





Progress Levels ➔	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
Key Elements ↓						
<p>Board Leadership</p> <p>Inc. Effective Integrated Board setting a clear Direction for the organisation.</p> <p>Consolidation of executive leadership supported by a development programme for the Executive Team.</p> <p>Collective Responsibility for patient & Patient safety across the executive team & clearly defined roles for professional leads</p>	<p>Whilst recognising its role, the Board's focus is predominantly reactive to external and internal pressures.</p> <p>The benefits of the collective are not realised due to a focus on individual accountability, creating a risk of silo working and reducing the opportunities for shared</p>	<p>L1 The Board recognises its role collectively and individually in demonstrating its commitment to creating the environment for transformation and continuous learning.</p> <p>L2 The Board is clear on the purpose of the organisation aligned to national strategy and local needs.</p> <p>L3 The Board recognises the requirement to shift its focus both in time and activities in order for the organisation to be self-determining in its vision for the organisation, and the strategies required achieving this vision.</p> <p>L4 The Executive Team has clear, owned and shared priorities as</p>	<p>L17 The Board can demonstrate prioritisation of collective and "self" development to improve its effectiveness.</p> <p>L18 Board/Committee meetings, workshops, sessions are designed to support focus upon its core role of setting the strategy, setting the tone (culture).</p> <p>L19 The Board has invested in effective mechanisms to:</p> <ul style="list-style-type: none"> scan the horizon for evidence, listen and engage with internal & external stakeholders. 	<p>L31 Improved feedback from internal and external stakeholders reflects the Board's investment in collective and "self" learning and as a result, the tone this sets for the organisation.</p> <p>L32 The operating model for Board/Committee meetings (e.g. agenda/minutes/actions etc.) evidence a shift in focus.</p> <p>L33 As a result of the investment in engagement for learning and improvement action, evidence of improved trust and confidence is demonstrated both internally and externally.</p>	<p>L49 The Board is seen by internal and external stakeholders and the wider Health and social care community as demonstrating consistent and authentic leadership in creating the environment for sustainable high performance.</p> <p>L50 The operating model for the Board/Committees is mirrored through the organisation providing a "golden thread" from Board to patient/citizen contact. i.e. Clarity of role/purpose, valuing contribution, respecting expertise and focussing on what matters.</p> <p>L51 The Board is perceived as an effective partner,</p>	<p>L68 The Board has a reputation for strong, inclusive, compassionate and system leadership.</p> <p>L69 The Health Board is viewed as an organisation committed to continuous learning and one that does not shy away from change in the interests of the people of North Wales.</p> <p>L70 The Board openly recognises where it needs to improve and encourages learning from mistakes/failure at all levels.</p> <p>L71 The Health Board is viewed as a leader in development and delivery of citizen/patient centred services across organisational boundaries.</p>



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	<p>learning and improvement.</p> <p>There is a lack of stability and continuity impacting upon clarity and consistency of purpose and priorities</p>	<p>Board members, corporate directors and functional directors.</p> <p>L5 The Executive Team recognises the importance of optimising the styles, experience and knowledge across the team rather than focussing solely upon function.</p> <p>L6 Executive Directors are clear on their individual and collective (as Board members and Executive team members) responsibility for quality and patient safety. Professional leads are clear on their roles, however their remains a level of ambiguity and overlap between operational and clinical responsibilities</p>	<ul style="list-style-type: none"> Utilise internal performance feedback mechanisms and to generate and test new ways of working (innovate) across Clinical, Operational and Corporate domains are critical components (capabilities) to create the conditions for improving or transforming the delivery of high-quality care. <p>L20 The roles and responsibilities across the Executive team have been reviewed and are clearly defined. Professional leads are clear on parameters and synergies of their roles and with other roles.</p>	<p>L34 The Board can demonstrate that it is “measuring” the things it needs to in relation to delivery of the strategy, rather than those it can.</p> <p>L35 There is evidence of the Board “staying the course” or “holding the line” in the face of challenge to achieving the strategy.</p> <p>L36 There is clear evidence and feedback to demonstrate that there is clarity and ownership of team and individual responsibilities and how each contributes to delivery of high quality, safe care and services across the executive team.</p>	<p>collaborating across organisational boundaries in support of effective services for its population.</p> <p>L52 The clarity and ownership of team and individual responsibilities and how each contributes to delivery of high quality, safe care and services across the executive team has created the environment for and empowered leaders through the organisation to develop and deliver through multi professional collaboration.</p>	<p>L72 The Board can demonstrate its ability to attract and retain high calibre members from within and externally.</p> <p>L73 The Executive Team is perceived as a high performing team focussed upon continuous learning and improvement</p>
<p>Clarity of Purpose, Vision, Strategy and Delivery</p> <p>Inc. Develop & Embed a compelling vision which is understood, recognised & accepted throughout the organisation.</p>	<p>No vision or evidence of a clear understanding of national, local and</p>	<p>L7 The Health Board recognises that a clear purpose is a critical component in creating the right conditions for the delivery of high-quality care at the right time in the right place at the right cost.</p>	<p>L21 The Health Board has engaged inclusively with its people, partners and population in resetting to its core purpose.</p>	<p>L37 The Vision reflects the role of the Health Board in delivery of national and local health and partnership priorities.</p>	<p>L53 The Health Board can articulate and evidence the connectivity between its Vision, the strategies in place to achieve this vision and the infrastructure</p>	<p>L74 The deployment of the purpose and future state service strategy is consistent and continuous.</p>

