Betsi Cadwaladr University Health Board:

Domain 4 Engagement Maturity Matrix

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Progress Levels ➡ **Key Elements** ⬇	**0 - No Progress**	**1 - Basic Level** Principle accepted and commitment to action	**2 - Early Progress** Early progress in development	**3 - Results** Initial achievements	**4 - Maturity** Results consistently achieved	**5 - Exemplar** Others learning from our consistent achievements
Engagement Management [outcome 1] [outcome 2] [outcome 4]		**EM1** Engagement activities with patients, the public, staff and stakeholders may exist, but is sporadic and not co-ordinated.	**EM2** Engagement Activities are regularly used to inform impact assessments including EQIA.	**EM3** Engagement Activities are co-ordinated to enable consistency and wider learning and feedback to partner organisations in significant service charge or strategy development such as the Clinical Services Strategy or IMTP.	**EM4** Mechanisms re in place to ensure that engagement is consistent across all protected characteristics (including SED). **EM5** The results of engagement are centrally collated to allow for the wider learning and the continuous engagement and feedback is evidenced with all strategy development, major service change and annual plans.	**EM6** Continuous engagement actives are a driver for change and learning; engagement is embedded within all change papers. **EM7** Engagement activity is monitored for continuous learning and encompasses all protected characteristics (including SED), partners and third sector organisations across the entire geographical spread taking account enabling BCUHB to influence national policy and priorities.
Patient Engagement and Involvement [outcome 1]		**EPa1** Patient involvement is limited. **EPa2** Limited opportunity for two way communication and feedback with patients.	**EPa3** There is some understanding of the benefit patient involvement brings. **EPa4** Collaborative (information giving, listening, involving, engaging) behaviour is developing but isn't yet commonplace. **EPa5** Use of some tools to engage patients public	**EPa7** The benefit of patient involvement is understood across the Health Board. **EPa8** Collaborative behaviour commonly takes place. **EPa9** A number of tools regularly used to engage with and listen to patients.	**EPa13** The benefit of patient involvement, co-production and co-design of service change is understood and embedded across the Health Board. **EPa14** Collaborative behaviour is embedded within the Health Board. **EPa15** A range of tools commonly used engage with, listen to, and feedback regularly, and involve patients.	**EPa19** The benefit of patient involvement, co-production and co-design of service change is well understood and embedded consistently across the Health Board. **EPa20** Collaborative behaviour is embedded within the Health Board. **EPa21** A wide range of tools are used as an embedded way to engage with, listen to, feedback regularly and involve patients in co-production and co-design of

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			(e.g. social media and digital). **EPa6** Ongoing engagement takes place for significant service change, leading to public consultation where required.	**EPa10** Ongoing patient engagement takes place for all significant service changes. **EPa11** Patient involvement activity is becoming commonplace for most areas. **EPa12** BCUHB can partly evidence the outcome of involvement and engagement with patients	**EPa16** Ongoing patient engagement takes place for all significant service changes (and many non-significant service changes), co-producing outcomes. **EPa17** Patient involvement is ongoing and embedded into how the health board operates. **EPa18** BCUHB can evidence the outcome of involvement and engagement with patients in formal processes.	services as well as to listen to patient views on current services. **EPa22** All service changes (significant and non-significant) are co-produced with patients, with ongoing involvement and engagement embedded throughout the Health Board. **EPa23** Ongoing patient involvement is tacitly built into how the health board operates. **EPa24** Engagement and involvement consistently cover all geographical areas, cultural and linguistic needs and ensures the involvement of children and young people and each of the protected characteristics. **EPa25** BCUHB can evidence the outcome of involvement and engagement with patients in at all levels of the organisation and all leaders can site positive outcomes from engagement with patients.
Public Engagement and Involvement [outcome 1] [outcome 3]		**EPu1** Public involvement is limited dn sporadic. **EPu2** Limited opportunity for two way communication and feedback with citizens. **EPu3** Formal public consultation takes place for significant service change, where required.	**EPu4** There is an acknowledgement of the benefit public involvement brings. **EPu5** Collaborative (information giving, listening, involving, engaging) behaviour is developing is not yet commonplace.	**EPu8** The benefit of public involvement is well understood across the Health Board. **EPu9** Collaborative behaviour is commonplace across services. **EPu10** A suite of tools is used to engage with and, listen to the public.	**EPu14** The benefit of continuous public involvement is well understood and embedded across the Health Board. **EPu15** The benefit of co-production and co-design of service change is recognised and there is some evidence of co-production / design in service change.	**EPu21** The benefit of continuous public engagement is well understood and embedded across the Health Board leading to consistent co-production and co-design of service change. **EPu22** Collaborative behaviour is embedded within the Health Board. **EPu23** A wide range of tools are an embedded way to engage with,

