Appendix 5.1.7



Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Primary & Community Care (PCC) Committee

Annual Report 2018-2019

PRIMARY AND COMMUNITY CARE (PCC) COMMITTEE ANNUAL REPORT 2018-2019

1. FOREWORD

As Chair of the Primary & Community Care (PCC) Committee, I am pleased to commend this annual report, which has been prepared for the attention of the Board and reviews the work of the Committee for the financial year 2018-2019.

On behalf of the Committee, it was my pleasure to welcome two new Independent Members, Dilys Jouvenat and Nicola Milligan.

2018-2019 been a particularly challenging year for the CTUHB, given the decision by the Welsh Government to twice increase the organisation's level of escalation. I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines, and it also important to express thanks to the clinical staff and managers who routinely attend and contribute to the business discussions of the Committee.

2. INTRODUCTION

The Committee was constituted in 2014, initially to support the development of a Strategy for Primary Care, which has informed the three-year Integrated Medium Term Plan (IMTP) which is submitted annually within the overall three-year cycle. The key function of the PCC, which meets quarterly, is to act as the main driver for the oversight and scrutiny of all issues relation to primary and community care on behalf of the Board. The Committee is responsible for overseeing the development, implementation and monitoring of the Primary and Community Care Delivery Plan. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas. As Chair, I make exception reports to the Integrated Governance Committee Chair at full Board meetings.

The Committee is now focusing on scrutinising the delivery of the IMTP as it relates to Primary & Community Care and is chaired by the Health Board's Vice Chair of the Health Board.

The terms of reference for the Committee were most recently amended to include reference to a representative from the Community Health Council (CHC); reference to 'a Healthier Wales', support to committee members; and a slight amendment to quorum. The revised terms of reference were formally approved by the Board in May 2019.

Members will be aware that all papers relating to the Committee (unless closed or 'in-committee') are available on the Health Board website:

http://cwmtaf.wales/how-we-work/decision-making-2/primarycare-committee/

3. MEMBERSHIP

The membership of the Primary and Community Care (PCC) Committee comprises of both Independent and Executive Members, enabling the Committee to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes.

Independent membership during 2018-2019 is outlined in table 1 below:

Table 1 – Composition & Membership of the PCC April 2018 - March 2019

Name		Period					
Members		·					
Maria K. Thomas, Independe	nt Member (Chair)	Apr 2018 - Mar 2019					
Keiron Montague, Independe	nt Member	Apr 2018 - Mar 2019					
Robert Smith, Independent N	1ember	Apr 2018 - Mar 2019					
Nicola Milligan, Independent	Member	Jan 2019 - Mar 2019					
Executive Directors in atte	Executive Directors in attendance						
Kamal Asaad, Medical Directo	Kamal Asaad, Medical Director						
Ruth Treharne, Director of Pl	anning & Performance						
Joanne Davies, Director of W	orkforce & Organisation	al Development					
Lynda Williams, Director of Nursing, Midwifery & Patient Services (until Aug							
2018)							
Angela Hopkins, Interim Director of Nursing, Midwifery & Patient Services (fr							
August 2018 – 31 st March 2019)							
Kelechi Nnoaham, Director of Public Health							
In Attendance							
Marcus Longley, Chair of the Cwm Taf UHB, March 2018 April 2019							
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Robert Williams, Board Secretary / Director of Corporate Services &
Governance
Gwenan Roberts, Head of Corporate Services
Craige Wilson, Assistant Director of Operations
Alyson Davies, Assistant Director of Therapies and Health Science
Stuart Hackwell, Assistant Medical Director for Primary Care
Suzanne Scott Thomas, Clinical Director for Medicines Management
Clare Williams, Assistant Director of Planning
Ana Riley, Head of Finance for Primary Care
Localities Management Team
Sarah Bradley, Head of Primary Care
Alison Lagier, Locality Manager
Lesley Lewis, Head of Nursing, Localities
Kurt Burkhardt, Clinical Director Taff Ely Locality
Nicola Lewis, Clinical Director, Merthyr Tydfil Locality
Gareth Jordan, Clinical Director Cynon Locality
David Miller, Clinical Director Rhondda Locality
Contractor Professions Representatives
Kevin Thomas, Local Medical Committee
Katrina Clarke, Local Dental Committee
Tim Palmer, Local Optometry Committee
Jayne Howard, Community Pharmacy Wales