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<p>A revised accountability and performance framework, underpinned by a robust governance structure.</p> <p>Visibility and oversight of clinical audit and improvement across divisions, groups/directorates and at corporate level.</p> <p>Demonstrate visible clinical leadership engaging patients, partners and staff.</p>	<p>partnership priorities, or the wider determinants of health.</p>	<p>L8 The Health Board recognises that effective mechanisms to discover, design & deliver large scale inter organisational & multi-professional clinical and non-clinical change are critical for the organisation to consistently deliver high quality care at the right time in the right place at the right cost.</p> <p>L9 The Health Board recognises that to achieve its goals - it must structure, design, and synchronise work activities to optimise process/pathway delivery.</p> <p>L10 The Health Board recognises that to achieve its goals - then its decision-making architectures (operational/large scale change - governance) should support the principle of subsidiarity; issues/risks/decisions should be dealt with at the most immediate and appropriate level that is consistent with their resolution and recognise the statutory governance and boundaries of the organisation.</p> <p>L11 The Health Board recognise that the ability to escalate issues and insight on deteriorating quality (outcomes - incl. unsafe</p>	<p>L22 It has taken this learning and developed its vision for the organisation as a provider, partner and employer.</p> <p>L23 It has committed a collaborative system of improvement to support achievement of the vision.</p> <p>L24 The organisations unified and enhanced large-scale change mechanisms is being implemented.</p> <p>L25 Clinical, operational, and corporate teams are actively participating in evidence-based discovery and co-design of large-scale care pathway and service change. All service changes (significant and non-significant) are co-produced with patients and members of the public, with ongoing involvement and engagement embedded throughout the Health Board.</p> <p>L26 The Health Board is clear that good job design requires the explicit specification of content, methods and the relationships needed to</p>	<p>L38 There is a clear co designed strategy for delivery of the vision, informed by population and health needs assessments which incorporate the wider determinants of health and is responsive to the diversity of its population.</p> <p>L39 The Health Board has aligned its operating model to support the transformation required for sustainable delivery</p> <p>L40 Pathway improvement and transformations blueprints are in continuous development as are service development plans for corporate services.</p> <p>L41 Delivery is clinically/operational led but supported by a collaborative and agile change function incorporating specialist professionals from across the science of improvement.</p> <p>L42 Leveraging the benefits of a standardised approach to the discovery,</p>	<p>in place to deliver these strategies.</p> <p>L54 The organisation's purpose and future state service strategy is actively communicated to all staff via multiple channels. Individual and team-based goals and supporting actions are clearly aligned back to the purpose and long-term service strategy. System, team & personal performance contribution mechanism have been rolled-out - designed to link purpose to action.</p> <p>L55 Measures have been integrated into the internal Operating framework and form part of the integrated performance reporting mechanism.</p> <p>L56 The organisations transformation & improvement function is recognised as the pre-eminent clinical and service change entity across the NHS Wales & beyond. Working in Partnership with Bangor University and other specialist research and change delivery organisations.</p> <p>L57 Clinical and Operational teams actively seek the support of the function to understand what and how to</p>	<p>L75 Individual members of the workforce can describe clearly and simply the purpose of the organisation and explain three key descriptions of how services will look different in the future. Individuals can explain how their contribution is linked to that purpose and the role they play in terms of the actions they execute in supporting the organisation to achieve the future service designs.</p> <p>L76 The deployment of the goals and associated outcome and process measures is consistent and continuous. Individuals and teams can describe at least one goal and how they contribute to that goal through the role they play in terms of the actions they execute. The organisation is consistent (within an agreed margin of error) in the delivery of its strategic goals year on year. Evidenced by the outcome and process performance measurement framework.</p> <p>L77 Clarity of role (autonomy, scope, connectedness, and competency) within the organisations structure is clear for all. Pathway/process delivery is optimised as job design has aligned activities to the organisations purpose and goals. Leaders actively consider and promote effective job design within their teams and across the organisation as the</p>

