Archwilio Cymru
Audit Wales

# Primary Care Follow-up Review – Powys Teaching Health Board

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# Summary report

## Introduction

1 Primary care is the first point of contact for many people who use health services in Wales. It encompasses a wide range of services, delivered in the community by a range of providers, including General Practitioners (GPs), Pharmacists, Dentists, Optometrists, as well as other professionals from the health, social care, and voluntary sectors.

2 In 2018-19, the Auditor General reviewed primary care across all health boards in Wales, with a particular focus on general practice. That work focussed on strategic planning, investment, workforce, oversight and leadership, and performance. Our 2019 Review of Primary Care at Powys Teaching University Health Board (the Health Board) found that it had clear plans for primary care and was making steady progress with implementing the key elements of the national vision. However, performance was mixed, and there was a lack of clarity about the Health Board's overall investment in primary care.

3 The landscape for primary care in Wales has changed since our original review in 2019. Welsh Government has since published its long-term plan for health and social care - A Healthier Wales. The plan highlights primary care's crucial role in helping to realise the ambition of creating a seamless whole system approach with services designed around people, based on their needs, supporting them to stay well and not just providing treatment when they become ill. This means that more services traditionally provided in a hospital setting are shifted into the community to provide care at home or closer to home to take pressure off hospitals and reduce the time people wait to be treated.

4 The Strategic Programme for Primary Care[1] is the all-Wales primary care response and contribution to 'A Healthier Wales'. These are being taken through six workstreams of work which health boards are expected to then implement at a local level:

- focussing on 'ill-health' prevention and wellbeing;
- developing 24/7 access to services;
- exploiting data and digital technologies;
- strengthening workforce and organisational development;
- improving communications and engagement; and
- developing 'cluster-level' vision and enabling service transformation.

5 In February 2023, the National Primary Care Board, which oversees the Strategic Programme for Primary Care, identified that this work is progressing at a varying pace within each health board area. Alongside this, there are wider concerns around as Board-level visibility and focus on primary care, as well as the capacity

[1] The Strategic Programme for Primary Care is the all-Wales primary care response and contribution to 'A Healthier Wales'.

of central Primary Care Services Teams within health boards to deliver organisational priorities.

6 Welsh Government has embarked on an ambitious programme of contract reform across General Medical Services, Dentistry, Community Pharmacy, and Optometry to:

- ensure primary care services are sustainable;
- improve patient access to primary care services;
- reinforce the focus on quality and prevention;
- enable cluster working to plan and deliver services; and
- strengthen the workforce.

7 Primary care services were severely impacted by the COVID-19 pandemic. Whilst the immediate public health emergency has subsided, primary care providers continue to face challenges as they seek to restore, recover, and reconfigure their services to meet the needs and expectations of the public in a post-pandemic world.

8 Our review has focussed primarily on assessing the extent to which the Health Board has implemented our 2019 recommendations. However, we have also undertaken some additional work to assess the extent to which:

- the Board and / or its committees regularly consider matters relating to the planning, performance, risks, and opportunities associated with the Health Board's primary care services; and
- the Health Board's central Primary Care Services Team has the appropriate capacity and capability (in terms of knowledge, skills, and experience) to deliver local and national priorities, as well as to manage day-to-day operational and business needs.

9 The methods we used to deliver our work are summarised in **Appendix 1.**

# Key messages

10 Overall, we found that **the Health Board has made some progress to address our previous audit recommendations, but more action is needed. It is strengthening its Primary Care Clusters and has addressed actions relating to cluster lead training. However, it has struggled to demonstrate a shift in resources from secondary to primary care, gain an understanding of its workforce, and oversight of primary care at Board and committee level requires improvement. Capacity at both Director and team level is also a risk and arrangements for development and succession planning within the Primary Care Services Team need strengthening.**

## Implementation of previous audit recommendations

11 We found that **the Health Board has addressed actions relating to leadership and training and is progressing work to develop and strengthen Primary Care Clusters. However, it has struggled to shift resources from secondary to primary care, establish a financial baseline to understand the true cost of primary care and gain a comprehensive understanding of its primary care workforce.**

12 The Health Board is making progress to develop and strengthen its Primary Care Clusters and Cluster Lead training and development arrangements. However, more focus is required to deliver the requirements of accelerated cluster development, reflect on cluster maturity, and further enhance the effectiveness of its arrangements.

13 The Health Board is struggling to shift resources from secondary to primary care and establish a baseline understanding of the true cost of primary care. While the Health Board completes regular workforce modelling exercises across professions, within primary care this is limited to GPs. Getting a comprehensive understanding of the number and skills of staff working in its primary care services is largely reliant on the availability of data at a national level.

