

Grŵp Iechyd a Gwasanaethau Cymdeithasol
Dirprwy Brif Weithredwr, GIG Cymru

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Llywodraeth Cymru
Welsh Government

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Dear Ruth

Response to the formal IMTP meeting – 11 November 2019

Thank you to you and your colleagues for attending the formal IMTP meeting on Monday. It was helpful to understand where you are as an organisation, in terms of your strategic direction and your capacity to plan to overcome your current challenges.

I explained that the purpose of the meeting was to focus on planning, rather than on performance, for which there are many other opportunities. It is helpful to understand the challenges and issues in advance of the formal submission of the IMTP, so that there are no surprises.

Understandably, the boundary change has had an impact on the way in which you need to re-assess where you are as an LHB and how you approach your IMTP. I was pleased to hear the process you have adopted and the engagement exercises which are underway. While there will be changes to the model of care, you have a lot of knowledge and corporate memory from across the two former organisations on which to draw, which will be invaluable.

You indicated that the first draft IMTP will be available by end of November, and early sight of this would be welcome before the formal submission. The use of the SWOT approach, stronger quality impact assessments and recognition of the need to build efficiencies into the plan, will help your investment approach and ensure quality is maintained.

The parallel work on your new integrated Health and Care Strategy (to be completed by March 2020) will be helpful in providing the context for your IMTP. I am particularly pleased to hear the extent to which your non-executive board members are engaged and focused on its delivery. The December Board meeting is key to you identifying your priorities, as well as the opportunities and challenges. It was helpful to have confirmed that the investment you are making with the Transformation Fund is supporting the overall direction you are pursuing in the integrated strategy.



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You mentioned that Regional Planning is changing and opening up different opportunities e.g. Maternity flows, diagnostics, and urology services with other LHBs and this is a useful avenue to explore. Common language and terminology is important and you may find that the adoption of the term 'value based healthcare' will enable you to strengthen the conversations you have with partner organisations.

Your picture of the organisation is one where the desire for integration is strong, primary care working is setting a good foundation, partnership working is central to your approach and you can see better services being delivered in acute services. This all needs to be reflected in your IMTP and how you are working in partnership to achieve it.

You stated that you are all working to ensure that cultural change is supported, that staff are re-motivated and accept the need to adopt SAFER and other approaches that put quality and patients' wellbeing at the heart of what they do. I was pleased to hear there are pockets of good practice across the LHB and this will encourage the DGHs to work better together. Understandably, this will take time but it is important that the three units should be working to the same principles if not identical processes.

I recognise your need to reframe leadership and management across the LHB, in what is now a much larger organisation. This not just about recruitment but a pathway to retention and growing a strong and resilient workforce across all disciplines, although the recent HIW report highlighted the need for medical leadership as a priority.

The financial position you described presents a significant challenge with a deficit of £13.2m. You identified the Bridgend boundary change as a key factor, alongside the financial requirements presented by the WHSSC and EASC joint committees. However, it is important to be able to meet these challenges within the IMTP for this to be approved. Having a robust process for determining the choices made to fund these priorities is critical and it is good to hear that the board are to be asked to consider adopting a similar approach internally to strengthen the planning system. You are making changes to your organisation and adopting new approaches to OD, governance and quality improvement so we need to see those changes and direction clearly reflected in your IMTP.

Finally, I emphasised that the Wellbeing & Future Generations Act needs to be very prominent in all our narratives. I will be looking for this to be consciously evident throughout this round of IMTPs. The issues of decarbonisation, the climate emergency and wellbeing generally must be championed by us all and we will see this more over the coming months.

I am pleased that you have found the engagement by the planning team over the last few months helpful and it is important for us to stay in touch, in order to understand your position and to be sighted on your plan as it continues to develop.

Yours sincerely

Simon Dean
Deputy Chief Executive NHS Wales