

Betsi Cadwaladr University Health Board

Maturity Matrix Guidance Notes

Contents

1. Wr	nat are maturity matrices and how to use them	1
1.1.	What is Targeted Intervention?	1
1.2.	What is a maturity matrix?	2
	How to use the matrix	
	Roles and responsibilities	
	idencing progress and scoring	
2.1.	How to complete the matrix self-assessment:	8
2.2.	Methodology	8
3. An	nexes	11
3 1	Annex 1 - Assessment criteria	11

- 1. What are maturity matrices and how to use them
 - 1.1. What is Targeted Intervention?
 - 1.1.1. Welsh Government placed the Health Board into Special Measures on 8 June 2015 with the intention that we would be able to demonstrate progress and move down through the four 'escalation' levels:
 - Special measures
 - Targeted intervention
 - Enhanced monitoring
 - Routine arrangements
 - 1.1.2. In February 2018 and 2019 respectively, maternity services and GP out-of-hours were taken out of Special Measures and on 24 November 2020, following advice and recommendation from the tripartite meeting of NHS Wales, Audit Wales and Healthcare Inspectorate Wales the

- Welsh Government stepped the Health Board down from 'Special Measures' to 'Targeted Intervention'.
- 1.1.3. Whilst Welsh Government has provided the areas of concern (domains) and expected outcomes the Health Board needs to develop and own the details within the matrices, which the Health Board will then need to agree with Welsh Government. The tripartite identified four areas of concern that the Targeted Intervention Improvement Framework (TIIF) will measure; the Board and Welsh Government will monitor the improvement in each of these four areas or domains:
 - Mental Health Service Management (adults and children)
 - Strategy, Planning and Performance
 - Leadership (including Governance, Transformation, and Culture)
 - Engagement

1.2. What is a maturity matrix?

- 1.2.1. It is a tool that helps provide a structure to work through where you currently are in delivering your service, to identify areas of strength and areas for development. It sets out the activities, systems and conditions that demonstrate different progress levels towards 'maturity', a set of conditions that, if in place, will deliver an effective system of early intervention at a local level.
- 1.2.2. It is designed to be used by Betsi Cadwaladr University Health Board (BCUHB) as a self-assessment, and a peer/partner assessment, tool. It can be used as a tool to baseline and track progress over time in different areas of development essential to delivering different services effectively. It is not an inspection or audit tool; it is intended to support practical change through positive challenge within the Heath Board and local partnerships, to help improve outcomes for the citizens of North Wales. The ultimate goal of all activity set out in the matrix is to improve outcomes for our patients, our public and our staff. The overall measure of success of local approaches will always be whether outcomes for services are improving.
- 1.2.3. The matrix approach allows for common themes along a transformation journey to be highlighted and concisely highlights the 'must do' elements for success, provides reassurance that the focus is on the right priorities, and brings to light areas that are in need of more attention. They are used to measure improvement progress (using evidence-based self-assessment).

- 1.2.4. The matrix can be used to both agree current status as well as setting developmental expectations, against which progress can be measured.
- 1.2.5. A maturity matrix describes key elements of good practice along the y-axis, and graduations of 'maturity' along the x-axis. Each Domain has a single Maturity Matrix although some have sub-domains i.e. Domain 4 Leadership has four sub-domains Leadership, Governance, Transformation and Culture.
- 1.2.6. Each maturity matrix has key elements of maturity on the left hand side, and maturity levels are described by a series of attributes progressing from 'no progress' up to 'exemplar':
 - 0 No Progress
 - 1 Basic Level
 - 2 Early Progress
 - 3 Results
 - 4 Maturity
 - 5 Exemplar

1.3. How to use the matrix

- 1.3.1. The matrix is designed to be used in a number of ways; the Board and management teams should use it to support strategy development, business and service planning, and the prioritisation of performance goals, by helping identify areas for development to support or direct resource.
- 1.3.2. It can be used by in partnership meetings to inform and support strategy development, business and service planning, and the prioritisation of performance goals, by helping identify areas for development to support or direct resource.
- 1.3.3. It should be used to support team discussions about priorities and barriers, help reveal differences in views and the need to work through these, demonstrate the need for all parts of the system to work together to deliver services effectively, and to help create scenarios of what excellence may look like. It could even be used to help tailor the focus for surveys and feedback sessions with service users.

1.4. Roles and responsibilities

1.4.1. Domain Project Lead / Sub-domain Project Lead

The Domain Project Lead runs the project from day to day on behalf of the Senior Responsible Officer for each domain. The Domain Project Lead ensures that the project deliverables are of the required quality, i.e. are capable of delivering the benefits defined in the business case, and produced within the agreed time and cost.

The responsibilities of the Domain Project Lead include:

- Directing the project team
- Managing the project plan
- Maintaining the risk register, issue and change control logs
- Reporting on progress to the Project Sponsor and other stakeholders

1.4.2. <u>Domain Senior Responsible Officer (SRO)</u>

The SRO is ultimately accountable for the success or failure of the project and has to ensure that the project is focused on achieving its business objectives and delivering the forecast benefits. Throughout the project the SRO is responsible for any business cases that are required and needs to be able to take a balanced view of the project on behalf of the wider organisation.