## Board-level visibility and focus on primary care

14 We found that **primary care features in the Health Board's long-term strategy and Integrated Medium-Term Plan, and there are reasonable arrangements in place for monitoring delivery of primary care plans. But consideration of primary care, including performance reporting, at Board and committees needs strengthening, and primary care plans need to be clearer on outcome-based measures and the impact they are having on the experience of patients.**

15 Primary care is a component of the Health Board's long-term strategy and Integrated Medium-Term Plan (2023-26) which clearly aligns to national priorities. Primary Care Clusters complete individual Integrated Medium-Term Plans and Annual Plans which align to the Health Board's overall strategic objectives and set out priorities and an assessment of progress against their delivery.

16 The Vice Chair of the Health Board proactively engages with primary care leaders and staff, however up until recently, there has been limited engagement from the wider Board with primary care services. Matters relating to primary care are not fully embedded within routine Board and committee business. While the Board considers reports referencing primary care services, it does not receive dedicated primary care reports and there is limited scrutiny and oversight of the information presented. Other than quarterly reports on primary care performance via the Commissioning Assurance Framework, coverage of primary care in other Health Board reports is weak.

17 There continues to be a limited number of primary care performance measures included within the Health Board's Integrated Performance Report (IPR). Performance against these measures is good but the Health Board may wish to consider including commentary within its IPR to enable the effective understanding and monitoring of primary care performance, and provide sufficient clarity on actions to improve performance, and the impact of actions taken.

18 The Health Board has reasonable arrangements for monitoring progress of primary care plans within its Integrated Plan Progress / Primary Care Cluster delivery reports. While these updates provide useful summaries of priorities, and their delivery status. There are opportunities for the Health Board to be clearer on outcome-based measures and reporting to help understand what impact or difference it is making and whether it is resulting in improved outcomes and experiences for patients.

## Capacity and capability to deliver local and national priorities

19 We found **that the Health Board has an appropriate primary care structure with clear lines of accountability, however the interim arrangements for the Director of Primary Care role present a stability and capacity risk, and there is scope to take a more holistic approach to primary care. Capacity within the Primary Care Services Team is also at risk of being stretched due to increasing local and national priorities, and training, development, and succession planning arrangements within the team require strengthening.**

20 The Health Board's Primary Care Team has clear lines of accountability currently to the Director of Finance, IT and Information who has delegated authority for primary care services and is a member of the Board. This arrangement however is on an interim basis and in addition to the Interim Deputy Chief Executive role. This arrangement presents director capacity and stability risks. Nevertheless, the Director of Finance, IT and Information is supported by an effective management structure. The Health Board however has not established an overarching primary care management group with each of the primary care services managed in isolation, this inhibits the Health Boards ability to manage primary care services as a whole and limits opportunities for integrated working.

21 The Primary Care Services Team is relatively small, and increasing workloads associated with both local and national priorities, alongside the ongoing contract reforms is putting pressure on the team. The Health Board has good arrangements to support Cluster Leads and the Cluster Development Manager in their training and development, however this has not extended to all staff within the Primary Care Services Team. Furthermore, we found limited evidence of succession planning within the team. Positively, the Health Board is establishing a Primary Care and Community Care Academy which will consider and co-ordinate training and education for a broad range of professionals working within primary care.

## Recommendations

22 The status of our 2019 audit recommendations is summarised in **Exhibit 1** and set out in more detail in **Appendix 2**.

**Exhibit 1: status of our 2019 recommendations**

| Implemented | Ongoing | Not implemented | Superseded | Total |
|---|---|---|---|---|
| 1 | 4 | 4 | 0 | **9** |

23 **Exhibit 2** details the recommendations arising from this audit. These recommendations incorporate the outstanding open recommendations from the original review as identified in this report. The Health Board's response to our recommendations is set out in **Appendix 3**.

**Exhibit 2: recommendations.**

| Recommendations |
|---|
| R1 The Health Board should review the relative maturity of clusters, to reflect on the existing arrangements, address any potential gaps and strengthen Health Board support where necessary.<br>R2 The Health Board should:<br>2.1. calculate a baseline position for its current investment and resource use in primary and community care.<br>2.2. review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care.<br>R3 The Health Board should examine how it can gather additional workforce data on the number and skills of all staff working within its primary care settings, in the absence of national solutions.<br>R4 The Health Board should develop an action plan for raising the profile of primary care in the organisation and ensuring sufficient coverage of primary care challenges and performance within committee agendas.<br>R5 The Health Board should improve oversight at Board and committee level of performance within primary care by:<br>5.1. increasing the coverage of primary care performance within its Integrated Performance Report. |

**Recommendations**

5.2. increasing the focus on outcomes and experience.