During the year, the following staff presented to the Committee:

- Sue Morgan National Director and Strategic Programme Lead for Primary and Community Care
- Kimberley Cann Consultant in Public Health

Other staff observed the Committee meetings including:

- Tom Bodden Communications Officer
- Donna Hill Workforce and Organisational Development
- Mwoyo Makuto Community Health Council
- Nicola Powell Head of Capital, Welsh Government
- Kimberley Rowe Internal Audit

4. ATTENDANCE AT MEETINGS

The PCC Committee met on four occasions during the year and all meetings were quorate. The attendance for the reporting period is outlined in table 2 overleaf:

Primary & Co Atter	04 April	27 June	10 Oct	9 Jan	
Maria Thomas (Chair)	mas Independent Member Vice Chair from Jan 2018				\checkmark
Robert Smith	Independent Member	\checkmark	\checkmark	\checkmark	\checkmark
Keiron Montague	Independent Member	Х	\checkmark	\checkmark	\checkmark
Dilys Jouvenat *	Independent Member				Х
, Nicola Milligan	Independent Member				\checkmark
Marcus Longley	Chair of the Health Board Nov-Apr 2018	\checkmark	Х	Х	X
Alan Lawrie	Director of Primary, Community & Mental Health Services	\checkmark	\checkmark	\checkmark	\checkmark
Kamal Asaad	Medical Director	Х	Х	Х	Х
Joanna Davies	Director of Workforce and OD	X	X	X	X
Kelechi Nnoaham	Public Health Director	Х	\checkmark	\checkmark	\checkmark
Ruth Treharne	Deputy Chief Executive & Director of Planning and Performance	\checkmark	Х	\checkmark	\checkmark
Lynda Williams	Director of Nursing, Midwifery & Patient Services	\checkmark	Х		
Angela Hopkins Interim Director of Nursing, Midwifery and Patient Care				Х	Х
Katrina Clarke			\checkmark		
Paul Jones	Local Dental Committee Representative			Х	Х
Tim Palmer	Optometry representative	Х			
Ian Jones	Local Optometry Committee Representative	X	\checkmark	\checkmark	\checkmark
		Х	\checkmark	\checkmark	Х
Jayne Howard	Community Pharmacy Wales Representative	\checkmark	\checkmark	х	\checkmark
Brian Hopkins	Pharmacy			\checkmark	Х
Craige Wilson	Assistant Director of Operations	\checkmark	\checkmark	\checkmark	\checkmark
Suzanne Scott Thomas	Medicines Management	√ X	\checkmark	X X	\checkmark
Stuart Hackwell	Assistant Medical Director Primary Care	X	\checkmark	Х	\checkmark
Alison Davies	ison Davies Assistant Director of Therapies & Health Sciences		\checkmark	\checkmark	\checkmark
Sara Thomas	Public Health consultant	\checkmark	Х	Х	\checkmark
Kurt Burkhardt	Local Clinical Director	Х	\checkmark	Х	\checkmark
Gareth Jordan	Locality Clinical Director	Х	Х	Х	X
David Miller	Local Clinical Director	√ X	Х	\checkmark	\checkmark
Nicola Lewis	Locality Clinical Director		Х	Х	Х
Mark Thomas	Deputy Director of Finance	Х	Х	Х	Х
Ana Riley	Head of Finance	\checkmark	\checkmark	\checkmark	\checkmark
Robert Williams Board Secretary/Corporate Director			Х	Х	Х

Table 2 – Attendance at PCC Committee Apr 2018-March 2019

Health Board Meeting 30 January 2020

Primary & Community Care Committee Attendance 2018-2019			27 June	10 Oct	9 Jan
Gwenan Roberts	Head of Corporate Services	\checkmark	\checkmark	\checkmark	\checkmark
Kimberley Cann	Consultant in Public Health				\checkmark
Localities management	Representative	\checkmark	√x2	√x2	√x2
Localities Clinical Director	Representative	\checkmark	Х	Х	Х
Localities Nursing	Representative	√x2	Х	Х	Х

* Attended as an observer.

