



PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	2026/27 Annual Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Director of Delivery Daniel Warm, Head of Planning Angharad Lloyd-Probert, Senior Project Manager (Planning)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Health Board approved the 2026/27 Annual Plan in March 2026, based on requirements specified in the NHS Wales Planning Framework 2026/29 and against the Escalation Framework, which was subsequently submitted to Welsh Government (WG) on 31 March 2026. Since submission, WG has issued further communication indicating that the Plan was unacceptable and unsupportable given the expected financial outturn for 2026/27.

The revised planning approach for 2026/27 continues to respond to feedback from WG and also directly to the internal audit recommendations on planning maturity, with a strengthened Maturity Matrix process underpinning the Annual Plan and ensuring readiness for scrutiny and future de-escalation. Therefore, this report also provides the Strategy and Planning Committee (SPC) with an intended approach to the review of our Planning Maturity Matrix. This approach moves the maturity review from broad workshops to a structured, evidence-based return completed online, as set out in the Assessment.

Cefndir / Background

Annual Plan

The Health Board is required, annually, to submit an Integrated Medium Term Plan (IMTP) that achieves financial balance across a three-year period. Since the Health Board's inception in 2009 it has not been able to submit an IMTP, due to the significant financial deficit it has presided over.

The Board, at its meeting on 26 March 2026, endorsed the onward submission of the Annual Plan to WG. The Plan included a Three-Year Financial Plan, with a financial deficit of £41.0m for 2026/27. The Board recognised that the Financial Plan did not deliver against the statutory requirement to break-even over a three year period, with the planned financial outturn being higher than the target control total (TCT) set by WG, which is a deficit of £22.1m.

WG through a rapid review of the Plan (Annex 1) set out the expectation that the Health Board should plan to deliver, as a minimum, the 2025/26 financial outturn of £22.1m, whilst delivering against the Planning Framework and the de-escalation criteria. Ongoing dialogue continues with an expectation that the Health Board further improves its financial forecast beyond the Plan deficit and improves upon its performance trajectories. A requirement associated with an additional allocation of £26.0m, received in 2024/25, was that the Health Board would demonstrate an improving financial trajectory, achieving a breakeven position by the 2027/28 financial year. To support this a report was presented to the Public Board on 28 May 2026: (<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/board-agenda-and-papers-28-may-2026/11-annual-plan-2026-27-pdf/>).

Planning Goals

A key aspect of the Annual Plan remains our Planning Goals (previously referred to as Planning Objectives). Of the eight Planning Goals four are aligned to this Committee – these are, along with their primary objective(s):

- Planning Goal 3: 20Four7 Population Health (Executive Lead – Director of Public Health)
 - Reflect population health priorities that build in equality of opportunity and human rights, together with plans to reduce health inequalities
- Planning Goal 4: Community by Design (Executive Lead – Chief Operating Officer)
 - Ensure that Hywel Dda University Health Board (HDdUHB) has a clear vision and strategic direction that secures the long-term sustainability of the organisation, both at local community and wider system levels
- Planning Goal 7: Future-Orientated (Executive Lead – Director of Public Health)
 - Connected and resilient communities
 - Establish how we will strengthen how we listen and incorporate the voice of our future generations
- Planning Goal 8: Fit for purpose, modern facilities and services (Executive Lead – Director of Strategy and Planning)
 - Determine and implement sustainable models for services within the Clinical Services Plan (CSP) programme
 - Deliver our Programme Business Case to develop fit for purpose and modern community and hospital facilities

Maturity Matrix

In response to WG's Targeted Intervention, the Health Board developed and introduced its own Planning Maturity Matrix in late 2022, benchmarking planning maturity across nine domains and scoring each from 0 (no progress) to 5 (exemplar). WG has since strengthened the Matrix and standardised it for use across NHS Wales. The revised matrix assesses six domains, with defined themes to support evidence and scoring, and retains the expectation that each organisation reaches a minimum Maturity Level of 3 (initial achievements) in every domain. For the 2026 cycle the Health Board is assessing itself against this national six-domain matrix, on the same basis as other Health Boards, which improves comparability, removes the variation and supports a better comparison with other Health Boards.