R6 The Health Board should strengthen its Primary Care Services Team by:

6.1. Reviewing the resources available to ensure it has the necessary capacity to deliver local and national priorities, alongside meeting day-to-day operational and business need.

6.2. Ensure that training and development opportunities extend to all members of the team and develop a succession plan.

R7 The Health Board should establish a central primary care services management group to manage primary care services as a whole and maximise opportunities for integrated working.

# Detailed report

## Implementation of previous audit recommendations

24 We considered the Health Board's progress in implementing our 2019 audit recommendations. These focus on:

- primary care clusters (Recommendation 1a and b);
- investment in primary care (Recommendation 2a and b); and
- primary care workforce (Recommendation 5).

25 Recommendations relating to oversight of primary care at Board and committees (2019 Recommendations 3 and 4a, b and c) are discussed later in this report.

26 Overall, we found that **the Health Board has addressed actions relating to leadership and training and is progressing work to develop and strengthen Primary Care Clusters. However, it has struggled to shift resources from secondary to primary care, establish a financial baseline to understand the true cost of primary care and gain a comprehensive understanding of its primary care workforce.**

### Primary care clusters

27 We considered whether the Health Board has:

- reviewed the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary (2019 recommendation 1a); and
- encouraged all cluster leads to attend the Confident Primary Care Leaders course (2019 recommendation 1b).

28 We found that **the Health Board is making progress to develop and strengthen its Primary Care Clusters and Cluster Lead training and development arrangements. However, more focus is required to deliver the requirements of accelerated cluster development, reflect on cluster maturity, and further enhance the effectiveness of its arrangements.**

29 The Health Board is providing some resource and investment to develop and strengthen its Primary Care Clusters (PCC)[2] and implement the requirements of the Accelerated Cluster Development (ACD) Programme[3]. It has established three

[2] Primary care clusters are the local planning and delivery mechanism within accelerated cluster development. They are ideally made up of representatives from each of the professional collaboratives together with representatives from the third sector, mental health, and medicines management.

[3] The Accelerated Cluster Development Programme is a key strategic programme within NHS Wales to deliver the primary care component of place-based care, delivered through progressional collaboratives and clusters.

PCCs in North, Mid and South Powys with multidisciplinary membership including GPs, dentists, pharmacists, optometry, social services, voluntary and third sector organisations. However, they are experiencing challenges in attracting the necessary primary care professionals and subsequently representation varies across cluster areas.

30 The Health Board's Head of Primary Care, Cluster Development Manager and Cluster Leads for two of the three PCCs provide senior clinical and management time to support development. However, the Health Board has been unable to recruit to the Cluster Lead role for the Mid Powys PCC which has been vacant for some time impacting on the PCCs ability to pool ideas and share resources.

31 Positively, the Health Board organises regular PCC development days which include representation from the Assistant Medical Director, Director of Primary Care, Vice Chair of the Health Board, Head of Primary Care, Cluster Development Manager and Cluster Leads. Within these sessions, there is focus on key issues such as ACD implementation, PCC priorities, population need, winter service planning, service changes and development opportunities. However, there is limited evidence to indicate the Health Board is developing plans, actions, or priorities from these sessions to help strengthen cluster development and maturity.

32 The Health Board has also made some progress in establishing professional collaboratives[4] (PCs) which enable GPs, optometry practices, community pharmacies, allied health, and nursing professionals to come together within their profession specific groups across a cluster footprint. At the time of our review, GP, Optometry and Pharmacy professional collaboratives were meeting on a regular basis. The Health Board was also progressing work to establish a Dental PC indicating that its formation was dependent on the ongoing work around General Dental Services contract reform.

33 In March 2023 the Health Board submitted its response to the Strategic Programme for Primary Care's ACD readiness checklist indicating progress across a range of actions to support ACD. For example, securing funding to support existing and implement new PCC projects, introducing new governance arrangements and establishing some PCs. However, while the Health Board has assessed 10 actions as complete, further work is required to implement the remaining actions with 14 still in progress and five not commenced. The Health Board formally established a Pan Cluster Planning Group[5] (PCPG) in 2023 which was renamed the Regional Partnership Board Executive Group. Our review of the

[4] Professional Collaboratives are networks of professionals, with shared expertise who consider and respond to regional and national strategy for their respective profession, they quality of service they offer and design solutions to meet the needs of local people.

