

Betsi Cadwaladr University Health Board:



Domain 2 Strategy, Planning and Performance Maturity Matrix



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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>Strategy development:</p> <p>Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.</p>	<p>No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health.</p>	<p>S1 Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of all Wales, local and partnership priorities.</p> <p>S2 Establishment of a governance structure to provide oversight and direction.</p> <p>S3 Demonstrable willingness to develop a proposal for a medical and health sciences school across North Wales, with appropriate governance established in support.</p>	<p>S17 Development of a co-designed long term integrated clinical services strategy with evidence of strong clinical, stakeholder and public engagement and involvement throughout. A patient led approach is evident.</p> <p>S18 Identified clinical leads that own and drive strategic developments.</p> <p>S19 The Well Being of Future Generations Act's five ways of working, along with the Health Board's well-being objectives and the principles of A Healthier Wales are apparent and embedded.</p> <p>S20 The strategy is embedded into organisational plans and is informed by population</p>	<p>S37 The strategy reflects national and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health.</p> <p>S38 Board approved patient centred clinical services strategy that delivers sustainable health and well-being outcomes for the local population.</p> <p>S39 Evolution of the medical and health sciences school delivers sustainable workforce improvements benefiting the local population.</p>	<p>S57 Local plans and national policy are aligned showing contribution to the wider North Wales economy, impact on health and well-being and effectiveness.</p> <p>S58 Key enablers such as quality, safety, workforce and finance are fully aligned.</p> <p>S59 A performance and accountability framework is in place that delivers the strategy and is linked to population health outcomes.</p>	<p>S76 The strategy is responsive to national / local and partnership priorities with clear links to the North Wales Research, Innovation & Improvement Co-ordination Hub, Regional Partnership Board and Public Service Boards.</p> <p>S77 At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications.</p> <p>S78 Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the North Wales population, those with protected characteristic and socio-economically disadvantaged groups.</p>

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			<p>health needs, locality needs assessments and patient / carer experience.</p> <p>S21 Board support of a co-designed ambitious proposal for the development of a school which is fully aligned to our other strategies and plans.</p>			
<p>Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP):</p> <p>Evidence of alignment of strategy with components of the plan.</p>	<p>No alignment is visible between the IMTP and national and / or Health Board strategies.</p>	<p>S4 Alignment is visible between the IMTP and strategy. The organisation plans on a continuous annual cycle.</p> <p>S5 Linked to the business case planning process and informed by local and national evidence base.</p> <p>S6 The Board sets out commissioning intentions.</p>	<p>S22 Evidence of triangulation between services, workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity.</p> <p>S23 Directly linked to performance and accountability and informed by detailed and future facing modelling.</p>	<p>S40 The business case planning process informs the development of an IMTP.</p> <p>S41 Prioritisation framework agreed and implemented.</p> <p>S42 Agreed governance and accountability framework to underpin development of the IMTP at a Programme level.</p> <p>S43 Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation. Impact of commissioned or supporting organisations taken into consideration.</p>	<p>S60 Coherent aligned plans, including a commissioning plan, are performance managed, with staff owning, acting on and learning from variation.</p>	<p>S79 Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.</p>

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Dynamic and engaged planning: Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	No evidence that the Clinical Services Strategy (CSS) / IMTP is owned across the organisation and within the community.	S7 Staff and partners are aware of, and engaged in CSS / IMTP development. S8 Organisational staff respond to corporate requirements but may not 'own' the process.	S24 Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a patient led approach. S25 Engagement at individual, team and organisational level is improving. S26 Strengthened partnership working arrangements. S27 NHS Wales Planning guidance is embedded in the planning process.	S44 Joint development and communication of CSS / IMTP with key partners including other health boards, local authorities, third sector, patients, carers and members of the public. S45 Organisational engagement is evident in practice and reflected in the CSS / IMTP. S46 Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	S61 The CSS / IMTP benefits patients, carers, the public, partners and health communities. S62 Planning is co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan. S63 Track record of continuous engagement with stakeholders	S80 Feedback and learning from continuous engagement activities including protected characteristic groups and socio economic disadvantaged groups informs local priority setting and the development of the Clinical Services Strategy / IMTP.
Best Practice approach to improvement: Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.	No evidence of ambition to achieve best practice. No evidence of benchmarking.	S9 Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes.	S28 Utilises a value based healthcare approach to planning. Benchmarking within NHS delivers improvements.	S47 Demonstrable improvements that can be evidenced and delivered.	S64 Maintain the value based healthcare approach. Plans are future proofed and based on changes in technology and healthcare innovation reflecting clinical excellence and patient experience.	S81 Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.
Realistic and deliverable: Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	One year Annual Plan developed but limited evidence that it is credible and deliverable.	S10 Development of a robust annual plan that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework.	S29 Development of an approvable outcomes focused IMTP that reflects the CSS priorities and includes a robust 3-year financial plan. IMTP to reflect return on investment, evidence of impact and key success factors. Key risks (quality,	S48 Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and implementation.	S65 Forward look risk assessments anticipate problems to assure resilience.	S82 Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.