The inaugural assessment in 2023 identified mixed results, noting progress in some areas with limited progress (or regression) in others. A subsequent internal audit completed in June 2024 provided a Reasonable Assurance rating for this process, with two recommendations for improvements required in evidence usage and Board oversight. The follow-up assessments in both 2024 and 2025 continued to show areas for improvement.

Asesiad / Assessment

Annual Plan

As a Health Board we acknowledge, and agree, that the Plan is currently considered unacceptable and unsupportable, thus the work continued and an update presented to the Board in May 2026.

The Board approved submission of a 2026/27 Annual Plan with a planned deficit of £41.0m, against the target control total of £22.1m. That remains the in-year position. The detail of delivery and the savings pipeline will be scrutinised at an In Committee meeting on 18 June 2026, ahead of Board on 30 July 2026. This report addresses only the planning dimensions.

Mitigations have also been put in place to improve our performance position, in particular urgent and emergency care (UEC) and planned care (including cancer and diagnostics).

As part of implementing the UEC blueprint we are putting in a series of measures including:

- Implementation of our seven-day Clinical Streaming Hubs, expansion of Same Day Emergency Care (SDEC) and continued Six Goals delivery
- Strengthened 'front-door' pathways and procedures have contributed to improved handover and 12-hour wait performance, we are further reviewing our internal professional standards, site escalation plans and implementation priorities to support our Optimal Flow framework principles.
- Establishing an Emergency Department and Acute Medicine Medical Stabilisation Group to help develop a more stable model for medical rotas as senior decision-making capacity continues to be a challenge.

Our mitigations for planned care include:

- For referral to treatment time (RTT) this includes clinical validation, referral return, straight-to-test models, theatre utilisation at 85%, day case performance and reduced Did Not Attend (DNA) and Cannot Attend (CNA).
- For cancer and diagnostics includes Cancer Data Lake completion, histopathology capacity review, Laboratory Information Network Cymru (LINC)/ Radiology Informatics System Procurement (RISP) and targeted diagnostic capacity.
- Therapy mitigation includes prioritised deployment, pathway redesign, Demand and Capacity tool implementation and targeted workforce planning.

A full response to the rapid review was submitted to WG on 29 May 2026 and included the next steps to be undertaken in further de-risking the Plan. The actions aligned to de-risking the plan are aligned to the Finance and Performance Committee (FPC).

Planning Goals

The current status of the four Planning Goals aligned to this Committee are:

Planning Goal	Executive Lead	Q1 Status and Key Outcomes
Planning Goal 3: 20Four7 Population Health	Director of Public Health	On Track <ul style="list-style-type: none">• The 20Four7 Prevention Model tools and supporting services are required to scale up delivery in 2026/27. Work across the Health Board for improved scrutiny of progress on key prevention metrics.