[5] Pan Cluster Planning Groups enable representatives of clusters to come together at county population footprint to collaborate with representatives of health board and local authority, public health experts, planners etc to translate cluster led activity into Health Board and Regional Partnership Board priorities.

group's terms of reference, agenda and meeting minutes found evidence of cluster lead representation, and routine oversight of cluster plans.

34 While the Health Board continues to respond to these actions, it should also use the opportunity to reflect on the maturity of its PCCs and the effectiveness of the overall arrangements. **We consider 2019 recommendation 1a to be ongoing and has now been replaced by 2024 recommendation 1.**

35 The Health Board is taking positive steps to strengthen leadership and training for Cluster Leads. It is supporting two of its Cluster Leads and Cluster Development Manager to attend leadership programmes provided through the Health Education and Improvement Wales (HEIW) Gwella Leadership Platform. In addition, the Head of Primary Care, Cluster Development Manager, and a representative from the Medical Directorate support Cluster Leads through a range of formal and informal meetings to discuss personal development alongside wider PCC and organisational development. This provides an opportunity for Cluster Leads to develop understanding and knowledge of the Health Board's wider strategic vision whilst also providing a forum for them to provide direct feedback on PCC priorities. **We consider recommendation 1b implemented.**

## Investment in primary care

36 We considered whether the Health Board has:

- calculated a baseline position for its current investment and resource use in primary and community care (2019 recommendation 2a); and
- reviewed and reported, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care (2019 recommendation 2b)

37 We found **the Health Board is struggling to shift resources from secondary to primary care and has not established a baseline understanding of the true cost of primary care.**

38 While the Health Board can determine its resource use in primary and community care using its annual accounts and Welsh Costing Returns, it has struggled to establish a financial baseline for its investment. **We consider 2019 recommendation 2a as not implemented and has now been replaced with 2024 recommendation 2.1.**

39 At the time of our previous work, the Welsh Government had issued guidance to support the shift in financial resources from secondary acute services to community and primary service delivery[6]. The impact of the COVID-19 pandemic has made shifting resources from secondary to primary care challenging. In

[6] Welsh Health Circular (2018) 025 - Improving Value through Allocative and Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery

particular, the continuing increase in demand on the Health Board's own secondary care services and those it commissions make it difficult for it to demonstrate the benefits this approach would have in the current environment.

40 The Health Board has indicated that they have established the highest number of local enhanced services in Wales and is piloting short-term projects that aim to reduce demand on secondary care by moving 'care closer to home'. However, it needs to develop strategic intent to understand the 'true cost' of primary care, successfully transfer more of its resources from secondary to primary care and understand the progress it is making. **We consider 2019 recommendation 2b as not implemented and has now been replaced with 2024 recommendation 2.2.**

## Primary care workforce

41 We considered whether the Health Board has:

- developed and implemented an action plan for ensuring it has regular, comprehensive, standardised information on the number and skills of staff, from all professions working in all primary care settings (2019 recommendation 5).

42 We found **that while the Health Board completes regular workforce modelling exercises across professions, within primary care this is limited to GPs. Getting a comprehensive understanding of the number and skills of staff working in its primary care services is largely reliant on the availability of data at a national level.**

43 Our recent Workforce Planning report found that the Health Board has a good understanding of its current and future service demands and trends. It has completed a workforce modelling exercise for clinical and non-clinical services and professions and repeats this exercise twice a year. This has resulted in the Health Board having up to date information on budgeted establishment, staff currently in post, workforce trends, and average annual recruitment, turnover and retirement projections. However, within primary care, this is limited to GPs only.

44 The Health Board is making use of annual workforce census data, but this relates to general medical services only. Data collated through the Wales National Workforce Reporting System (WNWRS) is used to inform discussions on the Health Board's future general medical services workforce. National plans are in place to roll out WNWRS to the other primary care services, but this has not yet happened. In its absence, we found limited evidence to demonstrate that the Health Board has taken action to develop a local understanding of the number and skills of staff across the other professions working in its primary care settings. **We consider recommendation 5 as not implemented and has now been replaced with 2024 recommendation 3.**

# Board-level visibility and focus on primary care.

45 We considered the extent to which the Board and its committees regularly consider matters relating to the planning, performance, risks, and opportunities associated with the Health Board's primary care services. In doing so, we specifically considered whether the Health Board has:

- reflected primary care in its strategies and plans in line with the ambitions of 'A Healthier Wales';
- developed an action plan for raising the profile of primary care in the Health Board (2019 Recommendation 3);
- ensured the contents of Board and committee performance reports adequately cover primary care (2019 Recommendation 4a);
- increased the frequency of primary care performance reporting (2019 Recommendation 4b); and
- ensured that reports to Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care and the extent to which those plans are results in improved experience and outcomes for patients (2019 Recommendation 4c).