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			EPu6 Limited mechanisms in place to engage with the public. **EPu7** Ongoing engagement takes place for significant service change, leading to public consultation where required.	**EPu11** Ongoing public engagement takes place for all significant service changes. **EPu12** Ongoing public engagement takes place to get feedback on current services and priorities. **EPu13** Public and patient involvement activity is becoming commonplace for most areas.	**EPu16** Collaborative behaviour is embedded within the Health Board. **EPu17** A suite of tools is commonly used to engage with, listen to, and feedback regularly with the public. **EPu18** Ongoing public engagement takes place for all significant service changes. co-producing outcomes. **EPu19** Ongoing public engagement takes place to get feedback on current services and priorities, co-producing outcomes. **EPu20** Public involvement activity is commonplace for all areas in BCUHB.	listen to, and feedback regularly to the public to enable consistent co-production and co-design of service change. **EPu24** All service changes (significant and non-significant) are co-produced with members of the public, with ongoing involvement and engagement embedded throughout the Health Board. **EPu25** Ongoing public involvement is built into how the health board operates. **EPu26** Engagement and involvement consistently cover all geographical areas, cultural and linguistic needs and ensures the involvement of children and young people and each of the protected characteristics.
Staff Engagement and Involvement [outcome 5] [outcome 6 ????]		**ES1** Involvement with staff on organisational improvement is limited. **ES2** Limited mechanisms in place for formal and informal feedback for staff.	**ES3** There is some under-standing of the value staff involvement brings. **ES4** Mechanisms in place for formal and informal feedback for staff. **ES5** Involvement, engagement and listening behaviour with staff is developing isn't yet commonplace. **ES6** Messages from the CEO and the Health Board	**ES7** A number of staff involvement mechanisms are in place – both formal and informal. **ES8** Mechanisms in place for formal and informal feedback for staff. **ES9** Many decisions are made with staff input. Shared outcomes are start-ing to be developed. **ES9** Messages from the CEO and the Health Board leadership team takes	**ES10** A number of staff involvement mechanisms are in place – both formal and informal. **ES11** Mechanisms in place for formal and informal feedback for staff, with trends and themes captured and acted upon. **ES12** Many decisions are made with staff input. Shared outcomes are starting to be developed. **ES13** Regular messaging from the CEO and the Health Board	**ES15** A number of staff involvement mechanisms are in place – both formal and informal. **ES16** Mechanisms in place for formal and informal feedback for staff. **ES17** All decisions are made with staff input. Shared outcomes are in place. **ES18** The Health Board compro-mises for the greater good balancing staff and other stakeholder views.

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			leadership team takes place.	place and influences the Health Board's culture and behaviour.	leadership team takes place; influencing and shaping the Health Board's culture and behaviour. **ES14** Staff feel empowered and able to influence Health Board's decision making.	**ES19** Regular and consistent messaging from the CEO and the Health Board leadership team takes place; influencing and shaping the Health Board's culture and behaviour. **ES20** Staff are empowered and influence Health Board's decision-making.
Partnership Engagement and Involvement [outcome 3] [outcome 4]		**ESt1** Collaboration with partners and stakeholders across boundaries is limited.	**ESt7** There is some understanding of stakeholders. Collaborative behaviour isn't yet commonplace. **ESt8** There is an understanding that partners should influence Health Board decision making. **ESt9** Collaborative (information giving, listening, involving, engaging) behaviour is developing is not yet commonplace. **ESt10** Protocols exist for managing urgent / substantial change as appropriate for discussion with the CHC in order to reach a consensus view on whether proposals constitute the need for further engagement or more formal public consultation'.	**ESt19** There is an understanding of stakeholders and their views. **ESt20** Collaborative behaviour is becoming established. **ESt21** Many decisions are made across boundaries. Shared outcomes are start-ing to be developed. **ESt22** Protocols are consistently used for managing urgent / substantial change as appropriate for discussion with the CHC in order to reach a consensus view on whether proposals constitute the need for further engagement or more formal public consultation'.	**ESt32** There is an understanding of stakeholders and their views. **ESt33** Collaborative behaviour is commonplace. **ESt34** All relevant decisions are made across boundaries. Shared outcomes are commonplace. **ESt35** Roles, responsibilities and incentives reflect the need to collaborate, leading to new ways of working. **ESt36** A partnership approach is adopted between BCUHB and CHC for managing urgent / substantial change as appropriate in order to reach a consensus view on whether proposals constitute the need for further engagement or more formal public consultation'.	**ESt46** The Health Board compromises for the greater good and leads the way in transformation of communities. **ESt47** Collaborative behaviour is commonplace. **ESt48** Partners and stakeholders are involved in health board business and decision-making. **ESt49** All relevant decisions are made across boundaries. Shared outcomes are embedded. **ESt50** Roles, responsibilities and incentives reflect the need to collaborate, leading to new ways of working. **ESt51** BCUHB and CHC have a positive symbiotic relationship to ensure that for continuous engagement and consultations all local interests are addressed, and that responsibilities with regard to equality and diversity and the Welsh Language are met.