		<ul style="list-style-type: none"> Ongoing discussions focused on Health Board governance and oversight of implementation. Embed 20Four7 into Quality Improvement and Transformation Programmes
Planning Goal 4: Community by Design	Chief Operating Officer	<p>On Track</p> <p>Report on Community By Design and the future of Clusters taken to Board in May 2026</p> <p>Activities planned for next milestone and reporting period</p> <ul style="list-style-type: none"> Planning for Board Seminar Action Plan on next steps for Cluster work in readiness for sign off of Integrated Neighbourhoods Planning for clinical input and links into 20four7 <p>Matters for information: Local work on progressing the Strategy needs to align to national policy and contractual direction</p> <p>Risks to delivery: Delayed agreement on taking forward the work to support the transition into Integrated Neighbourhoods</p>
Planning Goal 7: Future-Orientated	Director of Public Health	<p>On Track</p> <ul style="list-style-type: none"> The revised Vaccine Equity Plan has been agreed, with 16 key areas, clear timelines and achievable actions. This includes targeted support for GP surgeries in areas of highest deprivation and development of a clear calendar and plan for community outreach. Support for GP delivery of vaccinations within the current contract arrangements is under investigation, including support from outside agencies. Communication lines between GPs and the vaccination team have been strengthened, including a robust approach to Public Health input into clusters, and GP representation at vaccination operational planning meetings Healthy Ageing Workshop arranged for 23 June 2026 with a wide range of stakeholders to identify baseline of prevention and equity work and identify actions for improvements. Discussions have taken place with local frailty services and actions identified to support Health Board wide action on frailty identification and support Healthy schools and pre-schools - secured a temporary Band 6 extension, expanded support

		<p>for priority groups and programmes, and mapped high-deprivation settings for enhanced support</p> <ul style="list-style-type: none"> • Social Model for Health and Wellbeing (SMfHW) - The Wellbeing of Future Generations (WBFG) Progress Tracker is on course for publication in June 2026, with communications and digital activity now ramping up across partner channels ahead of Volunteers Week to maximise reach and visibility.
<p>Planning Goal 8: Fit for purpose, modern facilities and services</p>	<p>Director of Strategy and Planning</p>	<p>On Track</p> <ul style="list-style-type: none"> • Continued commissioning activity for Picton Terrace and decommissioning of associated properties • Commissioning of additional space at Canolfan Pentre Awel • Programme Business Case (PBC) Addendum scrutiny grid returned to WG and milestone plan has been drafted with WG and NHS Wales Shared Services Partnership (NWSSP) officers • Further meetings with WG to discuss the PBC addendum submission and timelines • Ongoing development of Atriwm Carmarthen Hwb and CDU Pentre Awel Commissioning Plan • Preparation of Cylch Caron Integration and Rebalancing Capital Fund (IRCF) application for fees

As all the Planning Goals are covered by other agenda items for this particular Committee meeting, highlight reports have not been sought for this time around. In future, where specific Planning Goals are not covered on the agenda, highlight reports will be provided.

Maturity Matrix

Building on previous review cycles along with feedback from WG on our 2025 submission (Annex 2), the key dates are:

- Full internal evidence collation and mapping (May – June 2026)
- Structured stakeholder and scoring workshops (June – July 2026)
- Governance scrutiny and Board sign-off by 31 July 2026
- Formal submission to WG in early August 2026.

In developing this cycle, the WG feedback on our 2025 submission highlighted two key areas that we are looking to strengthen:

- *“Firstly, the evidence provided to support the scores was limited, relying primarily on high-level bullet points rather than detailed examples, such as specific actions taken or embedded documents. As a result, reviewers had to draw on their own knowledge of the Health Board’s activities to provide feedback. That said, it was positive to see the honest reflections in each area.*

- *Secondly, the submission did not include any associated actions. While we understand actions are often refined following receipt of feedback, our expectation is that a set of supporting actions should already be developed and form part of the submission recognising that these are subject to adjustment based on feedback. As this process is focused on development, these actions are arguably one of the most critical components. The inclusion of action is intended to reflect the Board's commitment to improvement".*

Revised approach to assessment against planning maturity matrix

To respond directly to this feedback, we are changing the method of the review. The 2025 cycle relied on broad scoring workshops. For 2026 the review will be led by a structured planning maturity evidence return, issued through Microsoft Teams and completed as an online form, rather than by a series of open meetings. As stated in the Background this assessment will be assessed against the revised national six-domain matrix.