46 We found that **primary care features in the Health Board's long-term strategy and Integrated Medium-Term Plan, and there are reasonable arrangements in place for monitoring delivery of primary care plans. But consideration of primary care, including performance reporting, at Board and committees needs strengthening, and primary care plans need to be clearer on outcome-based measures and the impact they are having on the experience of patients.**

47 The Health Board's long-term strategy for Powys provides an overview of its high-level vision and direction for healthcare services to 2027 and beyond. The strategy takes a life-span approach and seeks to enable children and young people to 'start well', for people to 'live well' and for older people to 'age well'. The vision is underpinned by four key areas; wellbeing, early help, and support, tackling the big four, and joined up care. While the strategy does not explicitly reference primary care, some of the associated key deliverables for 'joined up care' do focus on local, accessible, integrated, and co-ordinated services.

48 The Health Board's Integrated Medium-Term Plan (IMTP) 2023-26 sets out its vision and outcomes for primary care. It focuses on improving access and use of primary care services with key actions for delivery aligning to the four main primary care professions, i.e. GMS (General Medical Services), GDS (General Dental Services), Optometry and Pharmacy. The plan clearly aligns to the Health Board's long-term strategy and the ambition of 'A Healthier Wales' and emphasises the importance of 'first point of contact' services in delivering the most impact on the wellbeing of its population.

49 Each PCC has completed an individual IMTP 2021-24 which aligns to the Health Board's overarching strategic objectives and provides an assessment of progress

against previous plan priorities. The individual IMTPs also set out the PCCs revised priorities and key actions, expected outcomes, constraints / risks, and workforce / financial implications for each year over the three-year period. They also include key information on the PCC workforce and financial profile with respect to GMS. Each of the IMTPs are underpinned by a PCC annual plan.

50 The Vice Chair of the Health Board proactively engages with primary care leaders and staff. For example, through attendance at Cluster Lead development days (see paragraph 31) and has routine meetings with senior leadership to discuss primary care performance and plans. At the time of our work, other Board members had not been given the opportunity to engage, however several Board briefing sessions on primary care are due to take place in 2024.

51 Matters relating to primary care are not embedded within routine Board and committee business as much as they could be. Board agendas do not include a standing item on primary care and our 2023 Structured Assessment report highlights the Health Board's limited oversight of primary care services at Board and committee level. Despite primary care services being a significant part of the Health Board's delivery, only one item under the theme of 'Primary Care' is listed on the Board workplan for 2023-2024. **We consider recommendation 3 as not implemented and has now been replaced with 2024 recommendation 4.**

52 The Health Board's corporate risk register currently includes a high-level risk that the demand and capacity pressures in the primary care system lead to services becoming unsustainable. Where the Board receives reports that reference primary care services such as the Corporate Risk Register, Vice-Chairs report, Commissioning Assurance Framework[7] and to a limited extent the Integrated Performance Report (IPR) we note limited scrutiny of the information presented. There are no dedicated primary care primary care updates to Board.

53 Other than the Delivery and Performance Committee, primary care does not feature in any of the committees Terms of Reference or work programmes. Furthermore, the Delivery and Performance Committees work programme only lists four items relating to primary care services during 2023-24. These items relate to the annual Commissioning Assurance Framework reports for GMS, GDS, OOH Services and Community Pharmacy. The latest Commissioning Assurance Framework report on GDS provides an overview of performance against the service contract. It also provides an update around the ongoing contract reform. While there is evidence of primary care reports being presented to other committees (see paragraph 55), in general, coverage of primary care in performance, finance and workforce reports is weak. **We consider recommendation 4a ongoing and has now been replaced with 2024 recommendation 4.**

[7] The Commissioning Assurance Framework is the mechanism to provide assurance on the quality of services provided to Powys residents.

54 The Board and Delivery and Performance Committee routinely consider the Health Board's Integrated Performance Report which sets out its performance against national delivery measures, ministerial priorities, and local quality and safety measures. However, there continues to be a limited number of primary care performance measures which mainly relate to GP access standards, dental contract delivery, and patients referred from primary care (Optometry, GPs) into secondary care ophthalmology services. The update provides a useful overview of in-month / period performance, includes performance targets and benchmarking comparisons to the all-Wales position. The Health Board is delivering relatively good performance against these measures; however, it may wish to consider including commentary within its IPR to enable the effective understanding and monitoring of primary care performance, and provide sufficient clarity on actions to improve performance, and the impact of actions taken. **We consider recommendation 4b ongoing and has now been replaced with 2024 recommendation 5.1.**

55 The Health Board has reasonable arrangements for monitoring progress of primary care plans. At its meeting in November 2023, the Planning, Partnerships, Population Health Committee received an update on PCC IMTPs. The update provided an overview of delivery against PCC IMTP priorities for 2023-24. The update was supported by a useful progress summary for each PCC area which outlined each project, result / benefits expected, strategic alignment, budget, planned delivery, and RAG[8] rating.