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		<p>clinical care); performance, productivity or inappropriate workforce behaviour is critical if a system of care needs to take course corrective actions through evidence-based interventions.</p> <p>L12 That structures, processes, and behaviours (e.g., clinical audit, complaints, and serious incident reporting, etc.) need to support the rapid flow of information bottom up and top down, creating an active performance feedback loop - a key component of a learning organisation. Supported by a risk management system to mitigate potential course deviation away from organisations goals. All contributing factors to creating a culture where the workforce feel supported in reporting safety issues and poor performance.</p>	<p>satisfy organisational requirements as well as the social and personal requirements of the jobholder or the employee.</p> <p>L27 It is also clear in its understanding that the nature of a person's role and its position in the organisations structure affects their attitudes and behaviour at work, particularly relating to characteristics such as competency, autonomy, and connectedness.</p>	<p>design, sustainable delivery, and management of change. An internal hub and spoke model is in development.</p> <p>L43 The core team is supplemented by a growing contingent of accredited associate change practitioners from across the organisation. Accreditation comes from participation in experiential training in change and transformation methods.</p>	<p>improve/transform clinical and corporate services to improve quality, performance and productivity driven by population need (the citizen is at the heart of future design work). Collaborative working between front line teams and the Change teams is locked in.</p> <p>L58 The core function is supplemented by a growing number of associate change practitioners from across BCUHB and beyond creating a Change Collaboration Network (CCN).</p> <p>L59 Clinical and Organisational change proposals are now evidence based and co-designed, with delivery plans using the latest knowledge, insight tools from the science of change. Ongoing transformation and innovation have led to improved trajectory of outcomes, patient experience and financial performance year on year. Outcomes for different changes across BCUHB are now fully aligned and is clear how it is going to bridge the gap between the current and future states.</p> <p>L60 The Health Board is seen as an exemplar in its approach to making decisions putting quality and patient safety at the forefront.</p>	<p>benefits associated with this activity are visible through key organisational performance metrics; including staff surveys; - a picture emerges of a workforce, which is inclusive, motivated and connected. Staff understand who does what, why across the organisation's leadership functions, with clarity of accountability and responsibility at all levels.</p> <p>L78 The board is recognised within the organisation and by partners for joined up decision making and having clarity on purpose and goals. The acts of service design (standards setting), operational delivery and assurance are transparent - with separation of responsibility set within the framework of collective ownership.</p> <p>L79 Staff understand who does what, why across the organisation's leadership functions, with clarity of accountability and responsibility at all levels. Issues/risks/decisions are dealt with at the most immediate and appropriate level that is consistent with their resolution, role, statutory governance, and boundaries.</p> <p>L80 Clinical and non-clinical leaders can clearly evidence joint responsibility in developing the actions to address challenges in relation to quality and sustainability. Employee</p>

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					<p>L61 Performance feedback, risk management, clinical audit systems, complaints, serious incident reporting & management systems are integrated into the design of the organisations future model of operating. The mechanisms both manual and digital support local escalation protocols and service level agreements linked to quality, performance and productivity measures, job role design and decision-making architecture, all components of the organisation's performance operating framework.</p>	<p>involvement especially in large-scale change is locked into discovery, design, and delivery mechanism.</p> <p>L81 The escalation of issues and insight on deteriorating quality (outcomes - incl. unsafe clinical care), performance, productivity or inappropriate workforce behaviour is now common practice across the organisation, visible by rapid evidenced based course corrections. Feedback loops provide information & insight feeds into pathway and service design development activities, strategy development and business planning cycles. Complaints, risk's identification, mitigation development and risk management are now a critical aspect of the decision-making mechanisms through the organisation from board to ward. Issue and risk log management is driven digitally.</p> <p>L82 The organisation has a transparent culture and can demonstrate its ability to learn. All Serious Incidents are identified, reported, and investigated. Learning and improvement from patient safety incidents embedded across the Health Board.</p> <p>L83 The Board proactively learn from their risk management approach and risk appetite through</p>

