershire Primary Care Trust	71.2

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	27.0
Mental Illness	70.5
Maternity	17.9
General & Acute	309.0
Accident & Emergency	6.6
Community Health Services	102.7
Other	25.7
Expenditure on primary health care	
General Medical Services	74.8
Prescribing costs	82.2
Pharmaceutical services	2.5
Contractor led Dental services	15.4
Trust led Dental services	0.9
General Ophthalmic services	3.9
New Pharmacy contract	2.8

Remuneration: Board and PEC Members

Name and title	2007-08			2006-07		
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £00) £00	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £00) £00
Ruth FitzJohn, Chair	35-40	-	-	25-30	0-5	-
Jan Stubbings, Chief Executive	145-150	-	-	70 - 75	0-5	-
Sarah Truelove, Director of Finance	110-115	-	-	0-5	-	-
Shona Arora, Director of Public Health	95-100	-	-	70-75	-	-
Simon Hairsnape, Director of Commissioning (Jun 07 - Jan 08)	65-70	-	-	-	-	-
Jackie Huck, Interim Director of Commissioning (Apr 07 - May 07)	20-25	-	-	30-35	0-5	-
Hazel Braund, Director of Communication, Planning and Performance (Aug 07 - Mar 08)	40-45	-	-	-	-	-
Amanda Fisk, Director of Communication, Planning and Performance (Apr 07 - Jul 07)	25-30	-	-	65-70	-	-
Jill Crook, Director of Clinical Development	85-90	-	-	10-15	-	-
Nuala Ring, Director of Human Resources	80-85	-	-	0-5	-	-
Jan Marriott, Director of Clinical Change	45-50	-	-	35-40	-	-
John Ford, Director of Care Services	85-90	-	-	75-80	-	-
Ingrid Barker, Non Executive Director	5-10	-	-	0-5	-	-
Alan Elkin, Non Executive Director	5-10	-	-	0-5	-	-
Robert Graves, Non Executive Director	10-15	-	-	5-10	-	-
Margaret Styles, Non Executive Director	5-10	-	-	0-5	-	-
Ann Noble, Non Executive Director	5-10	-	-	5-10	-	-
Rob Rees, Non Executive Director (Dec 07 - Mar 08)	0-5	-	-	-	-	-
Chris Hickey, Non Executive Director (Dec 07 - Mar 08)	0-5	-	-	-	-	-
John Harkness, Non Executive Director (Apr 07 - Oct 07)	0-5	-	-	-	-	-
Tony Walsh, PEC Chair from Sept 07	15-20	-	-	-	-	-
David Adams, PEC Member from Sept 07	5-10	-	-	-	-	-
Helen Ballinger, PEC Member from Sept 07	5-10	30-35	-	-	-	-
Joanna Bayley, PEC Member from Sept 07	5-10	-	-	-	-	-
Helen Miller, PEC Member	5-10	-	-	5-10	-	-
Candace Plouffe, PEC Member from Sept 07	5-10	30-35	-	-	-	-
Debbie Winter-Taylor, PEC Member from Sept 07	5-10	25-30	-	-	-	-
Stuart Drysdale, Interim PEC Chair to Aug 07	-	-	-	30-35	5-10	-
Chris Boden, Interim PEC Member to Aug 07	-	-	-	5-10	-	-
Jill Kearsley, Interim PEC Member to Aug 07	15-20	-	-	25-30	5-10	-
Helen Moss, Interim PEC Member to Aug 07	-	35-40	-	-	15-20	-
Angela Sycamore, Interim PEC Member to Aug 07	-	15-20	-	0-5	0-5	-
Mike Roberts, Interim PEC Member to Aug 07	0-5	-	-	20-25	-	-
Martin Freeman, Interim PEC Member to Aug 07	-	-	-	5-10	-	-