The responsibilities of the SRO include:

- Provide direction and guidance for strategies and initiatives to the Domain Project Lead
- Works with the Domain Project Lead to develop the project plan
- Checks that business benefits are identified and being achieved
- Makes go/no-go decisions
- Evaluates the project's success upon completion
- Ensures effective project plans are produced
- Reviews and recommends changes to plans, priorities, deliverables, schedule and more
- Gains agreement among stakeholders when differences of opinion occur
- Assists the project when required (especially in an out-of-control situation) by exerting organisational authority and the ability to influence
- Helps resolve inter-project boundary issues
- Helps the Domain Project Lead in conflict resolution
- Advises the Domain Project Lead of protocols, political issues, and potential sensitivities
- Makes the project visible within the organisation
- Encourages stakeholder involvement and builds and maintains their ongoing commitment through effective communication strategies

1.4.3. <u>Programme Manager</u>

The Programme Manager is responsible for the overall integrity and coherence of the programme, and develops and maintains the programme environment to support each individual project within it.

The Programme Manager is responsible for successful delivery of the programme. The role requires effective coordination of the projects and their inter-dependencies, and any risks and other issues that may arise.

1.4.4. Programme Senior Responsible Officer (SRO)

The Programme Senior Responsible Officer is accountable for the success or failure of the project and has to ensure that the project is focused on achieving its business objectives and delivering the forecast benefits. The Programme Senior Responsible Officer has to ensure that the project gives value for money and adopts a cost effective approach that balances the demands of the Health Board, patient and service users and partners.

- Provide direction and guidance for strategies and initiatives to the Domain SRO and Programme Manager as directed by the Steering Group and Board
- Works with the Programme Manager to develop the Programme Brief
- Checks that business benefits are identified and being achieved
- Makes go/no-go decisions
- Evaluates the programme's success upon completion and reports to Board
- Negotiates funding for the project
- Ensures effective project plans are produced for each domain
- Reviews and approves changes to plans, priorities, deliverables, schedule and more
- Gains agreement among stakeholders when differences of opinion occur
- Helps resolve inter-programme boundary issues
- Helps the Programme Manager in conflict resolution
- Advises the Programme Manager of protocols, political issues, and potential sensitivities
- Makes the programme visible within the organisation
- Encourages stakeholder involvement and builds and maintains their ongoing commitment through effective communication strategies
- Chief risk taker

1.4.5. Programme Sponsor

The Programme Sponsor is ultimately accountable for the success or failure of the project and has to ensure that the project is focused on

achieving its business objectives and delivering the forecast benefits. The Programme Sponsor has to ensure that the programme gives value for money and adopts a cost effective approach that balances the demands of the business, users and suppliers.

- Identifies, appoints TI Steering Group members (when required) and ensures they are trained to carry out their role effectively
- Assists the programme when required (especially in an out-ofcontrol situation) by exerting organisational authority and the ability to influence

1.4.6. The Evidence Group

The Evidence Group shall be responsible for a check and challenge process to ensure outputs have been delivered in line with the recommendation from the SRO. It shall provide evidence based assurance to TI Steering Group

The Evidence Group shall be Executive-led; have a small core membership and a wider specialist membership drawn from across BCU and partners to support and challenge the process and make a decision.

1.4.7. The Outcomes Group

The Outcomes Group shall meet after the Evidence Group and be responsible for check & challenge process to ensure outcomes have been delivered in line with the Maturity Matrix and that outcomes are embedded in new ways of working. It shall provide evidence based assurance to TI Steering Group

A Clinical member of the Executive Leadership Team will chair the Outcomes Group; they will have a small core membership and a wider specialist membership drawn from across BCU and partners to support and challenge the process and make a joint decision.

1.4.8. The Targeted Intervention Steering Group (TISG)

The TISG provides direction and management for the programme. The Group is the overall authority for delivery of the project and is accountable to the Board for its success or failure. Membership is predominantly members of the BCUHB Board.

The collective responsibilities of the Project Board members include:

- Accepting and demonstrating ownership of delivery for the programme
- Working as a team to provide collective and unified direction
- Effective delegation with appropriate project tolerances and exception management processes

- Facilitating cross functional working ensuring that the programme structure is recognised and respected by line management
- Committing all of the resources required to successfully complete the programme
- Effective decision making including risk, issue and change management
- Providing Programme assurance and quality control to the Board
- Ensuring timely and effective communication within the project and with external stakeholders
- Ensuring that the project deliverables are reliable, sustainable and can be maintained efficiently

1.4.9. <u>Independent Members (link Buddies)</u>

The role of the IM Link Buddy is to provide support and act as a critical fiend to the Domain SRO. Within this role, they will be sighted and able to give positive challenge to the SRO, to support them in being able to deliver their role and responsibilities within the programme. Link Buddies will not be able to give direction to the SRO other than in the form of advice.

The role of IM Link Buddy is not an assurance role (assurance will be taken by the Board as a whole, as only two members of the Board will be directly linked to each domain) however the IM Link Buddy, together with the SRO, will be more sighted on the detail than other Board members and will be able to support the whole Board to reach an assured view of the projects within the programme.

