



**PINN MEDICAL CENTRE PATIENTS' ASSOCIATION**  
**Registered charity NO: 1095260**

**MINUTES OF THE TRUSTEES MEETING**  
**Held at the Pinn Medical Centre on Thursday 22 October 2015 at 17.30**

<b>Present:</b>	Joanne Daswani	Chair
	Chris Daly	Secretary
	Jagdish Kapur	Trustee
	Ivor Thomas	Treasurer
	Brian Yim Lim	Trustee

The Secretary confirmed that a quorum was present as defined in Clause 4.6 of the Constitution.

**1. Confirmation of appointment as Chair**

Following the Membership's acceptance of the new Constitution with effect 20.00hrs on 24 September 2015, the Trustees unanimously confirmed the election of Joanne Daswani as the Board's Chair, effective from that date and time. The appointment is subject to review annually and Joanne's term of office was agreed as being up to the date of the first Trustees' meeting held after the 2016 AGM.

**2. Apologies for absence**

Sheila Cole and James Kincaid, Trustees

Dr. Isobel Bleehen and Hilary Scott – Pinn Medical Centre.

**3. Potential Conflict of Interest**

Joanne signed a "Conflict of interest" form, advising that the person who worked as the designer on "Pinn Piper" worked at her school. This was noted by the Board.

**4. Minutes of last meeting**

The minutes of the Trustees' meeting held on 9 July 2015 were agreed. Brian will publish them on the PMCPA website.

**5. Matters arising**

There were no matters arising not covered by the meeting agenda.

**6. Financial report**

Ivor advised that the balance in the bank account was £1.442 at 3 October. Hilary Scott had advised that a patient had promised a contribution of £250 but the cheque had not yet been received and was not included in this balance.

#### **7. PMCPA website**

Brian advised that the Email address list was updated as new addresses were advised to him. There were currently around 120-130 registered members, of whom 90 had provided their Email addresses. Ivor said that he needed to know how many members there were as he was asked this when taking out the Trustees' Indemnity Insurance.

Brian said that there were two Email address lists, i.e. one for active members (drivers etc.) and one for other members. It would be possible to merge these into one but it was agreed to keep them as separate lists for the time being and then review it further once the various sub-committees had been set up.

#### **8. Actions arising from the AGM and EGM.**

The follow up to the AGM had been the finalisation of the new Constitution and having the EGM, both of which had been instigated. No actions were required following the EGM, other than to notify the Charity Commission of the new Constitution. This had been done and their response was awaited.

#### **9. Election of Vice Chair**

The Constitution created a new role, i.e. Vice Chair. The intention was to have a person to stand in for the Chair should she not be able, for example, to attend HPPN meetings or to chair Trustee meetings or AGMs. It was seen as a back up role and would not include some of the Chair's responsibilities, such as strategic planning.

There is an urgent priority to appoint several new Trustees (see 11 below) and it was agreed to wait until all the Trustee appointments had been completed before making the Vice Chair appointment.

#### **10. Plan of Action, including priorities for next six months**

Joanne circulated a proposed "Plan of Action" setting out her vision for developing the PMCPA over the next 2 to 3 years, with particular emphasis on the next six months. This included:

- Publicising the PMCPA to create greater awareness amongst PMC patients
- Increasing PMCPA membership
- Recruitment of additional Trustees
- Formation of various sub-committees to deal with matters such as fund raising, health and wellbeing, attracting new volunteers and members, communications and transport.

##### **10.1 Immediate priorities**

It was agreed that appointment of additional Trustees was a high priority at present and that attention also needed to be focussed on increasing PMCPA membership to give the Association credibility as being the PMCs chosen Patient Participation Group (PPG).

## 10.2 **Health and Wellbeing Sub-Committee** (exact title to be considered further)

The Health and Wellbeing sub-committee would be involved in liaising with the PMC to organise workshops/events for patients. It was noted that this activity is covered in the PMCPA's objects Clause 2(ii) in the Constitution, which includes "...assisting with other projects carried out by the PMC so as to maintain and improve health care services for the public"

Joanne advised that the new GP contract included the requirement for Practices to have a PPG. The PMC has confirmed in Dr Kelshiker's letter (15 July 2015) to Members that this is to be the PMCPA. The NHS 5 Year Forward Plan recommends partnership with local communities and a new emphasis on prevention and self care as crucial elements towards sustaining the NHS in the future. Dr Kelshiker was keen to work with the PMCPA in promoting health related events. Joanne added, though, that the PMC should recognise the value of an active PPG as a viable and necessary feature of the Practice and that this would require adequate funding.

She felt strongly that the PMCPA should not use contributions from Members to pay for its operational costs and that we should have two separate funding streams. Funds coming directly from patients and members (charitable donations) should be spent on additional equipment for the PMC not covered elsewhere in their budget. The operational costs of the PMCPA i.e. costs resulting from organising events, website, database, surveys and promoting the PMCPA etc. should be supported through funding from the PMC and from other funds raised by the PMCPA, for example, through advertisements in the Pinn Piper. She will therefore approach Dr. K with a proposal for the PMC to pay an annual lump sum to the PMCPA for this purpose. It was essential that the operational budget was treated as a separate budget from the PMCPA's usual funds and expenses.