5. MAIN AREAS OF ACTIVITIES FOR THE PRIMARY AND COMMUNITY CARE COMMITTEE

The agenda for each meeting follows the standard format, broken down into five main parts:

- PART 1 Preliminary Matters
- PART 2 Items for approval / endorsement
- PART 3 Governance, Performance and Assurance
- PART 4 Items for exception reporting, information or update
- PART 5 Forward Work Programme and Items to be referred other Committees

PART 1 - Preliminary Matters

This section of the meeting provides the introductory elements to the meeting including absence, declarations of interest, minutes, matters arising, action log and the Chair's Report.

PART 2 – Items for approval / endorsement

During 2018 -2019 items included:

- Terms of Reference
- Organisational Risk Register
- Primary and Community Care Committee Annual Report
- Baby Teeth DO Matter 12 month evaluation report
- A Healthier Wales/Primary Care Strategic Plan
- Results of Population Segmentation

PART 3 – Governance, Performance and Assurance

Throughout the year, various high profile issues have been presented to the Primary and Community Care Committee by way of exception.

Key items included:

- Primary and Community Care Delivery Plan new delivery agreements and new submissions for 2018/19
- Pacesetter Initiative Advanced Training Practice
- Oral Health Plan

- Eye Care Plan
- Update on Medicines Management and Community Pharmacy Wales including Common Aliments Scheme
- Spotlight on Cluster Hub Development Merthyr Tydfil
- Implementation of District Nursing Staffing Principles
- Proposal to Pilot Neighbourhood District Nursing Teams
- Integrated Performance Dashboard
 - Primary Care Indicators

- Primary Care Measures Phase 1 & Phase 2

- Presentation of the early work in relation to the Primary and Community Transformation Plan (to include GP sustainability)
- Report of the Director of Primary, Community and Mental Health
- Post Payment Verification Report Cwm Taf Audit report 2017/2018
- Spotlight on Cluster Hub Development Cynon Valley
- Primary Care Measures
- Local Óral Health Delivery Plan Update
- Director of Public health Report Joint Community Care Programme
- Report of the Director of Primary, Community and Mental health
- Primary Care and Community Care Internal Audit Report (Substantial Assurance)
- Inverse Care Law/Population Health management Pilot Update
- Cluster update
- Delivery Agreements
- Directorate Risk Register

PART 4 - Items for exception reporting, information or update

Items that have previously been presented may be placed on a future agenda for a written update or further information. In addition, papers of interest to members may be included in this section.

Items shared include:

- Wales Audit Office (WAO) Report all-Wales review of Primary Services
- WAO Report District Nursing in Wales
- WAO Report Discharge Planning (referred from the Audit Committee)
- National Primary Care Board
- IMTP Monitoring Report
- Primary Care Newsletter
- Organisational Risk Register

PART 5 - Forward Work Programme and Items to be referred to other Committees

The 'Forward Look' plan of Committee business is reviewed at each meeting to ensure that it is still targeted at the appropriate risk areas. Any relevant issues that are raised within other Committees and at Board meetings are discussed and added as appropriate.

The Risk Register and the risks assigned by the Board to the Committee, are also presented and reviewed within this section of the agenda if deemed appropriate.

During the course of the 2018-2019, the Chair referred Risks 029, 030, 033, 036 and 038 to the Quality, Safety & Risk Committee (QSR) for scrutiny.

ACTION LOG

In order to monitor progress and any necessary follow up action, the Committee has developed an Action Log that captures all agreed actions. This has provided an essential element of assurance both to the Committee and from the Committee to the Integrated Governance Committee and onto the Board.

6. GOVERNANCE

The Committee provides an important element of the overall governance framework for the organisation, particularly in relation to the work to link with contractor professions and intends to develop its function still further in the forthcoming year.