Pension Benefits

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 2008 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2008 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2007	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	5.0-7.5	35-40	105-110	588	538	26	0
Sarah Truelove, Director of Finance	0-2.5	5.0-7.5	20-25	60-65	230	201	17	0
Shona Arora, Director of Public Health	0-2.5	2.5-5.0	15-20	55-60	229	205	13	0
Simon Hairsnape, Director of Commissioning (from July 07 to Jan 08)	0-2.5	2.5-5.0	25-30	80-85	412	381	10	0
Tony Walsh, PEC Member (from Sept 07)	Pension Information not available for this employment							
Helen Ballinger, PEC Member (from Sept 07)	Pension Information not available for this employment							
Joanna Bayley, PEC Member (from Sept 07)	Pension Information not available for this employment							
Helen Miller, PEC Member (from Sept 07)	Pension Information not available for this employment							
Candace Plouffe, PEC Member (from Sept 07)	Pension Information not available for this employment							
Debbie Winter Taylor, PEC Member (from Sept 07)	Pension Information not available for this employment							
David Adams, PEC Member (from Sept 07)	Pension Information not available for this employment							
Chris Boden, PEC member (from Apr 07 to Aug 07)	Pension Information not available for this employment							
Jill Kearsley, PEC member (from Apr 07 to Aug 07)	Pension Information not available for this employment							
Helen Moss, PEC member (from Apr 07 to Aug 07)	Pension Information not available for this employment							
Angela Sycamore, PEC member (from Apr 07 to Aug 07)	Pension Information not available for this employment							
Amanda Fisk, Director of Communication, Performance & Planning (from April 07 to May 07)	0-2.5	0-2.5	20-25	65-70	307	231	8	0
Hazel Braund, Director of Communication, Performance & Planning (from Aug 07)	0-2.5	0-2.5	15-20	55-60	243	227	5	0
Jill Crook, Director of Clinical Development	2.5-5.0	7.5-10.0	35-40	110-115	541	455	52	0
John Ford, Director of Care Services	5.0-7.5	15.0-17.5	40-45	125-130	711	596	70	0
Nuala Ring, Director of Human Resources	0-2.5	2.5-5.0	25-30	85-90	415	377	20	0
Jackie Huck, Interim Director of Commissioning (from Apr 07 to May 07)	0-2.5	0-2.5	15-20	55-60	330	292	4	0
Jan Marriott, Director of Clinical Change	2.5-5.0	10.0-12.5	20-25	35-40	368	290	50	0

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

Self Employed GPs who are members of the Professional Executive Committee have pension entitlements. However the proportion of those entitlements that relates to their membership of the PEC is not significant compared to their work as practitioners independent of the PCT.

It is not, therefore, appropriate to disclose their pension entitlements.

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.

Audit Arrangements

Gloucestershire PCT's external auditors are the Audit Commission. In 2007/08 the PCT paid a total of £293k fees to the Audit Commission for the statutory audit of the annual accounts and £42k for other audit work including value for money reports.

The Audit Commission performed eight value for money studies during the year in the following areas;

- International Financial Reporting Standards
- Internal Audit service
- Use of Resources
- Practice based commissioning
- Connecting for health
- Records service
- Health inequalities
- Workforce planning.

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

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 Directors 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 my 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 2008.



Stephen Malyn
District Auditor

Audit Commission,
Westward house,
Lime Kiln Close,
Stoke Gifford,
Bristol.
BS34 8SU

20 June 2008

Information Sheet 7: Contingency Planning

1. Following Gloucestershire PCT's significant involvement in the response to the widespread flooding of the County in the summer of 2007, the Trust has subsequently been developing its own service continuity arrangements. The disruption to local businesses and the damage to residential properties, with the associated knock-on effects for public health, have spurred the Trust's development of its own business continuity plans.
2. During the actual response to the floods, the PCT was heavily involved with operations, including:
 - supporting GPs surgeries and ensuring they were able to maintain their services
 - maintaining the provision of District Nursing services
 - helping with the provision of bottled water to residents who had lost their own supplies, and;
 - providing public health advice to the police-led multi-agency control centre that co-ordinated the response, and to members of the public.
3. In addition, the PCT supported the recovery effort at Tewkesbury hospital, which was virtually cut-off for several days during the flooding.
3. By virtue of the close integration of the Trust's Care Services with the local authority's provision of adult and children's social services, the Trust continues to play a role in the County's recovery effort months after the floods.
3. In addition to developing its own business continuity plans, the Trust's main contingency planning effort for 2008-2009 will be the development of operational pandemic flu arrangements. In this respect, the Trust is making use of a consultant project manager to ensure that the Trust has an effective pandemic flu plan.
3. The Trust continues to work closely with its Local Resilience Forum partner agencies in developing joint contingency arrangements and training and exercising jointly wherever practicable. The Trust will take a prominent role in the proposed review of the LRF's planning processes during 2008.

This publication

For further copies of this booklet, contact Gloucestershire Primary Care Trust on 0845 6583800 or e-mail: enquiries@glospct.nhs.uk

Our address is: Gloucestershire PCT, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE.

This guide can also be provided in Braille, audio cassette tape, disk, large print and in other languages on request.

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Aby otrzymać tę informację w języku polskim, prosimy zwrócić się na piśmie do:

یہ معلومات اردو میں حاصل کرنے کیلئے، برائے مہربانی لکھیں:

Gloucestershire Primary Care Trust, Sanger House, 5220 Valiant Court, Gloucester Business Park, Gloucester GL3 4FE

You can view an on-line version of this publication (with web links) at: www.glospct.nhs.uk.

Freedom of Information

In line with the Freedom of Information Act 2000, Gloucestershire Primary Care Trust is required to produce a Publication Scheme, a complete guide to information published by the Trust. This is available on the PCT's website and from public libraries.