Chris said that he had a concern that the purpose of the PMCPA was to raise additional funding for the PMC and not the other way round. However, he would go along with the proposal if the PMC was agreeable to it.

## 10.3 **Patient Survey**

It was agreed that it was essential that the PMCPA got feedback from patients as to their views on the PMC, the treatment they received and any other related matter. The patient satisfaction survey had been discontinued and it was necessary to fill this gap somehow. Ivor suggested that patients waiting for their appointment at the PMC could be given a simple questionnaire to fill in, restricted to, say, just three key questions. He believed this focussed approach would be more informative than the previous survey had been.

## 10.4 **Recruitment drive at schools**

Joanne's Plan included reference to this, saying that the PMCPA had the opportunity to involve A level students from a local high school with the work of the charity. This would especially appeal to those students with ambitions to work in medical related areas and who may wish to include this involvement in their CVs. There is also a Government drive to encourage students to contribute to their communities. She thought it would be a great opportunity for an 18 year old student to serve as a Trustee. Brian agreed that it was an important area to address as getting young people involved would be very useful to the PMCPA in various ways. He also

believed that they would be keen to do it as it would give them very useful experience that they could list on their applications to universities etc.

#### **10.5 Trustees' participation in sub-committees**

Recruitment sub-committee will be led by Joanne and include Brian and Jagdish.

It is agreed that each sub-committee should be led by one of the Trustees, who will report back to the Board as required. Subject to the outcome of the Trustee recruitment drive, the PMCPA Promotion and Communication Committee will include Brian and Jagdish and the Health and wellbeing/education committee will be led by Joanne. Transport is a self-contained "sub-committee" headed by Sheila Cole.

#### **Conclusion**

It was agreed that Joanne would formalise the Action Plan in the light of the above discussion and that it should then be published on the PMCPA's website.

#### **11. Election of new Trustees and current Trustee skills audit.**

It was agreed that four additional Trustees should be appointed as a matter of urgency. These should ideally include:

- A person with some legal knowledge
- Back up for the Treasurer and Secretary positions
- Promotion/Marketing of PMCPA
- Fund raising
- Health and wellbeing education

Joanne advised that three people had expressed an interest in the course of the consultation process for the new Constitution.

It is recognised that all patients aged 16 or over are eligible to apply to be considered for election as a Trustee so it is essential that publication of these vacancies must go to as many patients as possible. This will include notices in the surgery, publication on the website and Emails to the PMCPA mailing list. Brian suggested that Hilary should also be asked to circulate it to her PMC mailing list as this covers a larger number of patients than the PMCPA's one. Ivor suggested that the doctors might also give copies of the notice to patients who they thought might be interested.

##### **11.1 Interview panel**

The interview panel will comprise Joanne, Jagdish and Brian, who will first agree the wording of the announcement, the timing and the various options available to publicise it. Chris and Ivor will be available as back up for the interview process should the need arise.

##### **11.2 Skills audit**

Joanne had produced a form to be used as a "skills audit" in which each of the current Trustees should indicate areas in which they had some experience or expertise. Trustees at the meeting each completed one and it was agreed that Chris would produce a summary of the results.

### 11.3 **Trustee profiles**

Joanne had also produced documents listing the characteristics required to fill the Trustee role generally and the Chair, Treasurer and Secretary roles specifically. It was agreed that all Board members should review these and suggest amendments if appropriate. They should also indicate for each particular characteristic or ability whether they thought these were essential or merely desirable.

### 12. **Fund raising activity**

It was agreed that consideration of a fund-raising committee would be deferred until the new Trustees were in office. The annual quiz night is usually held around February and will be considered nearer to the time.

### 13. **Code of conduct for Trustees**

Clause 4.1(e) of the Constitution requires Trustees to sign a declaration that they are aware of their legal responsibilities and Clause 3.5 refers to a Code of Conduct. It was agreed that individual Trustees should sign a document that says:

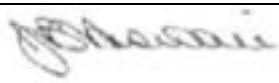
"I confirm that I am aware of and accept the legal responsibilities of a Trustee as defined by the Charity Commission and any other statutory body that defines such responsibilities for Charity Trustees. I am also aware of, and undertake to comply with, the Code of Conduct provisions set out in Clause 3.5 of the Pinn Medical Centre Patients' Association Constitution dated 24 September 2015."

### 14. **Date of next meeting**

The next Trustees' meeting will be towards the end of February or early March 2016. Chris will circulate proposals and co-ordinate responses.

### 15. **Any other business**

There being no other business, the meeting was closed at 19.55 hrs.

Minutes approved by	Chair	
Date	15 November	