Each contributor scores the domains they are competent to assess and, for each, records their confidence in that score, the evidence behind it, the principal gap, and the action needed to reach the next level. The form deliberately mirrors the fields in WGs submission template: assessed level, evidence used, supporting narrative, actions, timelines and impact measurement. It therefore answers both points in the January 2026 feedback at source. Scores arrive with specific evidence rather than high-level bullet points, and each score carries an improvement action rather than waiting for feedback to generate one.

Three design choices protect the integrity of the return. Score, confidence and rationale are mandatory, so we capture informed judgement rather than instinct. Contributors who lack sufficient knowledge of a domain may record that they are not sufficiently sighted to score, which is itself useful intelligence about visibility and ownership. And every domain asks whether the score rests mainly on activity, governance, delivery or impact, which surfaces directly whether we are claiming maturity for holding a process or for demonstrating outcomes.

The return is the start of the process, not the whole of it. Responses are synthesised to show the median score, the range, confidence and evidence strength, isolating any domain where a high score rests on weak evidence. A single calibration session then tests only the disputed and high-risk domains, rather than reopening every line. The Executive Team reviews the proposed scores, evidence, gaps and actions and owns the result, and the Planning Coordination Group converts that into named action owners and evidence requirements ahead of submission.

This method also closes the two recommendations from the June 2024 internal audit. The evidence return strengthens evidence usage by design, and Executive review followed by Board sign-off strengthens Board oversight. A historic assurance finding therefore becomes current assurance.

A challenge for the Health Board is WGs consistent view that, while process and activity can be evidenced, outcome and impact cannot yet be clearly demonstrated. The maturity question is no longer whether planning processes exist, it is whether we can evidence the delivery and impact which those processes were intended to achieve. The activity-against-impact test built into the return will enable a clear and honest assessment of this.

Alongside the method, the Health Board is recruiting three Heads of Service Planning and Improvement, to be embedded within the CCGs. This adds permanent capacity to embed

continuous planning and to produce more deliverable plans. It signals that the response to weak planning maturity is targeted capability, not a further process refresh.

Two links place this work in its wider context. The Maturity Matrix is the planning maturity criterion within the Targeted Intervention framework, so reaching the minimum Level 3 across domains forms part of the evidence base for de-escalation. The Matrix and the Planning Goals are also the principal mitigations for the risk that the Health Board has no approvable Integrated Medium Term Plan by March 2028 (Risk 2212), which this report is intended to reduce.

Argymhelliad / Recommendation

The Committee is asked to:

- **ACKNOWLEDGE** the Welsh Government feedback on the 2026/27 Annual Plan
- **RECEIVE ASSURANCE** that mitigating actions are subject to robust oversight through the Finance and Performance Committee, with clear governance, monitoring arrangements, and escalation in place
- **SCRUTINISE** and **REVIEW** the updated 2026/27 Maturity Matrix

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1 Receive assurance that the planning cycle is being taken forward and implemented in accordance with Health Board and Welsh Government requirements, guidance and timescales. 3.1.4. Receive assurance on delivery of the Health Board's Annual Plan through the scrutiny of regular monitoring reports.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.(Current Risk Score: 12, Target Risk Score: 4)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	6 Clinical services plan 7 Primary and community strategic plan 8 Estates plans 10 Population health

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Annual Plan 2026/27
Rhestr Termiau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

**Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru**

**Director General Health, Social Care & Early Years Group / NHS
Wales Chief Executive**



**Llywodraeth Cymru
Welsh Government**

Phil Kloer
Chief Executive
Aneurin Bevan University Health Board

22 April 2026

Dear Phil

RE: Hywel Dda University Health Board's Annual Plan 2026-27

Thank you for the submission of Hywel Dda University Health Board's Annual Plan for 2026-27. I note the health board has breached its statutory duty to develop a financially balanced, 3-year IMTP. The Plan cannot therefore be considered for full assessment via collective review, nor recommended for Ministerial approval. A rapid assessment of the plan has therefore been undertaken. General feedback and detail of action now required is provided below. Full feedback will be provided at a later date.