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			service, access, workforce, finance) identified with evidence of controls.			
Systems and processes for performance, accountability, and improvement. Rigorous systems for individual, team, and organisation wide accountability. Agreed Escalation processes are operational. Culture of ownership and striving for improvement permeates the organisation.	No alignment of performance outcomes and key metrics to national strategies to drive the priorities on an all Wales or local basis. Accountability and escalation arrangements are not clear or operational. Lack of understanding and willingness to use performance management tools and engage in performance management at an individual, team or organisation wide level.	S11 Clear metrics and reporting against all Wales and evidence based local priorities as per Health Board Annual Plan / Integrated Medium Term Plan. S12 Top down performance management demonstrated in reporting and early feedback with alignment to service transformation support. S13 Accountability for delivery is demonstrated but is not consistently in place across the organisation.	S30 Performance processes in place with regular reporting on finance, performance, quality and workforce. Trends identified and clear corrective actions with associated timescales reported to Board. S31 Early identification of sub-optimal performance, managed using techniques such as Impact Improvement Plans. S32 Performance and Accountability Framework in place. Regular service reviews by the Executive, and key performance messages acted on by Divisions. S33 Alignment of the transformation programme and performance priorities has commenced.	S49 Performance processes connect to agreed strategic priorities including those of other key partners and reflect an integrated approach to performance and accountability. S50 Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval. S51 Performance and accountability processes reflect objectives and work is in place to embed at the appropriate organisational level. S52 Transparent lines of accountability. Escalation and ownership of performance issues is considered normal business. S53 Matrix management / delivery to support service integration has commenced.	S66 Integrated approach to performance and accountability at all levels of the organisation and demonstrated with reporting at Board, associated Sub Committee's, and Divisions. S67 All Health Board strategies have prioritised outcomes that are reflected in Board and local reporting. S68 Feedback and learning is embedded in organisational processes and benchmark reporting takes place. S69 Management of team and individual performance both operationally and in relation to strategic delivery. S70 Full alignment to the Health Board's Board Assurance Framework, corporate risk and service risk registers. S71 Resources required to deliver outcomes have been quantified and funding source identified i.e. additional or re-allocation of existing resources.	S83 Improvement, performance and accountability is fully integrated throughout the Health Board. S84 The Health Board can provide clear transparency in terms of resource utilisation and performance achievements to a wide range of internal and external stakeholders. S85 Positive performance culture where accountability for service and programmes is fully understood and demonstrably achieves significant improvements in delivery and quality of partnership working with local communities. S86 All services are clear on the key organisational performance priorities over the next 5 years. S87 Performance focussed assessment by Board and services on developments and improvements. S88 Peer review, transformation support benchmarking align and feed into the strategic planning cycle.

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					S72 Alignment between Personal and Development Reviews (PADRs), service outcomes, and the Health Board’s strategic outcome measures.	
Measurable and improving performance: Improved access to appropriate, timely healthcare, and planned care in line with national requirements and locally agreed priorities, delivered by robust application of a pathway approach. Sustained improvement in performance, quality and patient experience in unscheduled care delivered by robust application of a pathway approach.	Plans that support delivery do not have clear agreed whole system outcome measures. Processes for measuring performance are under-developed and not consistently applied across pathways. Key elements of service delivery are not quantified and timescales are not defined.	S14 Operational plans are in place and contain an appropriate level of detail to support service delivery. S15 Pathway plans clearly set out month on month performance trajectories.	S34 Tangible action being taken and measurable performance improvement demonstrated across patient pathways. S35 Operational plans are regularly reviewed and remedial action undertaken. Service delivery is not in line with performance trajectories.	S54 Targets achieved in key priority pathway areas. S55 Evidence of improved timely access to end-to-end healthcare services and sustained improvement in performance, quality and patient experience.	S73 The majority of national and local priority performance measures are achieved and performance is sustained across the entire patient pathway. S74 Individuals, Teams and the organisation use performance reports to build on service improvement with the aim of optimising the use of the resources available to the Health Board to maximise performance.	S89 Health Board performance is on par with other top performing healthcare organisations across the UK.
Assurance: Clarity on monitoring, assurance and delivery mechanisms.	Insufficient evidence of local monitoring, assurance and delivery mechanisms.	S16 Board and organisation clear on roles and accountabilities.	S36 Board demonstrates how it will ensure effective leadership and governance accountability with adequate capacity, processes and engagement in place to deliver strategic priorities and the IMTP.	S56 Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	S75 Resilience assured through accountability, succession planning and external independent assurance. Core processes manage plan objectives.	S90 Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery in place.

Strategy, planning and performance – TIF expected outcomes

1. Development of a long term integrated clinical services strategy, with evidence of strong clinical, stakeholder and public involvement engagement throughout its development
2. Delivering transformation and new models of primary and community services in partnership with Local Authorities and other partners
3. Development of a robust annual plan (for 2021/22), which builds assurance as a key step towards submission of an approvable Integrated Medium Term Plan (2022 onwards).
4. Approvable Integrated Medium Term Plan, reflecting the clinical services strategy priorities and providing a significant step forward from the current annual planning focus. Including the development of a robust 3-year financial plan to meet its financial duties, as part of the IMTP.
5. Improved access to planned care with reduced waiting times in line with national requirements
6. Sustained improvement in performance, quality and patient experience in unscheduled care
7. Delivery against the financial plan in year, including managing in year pressures