



**AGENDA ITEM**

7.4

**CTM BOARD**

**ANNUAL PLAN 2022-23 QUARTER 1 UPDATE**

**Date of meeting**

28/07/2022

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

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**Presented by**

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**Approving Executive Sponsor**

Executive Director of Strategy and Transformation

**Report purpose**

FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

Planning, Performance & Finance Committee

28/06/2022

NOTED

**ACRONYMS**

IMTP

Integrated Medium Term Plan

IQPD

Integrated Quality, Planning and Delivery

PPF

Planning, Performance and Finance

WG

Welsh Government

## **1. SITUATION/BACKGROUND**

- 1.1 The Health Board's initial Annual Plan 2022-23 was approved by Board on 31<sup>st</sup> March 2022 and submitted to WG the same day. The Health Board was unable to submit a three year Integrated Medium Term Plan (IMTP) as the plan was not financially balanced. The failure to submit a financially balanced plan is a breach of our statutory duty under the Finance (Wales) Act 2014.
- 1.2 An updated Annual Plan was submitted to Welsh Government on the 29<sup>th</sup> April which provided further details of the Health Board's recovery plan and an overview of the allocation of the £26.1m funding provided by WG for unscheduled care and planned care recovery. An updated financial position and completed Minimum Dataset (MDS) were also submitted.
- 1.3 The updated Annual Plan was received and noted by the CTMUHB Board on the 26<sup>th</sup> May 2022.
- 1.4 Welsh Government (WG) has indicated that there will be an expectation for organisations to provide quarterly highlight reports outlining their progress in delivering the milestones outlined in their IMTP/Annual Plan. Each report will also be tailored to the unique accountability conditions of the organisation and will form some of the discussion at the WG Integrated Quality, Planning and Delivery (IQPD) meeting focussed on Planning.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

### **2.1 Feedback from Welsh Government**

Feedback has yet to be received from Welsh Government on either the end of March or end of April submission.

### **2.2 Feedback from Assistant Directors of Planning Peer Review**

A peer review of organisation's Annual Plans/IMTPs was undertaken by Assistant Directors of Planning on the 24<sup>th</sup> May with the objective of providing feedback and highlighting areas of best practice and common areas of challenge.

Feedback received on the CTMUHB plan was that it was well written, clear on its priorities and linking between national strategies and local goals and demonstrated a life courses structure. However, it was felt that it was not always clear as to what was an ambition and what was a deliverable of the plan and greater consistency was needed on this. It was also recognised that as per a number of organisation's plans, the CTM plan did not benefit from the specialist graphic skills held within its Communication team.

## 2.3 Achievement of Annual Plan deliverables

With only two month's reported data for Performance and Finance since the start of 2022/23 it is difficult to provide any real achievements/progress in these areas.

2.3.1 Progress is being made in a number of other areas highlighted in the plan which is outlined in Table 1 below:

**Table 1: Progress against Annual Plan deliverables**

Area of Plan	Progress against deliverables	Evidence
Engagement of CTM2030 Strategy	Public engagement to feed public and service user views into the development of services through CTM2030 Strategy	Engagement of CTM2030 has been taking place during the first quarter with participation in community events such as Bridgend College's 'Our Future Festival' and presentations to the HB Stakeholder Reference Group and CHC Service Planning Committee.
Growing Well Strategy Group/Population Health and Prevention	Delivery of the All Wales Weight Management pathway (Minister's Priority Measure 1)	Paper to Board meeting 25 <sup>th</sup> May 2022 advised of development of a Children and Families pilot for Merthyr and additional HB funding agreed for roles in the HB level 2/3 Integrated Weight Management Programme.



Population Health and Prevention	Continued development of a system wide approach to smoking cessation delivery (Minister's Priority Measure 5)	Paper to Board meeting 25 <sup>th</sup> May 2022 advised that a smoking cessation sub-group of the HB Respiratory Planning & Delivery Group has been established to take forward the development and implementation of IP smoking services.
Covid-19 Response	Provide a continued vaccination programme aimed at priority groups	Paper to Board meeting 25 <sup>th</sup> May 2022 highlighted vaccination progress with provision of vaccination to children aged 5-11 and spring boosters to those in high risk groups. Update provided on % vaccinations given across all groups.
	Develop our future model for Covid vaccination and testing	Paper to Board meeting 25 <sup>th</sup> May 2022 advised of extension to all fixed term posts with vaccination and testing teams to March 2023.
Foundational Economy	Raising the profile of CTM as an Anchor Institute and highlighting work being undertaken	Presentation to Board meeting 25 <sup>th</sup> May 2022

### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The key risk in delivering the Annual Plan 2022-23 is in Planned Care Recovery including cancer. This is related to the number of A&E attendances continuing to be higher than forecast. Whilst a number of improvements were recorded between March and April i.e. the number of patients waiting more than 104 weeks for treatment (428 less in April and 265 less than the trajectory) and a reduction in the number of patients waiting over 104 weeks for first new outpatient appointment (9%) there remains a number of areas in which the Health Board recorded a worse performance at the start of 2022/23 than at the end of 2021/22 i.e. the number of patients waiting more than 36 weeks for treatment, the number of patients waiting over 52 weeks for a new outpatient appointment

and the number of patients starting their first definitive treatment within 62 days.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability All Healthcare Standards relate to the Annual Plan.
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.  The Annual Plan is a strategic document and does not specifically make changes to any policies and services.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Sustaining Our Future

#### 5. RECOMMENDATION

- 5.1 The Board is asked to **NOTE** the Annual Plan 2022-23 Quarter 1 Update.