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						regular reviews of their decisions around risk.
Cultural Development Inc. A strong approach to organisational learning supported by a culture of high quality Care. An open and transparent culture and willingness to learn.	The culture of the organisation is driven by its experiences i.e. from its establishment; its performance regime, its perceived reputation rather than by its purpose and its people. The way we do things remains influenced by respective former organisations.	<p>L13 The Health Board recognises that a clear purpose is a critical component in creating the right conditions for the delivery of high-quality care at the right time in the right place at the right cost.</p> <p>L14 The Health Board recognises that it needs to invest in the co design and development of the organisations vision for the culture it aspires to. It recognises the need to align its operating model, its focus, and its behaviours to support this.</p> <p>L15 The Health Board recognises that effective leadership behaviour and management capability (Board to the ward) is a critical component in creating the right conditions for the delivery of high-quality care at the right time in the right place at the right cost.</p> <p>L16 The Health Board recognises that the culture (way we do things here(when no one is looking) is driven by behaviours and experience and as such, understands that changes will be</p>	<p>L28 The Health Board can demonstrate prioritisation of collaborative improvement & development to improve its effectiveness.</p> <p>L29 The leadership behaviours framework has been improved as a result of discovery and co design and is being integrated into key policies/processes and through the governance and delivery structure.</p> <p>L30 The governance and delivery structures through the organisation promote and empower improvement and innovative thinking by:</p> <ul style="list-style-type: none"> recognising and rewarding demonstration of learning (even when this is as a result of “failure”) Focussing upon contribution and outcomes as well as 	<p>L44 Improved feedback from internal and external stakeholders reflects the Health Boards commitment to collaborative improvement.</p> <p>L45 The leadership behaviours framework can be evidenced through the governance and delivery structures of the organisation, enabling a climate of fairness, inclusion, compassion and equality.</p> <p>L46 As a result of the investment in engagement for learning and improvement action, evidence of improved trust and confidence is demonstrated both internally and externally.</p> <p>L47 The Health Board can demonstrate that it is “measuring” the things it needs to in relation to delivery of the strategy, rather than those it can.</p>	<p>L62 The Health Board is seen by internal and external stakeholders and the wider Health and social care community as demonstrating consistent and authentic leadership in creating the environment for sustainable high performance.</p> <p>L63 The leadership behaviours and operating model is mirrored through the organisation providing a “golden thread” from Board to patient/citizen contact. i.e. Clarity of role/purpose, valuing contribution, respecting expertise and focussing on what matters.</p> <p>L64 The Health Board is perceived as an effective partner, collaborating across organisational boundaries in support of effective services for its population.</p> <p>L65 The Health Board is seen as an employer of choice for roles at all levels of the organisation.</p>	<p>L84 The Health Board has a reputation for strong, inclusive, compassionate and system leadership and delivery.</p> <p>L85 The Health Board is viewed as an organisation committed to continuous learning and one that embraces change in the interests of the people of North Wales.</p> <p>L86 The Health Board is viewed as an exemplar in delivering bilingual services.</p> <p>L87 The Health Board demonstrates the key characteristics of a high performing organisation:</p> <ul style="list-style-type: none"> Continuously learning – well informed, and insightful. “Change-forward” - with clear purpose and measurable goals. Agile and adaptable - pursue strategy and find value through staying agile and adaptable. Actionable information-oriented - translate data into data analytics, into information, into transparent, actionable-information and

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		required to address the feedback from staff, patients, partners.	performance interventions <ul style="list-style-type: none"> Promoting two way accountability (recognising that we promote what we permit) Valuing and celebrating the contribution of all elements of the system Encouraging system and thought leadership at all levels. 	L48 Throughout the organisation the focus is upon continuous learning including focus upon: <ul style="list-style-type: none"> improvement in outcomes for patients, experience of patients, citizens. Empowerment of staff to focus on what matters and enabling staff to develop knowledge and skills to be the best they can be Creating the environment for staff to flag issues, raise concerns, and report mistakes/failures knowing that it is worthwhile and important. 	L66 It is seen as progressive and a key leader in promoting lifelong learning, development and education for its staff and the wider community. L67 It is involved in work to improve the aspirations of its population and in facilitating mechanisms for achievement of these aspirations.	ultimately, into “predictive analytics.” <ul style="list-style-type: none"> Financially disciplined - recognise that increased expenditure does not equate to higher quality and know that; cost reduction is a legitimate quality goal. Respectful & optimised staffing Accountable & execution-focused Patient-centric & operationally proficient - focused on standardising care processes, embracing clinical protocols, and effecting seamless, patient access. Creative collaborators - partnerships and joint ventures with other partners, providers and key stakeholders. Realise the value of system integration.