56 The Board and Delivery and Performance Committee receive a quarterly Integrated Plan Progress Report which provides an update on delivery against each of the Health Board's strategic priorities including Primary Care. This report sets out when the Board can expect the actions and plans to be delivered, the responsible officers, and the route through which it can expect to receive appropriate assurance. The report also includes a 'Year End Delivery Confidence Assessment' which is noted as High, Medium, or Low, providing a perspective from the organisation on its deliverability. However, there are opportunities for the Health Board to be clearer on outcome-based measures and reporting to help understand what impact or difference its plans are making and whether they are resulting in improved outcomes and experiences for patients. **We consider recommendation 4c ongoing and has now been replaced with 2024 recommendation 5.2.**

## Capacity and capability to deliver local and national priorities.

57 We considered the extent to which the Health Board's central Primary Care Services Team has the appropriate capacity and capability (in terms of knowledge,

[8] Red, Amber, Green.

skills, and experience) to deliver local and national priorities, as well as to manage day-to-day operational and business needs. In doing so, we considered whether the central Primary Care Services Team has:

- an appropriately resourced structure, which is kept under review, with clear lines of accountability; and
- arrangements for identifying and supporting learning and development needs, and succession planning on an ongoing basis.

58 We found that **the Health Board has an appropriate primary care structure with clear lines of accountability, however the interim arrangements for the Director of Primary Care role present a stability and capacity risk, and there is scope to take a more holistic approach to primary care. Capacity within the Primary Care Services Team also risks being stretched due to increasing local, and national priorities, and training, development, and succession planning arrangements within the team require strengthening.**

59 The Health Board's Primary Care Team has clear lines of accountability to the Director of Strategy, Partnerships and Primary Care who has delegated authority for primary care services and is a member of the Board. Presently, the Director of Strategy, Partnerships and Primary Care is currently fulfilling the role of Interim Chief Executive Officer (CEO).

60 The Director of Finance, IT and Information is covering the Director of Primary Care role on an interim basis (with support from the Interim CEO) in addition to the Interim Deputy Chief Executive role. Whilst this arrangement has not presented any immediate issues, we have some concerns that the additional responsibilities add further pressure to an already demanding role. Furthermore, interim arrangements can cause instability for both services and staff. The Health Board is currently in the process of appointing a substantive CEO. Once the appointment process is complete, this should enable the Health Board to resolve the interim arrangements currently in place. Nevertheless, the Director of Finance, IT and Information is supported by an effective management structure including the Assistant Director of Primary Care, Head of Primary Care and Cluster Development Manager.

61 The Primary Care Services Team sit within the Primary Care Directorate and is managed by the Assistant Director of Primary Care. The Health Board has increased the team's capacity by creating a Cluster Development Manager role in November 2021 to provide additional support to ACD. The Cluster Development Manager is supported by 2 additional team members who work closely with the PCCs. However, feedback indicates that PCCs would benefit from additional central support and expertise when developing business plans. While, we were not informed of any issues concerning current resources, we note that it is a relatively small team and there is a risk that increasing workloads associated with both local and national priorities, alongside the ongoing contract reforms is putting pressure on the team. This is further compounded when the team are taking on additional

work associated with the mid-Powys PCC whilst the Cluster Lead post remains vacant **(Recommendation 6.1).**

62 The Health Board has not established a central primary care management group that would provide holistic oversight of primary care performance and risk, delivery of plans, and quality and safety of services within the directorate. Instead, there are separate GMS and GDS contract management groups that are responsible for the efficient and effective management of contracts and include representation from senior primary care leadership. This arrangement inhibits the Health Boards ability to manage primary care services as a whole and limits opportunities for integrated working. **(Recommendation 7).**

63 While the Health Board has good arrangements to support Cluster Leads and the Cluster Development Manager in their training and development (see paragraph 35), there is limited evidence to demonstrate that this has extended to all staff within the Primary Care Services Team. Furthermore, we found limited evidence of succession planning within the team. This not only presents some short-term risks where existing staff are unable to cover unexpected absences, but also longer-term risks in terms of resilience and business continuity following the loss of key skills, expertise, and knowledge **(Recommendation 6.2).**

64 Positively, the Health Board is establishing a Primary Care and Community Care Academy which will consider and co-ordinate training and education for a broad range of professionals working within primary care.