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Partnership and stakeholder relationship management [outcome 2] [outcome 3] [outcome 4] [outcome 5]		**ESt2** Formal and statutory partnerships are acknowledged and serviced by the Health Board.	**ESt11** Some individuals have knowledge of Partner and Stakeholder Relationship Management. **ESt12** There is some use of tools and processes to manage relationships. **ESt13** The internal focus is on the benefits (or otherwise) of transactional activities.	**ESt23** There is a general understanding of the benefits and importance of Partner and Stakeholder Relationship Management. **ESt24** Central support ensures that there is consistent use of tools and process to manage relationships and the benefits of partnership working. **ESt25** Proactive relationship management is in place fro some stakeholders and partner organisation including a named relationship manager. **ESt26** There is an external focus on the mutual benefits of partnership activities for all organisations.	**ESt37** There is a commitment to continuous improvement in partnership working, recognising that individual stakeholders may be involved with multiple partners and transfer their experiences. **ESt38** The Board and directorates have completed stakeholder mapping exercises to give a whole view of the relative influences of all stakeholders and partners. **ESt39** Tools and processes are used to integrate information and gain insight into partnership activities and shared vision. **ESt40** There is an external focus on the mutual benefits of partnership activities for a win-win position.	**ESt52** There is a leadership focus on lessons learning through Stakeholders and partnership working which is used to regularly check the effectiveness of a# individual partnership #s and stakeholder relationships to inform a predictive risk assessment. **ESt53** Working beyond individual projects there is a genuine commitment to Partner and Stakeholder Relationship Management, which is embedded as an operationalised organisational principle.
Promoting the Work of the Organisation [outcome 4]		**ESt3** A limited number of balanced view news stories are proactively promoted. **ESt4** Limited proactive management of relationships with key stakeholders and influencers. **ESt5** Health Board leaders and clinical leads have limited media training.	**ESt14** The need to promote balanced view news stories is recognised. **ESt15** A steady number of balanced view news stories are proactively promoted. **ESt16** The need for proactive management of relationships with key stakeholders is recognised	**ESt27** Balanced view news stories are proactively managed. **ESt28** Balanced view news stories are promoted frequently. **ESt29** The need for proactive management of relationships with key stakeholders is established within the Health Board.	**ESt41** Balanced view news stories are proactively managed. **ESt42** Balanced view news stories are promoted frequently and via numerous channels. **ESt43** The need for proactive management of relationships with key stakeholders is embedded within the Health Board.	**ESt54** Balanced view news stories are proactively managed. **ESt55** Balanced view news stories are an embedded part of Health Board working, using numerous channels of communication. **ESt56** The need for proactive management of relationships with key stakeholders is embedded within the Health Board, with

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		ESt6 There is limited use of social media to promote the work of service areas and of the leadership team.	and starting to be implemented. **ESt17** Health Board leaders and clinical leads have had variable media training. **ESt18** There is some use of social media to promote the work of service areas and of the leadership team.	**ESt30** Health Board leaders and clinical leads have had media training to a consistent and high level. **ESt31** There is a clear social media plan, to ensure use of social media to promote the work of service areas and of the leadership team.	**ESt44** Health Board leaders and clinical leads have had media training to a consistent and high level, and are confident to work with the media to promote the work of the Health Board. **ESt45** The use of social media to promote the work of service areas and of the leadership teams is embedded within the Health Board.	formal and informal information sharing. **ESt57** Health Board leaders and clinical leads have had media training to a consistent and high level, and are confident to work with the media to promote the work of the Health Board. **ESt58** Leaders and clinical leads will proactively use the media in their day to day work, where and when appropriate. **ESt59** The use of social media to promote the work of service areas and of the leadership teams is embedded within the Health Board and supports over communication mechanisms.

Reference to "guidance for Engagement and Consultation on changes to Health Services" kindly provided by CHC

Engagement TIIF expected outcomes

1. There is sufficient focus and resources given to gathering, analysing, monitoring and learning from user/patient experience across the organisation. This must include use of real-time user/ patient feedback.
2. A vision and strategy developed with the active engagement of staff, partners and organisations and service users.
3. Effective public involvement and engagement, measured through CHC and partner surveys
4. External stakeholders describe relationships with the health board as positive and there is evidence of improved joint working and ownership across the whole system including the Regional Partnership Board and Public Services Boards.
5. Evidence of improved engagement with staff measured through surveys and feedback from trades unions.
6. Develop and implement a Values and Behaviours Framework that has been developed with staff, is regularly reviewed, and has a clear engagement programme for its implementation.