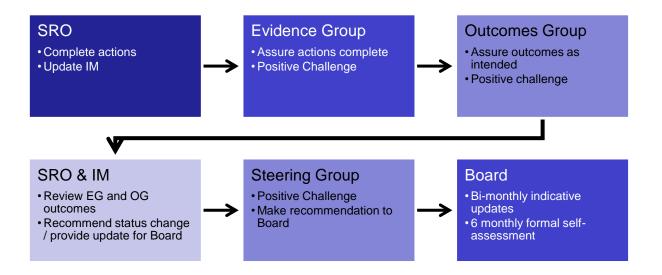
1.4.10. The BCUHB Board

The Board has ownership, provides overall direction for the programme, and has oversight of the delivery, direction and management of the programme through the TISG. The Board is the overall authority for the project.

The collective responsibilities of the Board members include:

- Accepting and demonstrating ownership of the programme
- Working as a team to provide collective and unified direction
- Effective delegation with appropriate project guidance, tolerances and exception management processes to the TI Steering Group
- Committing all of the resources required to successfully complete the project
- Effective decision making including risk, issue and change management
- Project assurance and quality control
- Ensuring that the project deliverables are reliable, sustainable and can be maintained efficiently

1.4.11. Assurance process chart



2. Evidencing progress and scoring

2.1. How to complete the matrix self-assessment:

The project team will undertake monthly self-assessments; part of the assessment will be a recommendation that actions or outcomes can be referred to either of the Evidence or Outcomes Groups for assurance.

The SRO, after consultation with the IM link Buddy, will confirm or revise the self-assessment and make recommendations to the TI Steering Group or directly refer a matter for consideration to either of the Evidence or Outcomes Groups.

The TI Steering Group will take evidence from the SRO, Evidence Group and Outcomes Group and provide a progress and assurance report bi-monthly to the Board. Every six months the TI Steering Group will make a formal recommendation to Board on the self- assessment and target for the next six months against each matrix.

2.2. Methodology

2.2.1. Make an assessment on each Key Element:

To assess the level of progress, simply consider whether, for your service, the requirements set in the attributes for each key element are met fully, using the criteria in Annex 1.

Where there are several things you must have done to reach a level of maturity, and you cannot meet all of them, consider which level you can meet the majority of attributes for each key element.

If you cannot reach the attributes of a level of maturity, consider the level before. For example, if you can meet one or two attributes of 'level 3' for a key element, but you can meet all or almost all the attributes of 'level 2', you would be 'level 2'.

If you have evidence of actions from the Evidence Group to suggest a level has been achieved, that will be described as a Low level (i.e. a low 3). When Evidence of impact is confirmed by the Outcomes Group, that will be described as a High level (i.e. a high 3).

If 'level 1' progress is not yet met, places should note a 'level 0' – 'no progress'. This includes where development has not gone beyond meeting minimum statutory requirements.

2.2.2. Score the Domain or Sub Domain:

Note all the scores for each key element in a domain or sub-domain, the overall score for that domain/sub domain will be the mode of all the key elements within the domain/sub-domain, except:

- When there are 2 scores of equal mode the lower will be the result
- Where a mode exists but a lower score has two (could be 3?) or more values with a lower score that score will be the result

Examples

	Domain X	Domain Y	Domain z
Key Element 1	High 1	High 1	High 1
Key Element 2	Low 2	Low 2	High 1
Key Element 3	Low 2	Low 2	Low 2
Key Element 4	Low 2	High 2	High 2
Key Element 5	High 2	High 2	High 2
Key Element 6	Low 3	Low 3	High 2
Overall Score	Low 2	Low 2	High 1
Rationale	Mode score	Mode – Low2 and High 2:	Mode = High 2 but 2 or more scores at High 1

	lower of 2 mode	
	scores	

Where there are sub-domains, the domain score will be aggregated using the same methodology.

3. Annexes

3.1 Annex 1 - Assessment criteria

Level		Criteria	
0	No progress	Principle not accepted or if accepted no plans to develop plans	
1 Basic Level	Principle accepted and commitment to action	Health Board is aware of the requirement but is unable to demonstrate meeting it and/or cannot evidence clear plans or approaches to meet the criteria	
2 Early Progress	Early Progress in development	The Health Board recognises what is required for the criteria. The Health Board is able to evidence being able to meet <i>some</i> of the criteria but cannot evidence being able to meet all aspects in full. The Health Board plans to meet all the criteria in full	
3 Results	Initial achievements realised	The Health Board meets most of the criteria, in line with its agreed milestones; it has clear and credible plans continually and sustainably to improve service provision.	
4 Maturity	Results consistently achieved	The Health Board meets all the criteria to a high standard, can evidence many examples of good practice against the criteria which are routinely shared and adopted by others	
5 Exemplar	Others learning from our consistent achievements	The Health Board's excels at all criteria, service provision and patient experience is excellent. The Health Board is leading the strategic agenda through the implementation of innovative practice that is shared with other Health Boards and beyond the organisation to others, enabling realisation of long term sustainability	

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