# Appendix 1

## Audit methods

**Exhibit 4** sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

| Element of audit approach | Description |
|---|---|
| Documents | We reviewed a range of documents, including:<br>• Evidence of review of clusters against the maturity matrix<br>• Cluster development plans created post 2019 review, including any revisions / new versions<br>• Primary and community care development programme(s)<br>• Attendance records of 'Confident Primary Care Leaders' course since 2019<br>• Evidence of implementation of formal leadership development programme<br>• Analysis of current investment and resource use in primary care.<br>• Reports demonstrating reviews of investment in primary care.<br>• Evaluations of clusters and action plans to develop and strengthen support.<br>• Evidence that leadership development opportunities are provided for cluster leads.<br>• Integrated Medium-Term Plans for 2022-25 and 2023-26 (if available), and other corporate strategies or plans that relate to the Health Board's primary care services.<br>• Assessment of capacity needs to manage ongoing transformational change. Assessment of resource within its central Primary Care Services Management Team to manage ongoing transformational change.<br>• Action plans for raising the profile of primary care in the Health Board.<br>• Annual reports on primary care. |

| Element of audit approach | Description |
| --- | --- |
| | • Board and committee reports outlining primary care performance.<br>• Board and committee reporting outlining progress in delivering plans within primary care and whether they are resulting in improved experiences and outcomes for patients. |
| Interviews | We interviewed the following:<br>• Director of Finance and IT (Interim Director of Primary Care)<br>• Assistant Director of Primary Care<br>• Independent Member (Vice Chair)<br>• Head of Primary Care Development and Support<br>• Cluster Development Manager<br>• Cluster Lead North<br>• Cluster Lead South<br>• Assistant Director of Finance<br>• Chair of Delivery and Performance Committee |
| Observations | We observed the following meeting(s):<br>• Board meeting 24 May 2023<br>• GMS Contract Monitoring Meeting 26 July 2023 |

# Appendix 2

## A summary of progress against our 2019 recommendations

**Exhibit 3** sets out the recommendations we made in 2019 and our summary of progress.

| Recommendations | Progress |
| --- | --- |
| **Primary care clusters**<br>R1 We found variation in the maturity of primary care clusters, and scope to improve cluster leadership and support. The Health Board should:<br>a) Review the relative maturity of clusters, to develop and implement a plan to strengthen its support for clusters where necessary.<br>b) Ensure all cluster leads attend the Confident Primary Care Leaders course. | Ongoing – see paragraph 29-34<br><br>Implemented – see paragraph 35 |
| **Investment in primary care**<br>R2 While the Health Board recognises that it needs to shift resources from secondary to primary and community settings, it cannot demonstrate that this shift is happening. The Health Board should:<br>a) Calculate a baseline position for its current investment and resource use in primary and community care. | Not implemented – see paragraph 38 |

| Recommendations | Progress |
| --- | --- |
| b) Review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care. | Not implemented – see paragraph 39-40 |
| **Oversight of primary care**<br>R3 We found scope to raise the profile of primary care in the Health Board, particularly at Board and committee level. The Health Board should therefore develop an action plan for raising the profile of primary care in the Health Board. Actions could include ensuring a standing item on primary care on Board agendas. | Not implemented – see paragraph 51 |
| R4 We found scope to improve the way in which primary care performance is monitored and reported at Board and committee level. The Health Board should: | |
| a) Review the contents of its Board and committee performance reports to ensure sufficient attention is paid to primary care. | Ongoing – see paragraph 52-53 |
| b) Increase the frequency with which Board and committees receive performance reports regarding primary care. | Ongoing – see paragraph 54 |
| c) Ensure that reports to the Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care, and the extent to which those plans are resulting in improved experiences and outcomes for patients. | Ongoing – see paragraph 55-56 |

| Recommendations | Progress |
| --- | --- |
| **Primary care workforce**<br>R5 The Health Board's workforce planning is inhibited by having limited data about the number and skills of staff working in primary care. The Health Board should therefore develop and implement an action plan for ensuring it has regular, comprehensive, standardised information on the number and skills of staff, from all professions working in all primary care settings. | Not implemented – see paragraph 43-44 |