6.1 REVIEW OF COMMITTEE EFFECTIVENESS

The mandate of the PCC Committee is to oversee the development, implementation and monitoring of the Primary and Community Care Delivery Plan within Cwm Taf UHB in line with the agreed direction identified within the Integrated Medium Term Plan (IMTP).

The Committee has four scheduled meetings each year with additional meetings being held as required.

The role of the Committee secretariat is crucial to the ongoing development and maintenance of a strong governance framework for CTUHB, and is a key source of advice and support for the Chair and PCC Committee members. The purpose of the committee

effectiveness survey is to comply with the Health Board's standing orders and evaluate the performance and effectiveness of:

- the PCC Committee members and the Chairman of the PCC
- the quality of the reports presented to committee
- the effectiveness of the committee secretariat

The Committee approved the Committee Self-Assessment at its meeting held on 30 October 2019 which are attached as **Appendix 1** below.

Maria Thomas

Chair of the Primary & Community Care (PCC) Committee Cwm Taf Morgannwg University Health Board (CTMUHB)



Appendix 1

COMMITTEE EFFECTIVENESS SURVEY

PRIMARY & COMMUNITY CARE (PCC) COMMITTEE

The primary purpose of this annual self-assessment survey is to consider the effectiveness of the Committee. The survey is based on a committee effectiveness survey template used for all Sub-Committees and members are requested to answer all questions.

Please read the question fully and add a response to the relevant box to confirm your response.

Co	mposition and Establishment	1		-	T
		Yes	No	Don't Know	Comments
1.	Does the Committee have written terms of reference that adequately and accurately define its role, purpose and accountabilities?	ΥΥΥΥ			
2.	Have the terms of reference been adopted by the Board?	YYYY			
3.	Are the terms of reference reviewed annually to ensure they remain fit for purpose?	YYYY			
4.	Does the Committee have an annual work plan in place?	YYYY			
	If yes, is it reviewed regularly?	ΥΥΥΥ			
5.	Has the Committee been provided with sufficient membership, authority and resources to perform its role effectively and objectively?				See response to question 8. IM vacancy, discussions with the Chair ongoing but anticipate will have sufficient membership wher IM vacancy resolved.
6.	Does the Committee have the requisite number (4) of Non Officer Members?				See above think we should have four.
7.	Does the Committee monitor its attendance?	YYY			IM replacement nomination awaited.
8.	Is the Committee membership appropriate, in terms of available skills, expertise? If no, please elaborate within comments section.	Y			Membership currently under review. Members who are unable to attend need to field an appropriate representative on their behalf.
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ffective Functioning – Committee		No	Don't	Comments
			Know	
 Is there effective scrutiny and challenge from all Committee Members? 	YYY			When the correct numbers of IMs are present yes however, it can be a challenge if any are absent. It may be an idea to explor the possibility of deputy IM's.
0. Does the board review the progress and outputs of the Committee?	ΥY			Reports are provided to the Board following each meeting of the Committee. The Board does not discuss these as part of its agenda.
 Does the Committee report regularly to the Board verbally and through minutes and make clear recommendations when necessary? 	YYY	N		I don't think we do.
2. Does the Committee periodically assess its own effectiveness?	ΥΥΥΥ			Via self assessment.
.3. Can members give appropriate feedback on the effectiveness of the Chair and the Secretary?	YYY			
4. Has the Committee determined the appropriate level of detail it wishes to receive from reports?	?Y	N		This is currently under review with VC & Director c PCMH.
5. Does the Committee receive the appropriate level of timely and accurate information to allow it to fulfil its role?	?YY			Papers can on occasions arrive late not allowing tim for appropriate scrutiny prior to the meeting. All papers need to be issued 7 days in advance.
.6. Does the Committee have sufficient time to cover its business?	YYYY			
 Does the committee effectively monitor – or ensure monitoring of - agreed actions? e.g. by use of the action grid 	YYY			There is an action log in place
8. Are members particularly those new to the Committee, provided with training?	? Y	NN		Training is via all-Wales induction programme. Needs to be taken into account internally.
.9. Has the Committee formally considered how it integrates with other committees and groups?	YYY			Where and when appropriate, referrals will be made to other committees
20. Where they exist, does the Committee receive timely and appropriate feedback from its sub-groups ?			No	t applicable
21. Does the Committee provide clear direction to its sub-groups?			No	t applicable
22. Does the Committee produce an Annual Report of its work?	ΥΥΥΥ			
23. If yes (to Q 22) - Do all members contribute to and review the committee's Annual Report?	YYY			
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Compliance with the law and regulations go	overning	the N	HS	Comments
24. Does the committee have a mechanism to keep it aware of topical issues?	ΥΥΥΥ			This is supported by the membership of the committee who share and contribute to topical discussions. Chair & Director of PCMH members of the National Primary Care Board.
25. Does the committee have a mechanism to keep it aware of any related legal / regulatory guidance?	YYYY			This would be provided via the Service Director.
Assurance				
				Comments
26. Does the committee receive timely exception reports about the work of external regulatory and inspection bodies?	Y	N		Reports are not always received in a timely manner however, there has been a request made by the Chair that reports from regulators are brought to the Committee as soon as received.
27. Does the committee receive timely information on performance concerns?	? Y	N	X	
28. Are all reports clear, concise, and readily understood?	? Y	N		There is a move toward papers being more concise and understandable however some papers can prove difficult to pick out the actual information required.
29. Is the Committee able to refer matters outside its own jurisdiction and if yes, is any feedback reviewed on such matters?	YYY			
30. If considered appropriate, does the Committee escalate matters to the Integrated Governance Committee?	YYY			
31. If considered appropriate, does the Committee know the process to be followed should it need to escalate matters to the Board?	YYY			
32. In relation to the Board Assurance Framework and the Organisation's Risk Register, does the Committee appropriately review the risks assigned to it?	YYY			
Other Issues		<u> </u>		
 Does the committee meet the appropriate number of times to deal with planned matters, development and liaison? 	YYY			Comments
34. Are arrangements in place to call ad-hoc meetings when necessary?	YYY			
35. Are committee members notified of urgent matters when appropriate?	?YY			
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	1			I
36. Does the committee make the organisation aware of issues of staff capacity and skills	?Y		X	
that impact on the running of the committee?				
Administrative arrangements				
······				Comments
37. Is the committee aware of the costs of its operation?		NN		Arrangements have been put in place to provide this analysis.
38. Are the Committee's costs appropriate to the perceived risks and benefits?		NN	X	Unaware of the costs
39. Are papers circulated in good time and are minutes and agreed actions, received as soon as possible after meetings?	YYY			On occasions, papers will arrive late which impacts on the ability to appropriately scrutinise.
Questions for Consideration & Discussio	n			
				Comments
40. Does the Committee ensure that its work is fully conveyed to the Board and wider organisation?	YYY			See response to question 10.
41. Is the work of the committee duplicated elsewhere in the organisation? if yes, please elaborate.	YYY			Some of the information is received and discussed at the PCC CBM.
42. Do you consider the Committee to be effective in discharging its terms of reference?	? YY			See response to question 39.
				Commitment required to attend majority of meetings to enable informed decision making.
43. Do you have any suggestions on how the work of the Committee could be improved or strengthened?	YY			Membership is currently under review.
				Attendance by sufficient appropriate members to allow informed decisions to be made. Papers to be circulated in a timely manner to allow full scrutiny. Papers to be succinct. Periodic feedback regarding patient experience.
PART B - Effective Functioning - in	dividu	al me	mhore	
TART D Encenve Functioning - In	Yes	No	Don't	Comments
			Know	
44. What is your role on the Committee?a. Independent member				
b. Officer member				
c. Executive Director				
d. Senior Manager				
e. External stakeholder				
f. other				
45. Do I have sufficient understanding and	Y			

knowledge of the issues covered within the terms of reference of the Committee?			
46. Do I appropriately challenge Executives and management on critical and sensitive matters?	YY		

Thank you for taking the time to complete this questionnaire. Please return completed surveys to Wendy Penrhyn-Jones, Head of Corporate Administration (wendy.penrhyn-jones@wales.nhs.uk).