# Appendix 3

## Organisational response to audit recommendations

**Exhibit 5** sets out the Health Board's response to our audit recommendations.

| Ref | Recommendation | Organisational response<br>Please set out here relevant commentary on the planned actions in response to the recommendations | Completion date<br>Please set out by when the planned actions will be complete | Responsible officer (title) |
|---|---|---|---|---|
| R1 | The Health Board should review the relative maturity of clusters, to reflect on the existing arrangements, address any potential gaps and strengthen Health Board support where necessary. | To continue with Accelerated Cluster Development progress, including expansion and implementation of wider collaboratives. This will include a focus on Collaborative Communication and Engagement, embedding Professional Collaboration arrangements linking in with Contract Reform Implementation and progressing cross-collaborative projects at cluster level through 'start well', 'live well', 'age well' programmes – a bottom-up approach to increase cluster maturity.<br>Progress will be monitored via the ACD readiness checklist and assurance provided through the RPB Executive Group | March 2025. | Executive lead for Primary Care |

| Ref | Recommendation | Organisational response<br>Please set out here relevant commentary on the planned actions in response to the recommendations | Completion date<br>Please set out by when the planned actions will be complete | Responsible officer (title) |
|---|---|---|---|---|
| **R2** | The Health Board should:<br>2.1. calculate a baseline position for its current investment and resource use in primary and community care.<br>2.2. review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care. | Establish a summary of the baseline position to monitor current investment and resource used in primary and community care.<br><br>Establish a mechanism to report changes in expenditure compared to the baseline to identify any shift in resources. | June 2024<br><br>March 2025 | Director of Finance |
| **R3** | The Health Board should examine how it can gather additional workforce data on the number and skills of all staff working within its primary care settings, in the absence of national solutions. | To capture and review workforce data across Independent Contractors and the impact of instability in primary care due to increase in demand and recruitment challenges, to include:<br>• Identifying workforce needs in primary care<br>• Improving workforce planning and supporting sustainability | March 2025 | Executive lead for Primary Care & Executive Lead for Workforce and Development |

| Ref | Recommendation | Organisational response<br>Please set out here relevant commentary on the planned actions in response to the recommendations | Completion date<br>Please set out by when the planned actions will be complete | Responsible officer (title) |
|---|---|---|---|---|
| | | • Promoting and encouraging multi-professional working<br>• Improving access and capacity for student training and placement opportunities to promote longer term sustainability of Powys primary care.<br><br>This will inform the roll-out of the Primary Care Workforce Plan across Powys (linked to National Workforce Plan) | | |
| **R4** | The Health Board should develop an action plan for raising the profile of primary care in the organisation and ensuring sufficient coverage of primary care challenges and performance within committee agendas. | Develop a timeline for presentation of primary care reports at Executive Committee and Board level to provide regular reporting and assurance, to include challenges and risks. | June 2025 | Corporate Secretary |
| **R5** | The Health Board should improve oversight at Board and committee level of performance within primary care by: | Produce an Annual Primary Care Report for Presentation to Board. | March 2025 | Executive lead for Primary Care |

| Ref | Recommendation | Organisational response<br>Please set out here relevant commentary on the planned actions in response to the recommendations | Completion date<br>Please set out by when the planned actions will be complete | Responsible officer (title) |
|---|---|---|---|---|
| | 5.1. increasing the coverage of primary care performance within its Integrated Performance Report.<br>5.2. increasing the focus on outcomes and experience. | Progress the development of a Primary Care Dashboard as part of Integrated Performance Report presented to Executive and Board Committees. Frequency to be agreed | Scoping work will be concluded by December 2024. However full implementation across all four primary care contractors will take a considerable amount of time. | Executive lead for primary care & Executive lead for Performance |
| **R6** | The Health Board should strengthen its Primary Care Services Team by:<br>6.1. Reviewing the resources available to ensure it has the necessary capacity to deliver local and national priorities, alongside meeting day-to-day operational and business need.<br>6.2. Ensure that training and development opportunities extend to all members of the team and develop a succession plan. | in conjunction with ongoing operational requirements, including contract reform.<br><br>Review resources available to increase capacity in the Primary Care Services Team.<br><br>Develop a training plan for the Primary Care Services team to support succession planning and ongoing resilience. | June 2024<br><br>September 2024<br><br>September 2024 | Assistant Director of Primary Care |

| Ref | Recommendation | **Organisational response**<br>Please set out here relevant commentary on the planned actions in response to the recommendations | **Completion date**<br>Please set out by when the planned actions will be complete | Responsible officer (title) |
|---|---|---|---|---|
| **R7** | The Health Board should establish a central primary care services management group to manage primary care services as a whole and maximise opportunities for integrated working. | Establish a Primary Care Services Management group covering the four contractor professions to include clinical, managerial and finance representation. | September 2024 | Executive lead for Primary Care |

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