The Plan was considered by the Board on 26 March, and it was approved for submission.

Overall, on the basis that the Plan represents a deteriorating financial position and does not meet the clear expectations set by Welsh Government. The Plan is considered to be unacceptable and unsupportable.

General Comments:

- The Plan is set within the context of the health board's longer-term strategy; *A Healthier Mid & West Wales*, and its Clinical Services Plan.
- We note commitments have been made to regional planning and delivery. However, the tangible impact of these developments is not described. I would expect the impact of the regional committee to be articulated in the plan as well as its impact on improving performance
- Overall, the narrative plan is long and difficult to follow, with very detailed descriptions of risk and underpinning analysis which are sometimes repetitive and disjointed. Within this, it is not always clear what delivery commitments the Board has signed up to. We would suggest that reviewing how other health board plans have been structured may be helpful.

Performance:

Performance is mixed. There are some areas of improvement, but also some areas which fall below expectations:

- Planned Care:
 - Despite making massive improvements towards eliminating 104-week breaches during 2025/26, the submitted plan projects 5,507 104-week breaches by March 2027. Given the target is zero, this is a concerning and unacceptable level of deterioration in performance and requires serious consideration and review.
 - 8-week diagnostic waits are forecast to be 4,407 by March 2027. This is considerably above the level required and is not acceptable.
- Urgent and Emergency Care
 - For 2026/2027, the health board has used targeted intervention trajectory figures for >1 hour ambulance patient handover delays; a baseline of 918 patients per month forecast to improve to 590 per month by Q4. This is unacceptable as the target is for no patients to wait longer than 45 minutes for ambulance patient handover.
 - The targeted intervention trajectories are also used for the >12-hour emergency department performance target. This is forecast to improve from 9.5% to 7.3%. Whilst this is an improvement, it is unambitious and the target is zero.
 - Pathway of Care Delays are forecast to reduce from 204 to 183. The number of days delayed are not included and is an omission.

Enabling Actions:

An assessment of the enabling actions has been included, along with the baseline position and quantified opportunities.

Finance:

The submitted plan describes a deficit of £41.0m for 2026/27.

The planned deficit is neither acceptable nor supportable. Further actions are required at pace to reduce this deficit, and a recovery plan to financial balance. It is expected that this will be finalised by **29 May**.

Key reflections from a rapid review of the plan are as follows:

- The carried forward underlying deficit is materially adrift from the forecast outturn for 2025-26 and the requirements of the planning framework. Further clarity and assurance is required that all in year mitigations have been tested for recurrent delivery.
- Cost pressure growth in secondary care drugs is above the health board average; the health board should examine the assumptions underpinning the calculation of expenditure growth and identify any opportunities for improvement.
- The total workforce deployed (including substantive staff in post, variable pay staff and agency) is planned to grow by a further 279 WTE between March 2026 and March 2027. Given the challenging financial outlook, the health board is required to justify why this continued growth is essential and how this will be afforded, or if further actions are required to mitigate this growth.
- Urgent action is required to close the savings gap, currently only £5.1m (12%) of the £42.8m savings plan is supported by Green & Amber Schemes. This suggests the health board has very little plans of detailed substance and action.

- The opportunities pipeline describes £56.1m of opportunities, with a delivery ambition of £18.7m for 2026/27. Clarity is needed on how these align to the £36.0m of pipeline schemes reported in the savings tracker, and if any actions can be taken to increase the pace of conversion to reduce the deficit. In addition, ongoing work is required to continue to strengthen both the depth of the opportunities pipeline, and the timescale for conversion to delivery in support of a balanced financial position.
- The plan describes a significant level of risk at £47.7m, of which £17.2m is described as medium or high risk. This includes £10.2m medium risk to savings delivery.

Further analysis and discussion on the technical aspects of the plan will be followed up by Financial Planning & Delivery Team of NHS Wales Performance & Improvement.

The health board is required to consider and address the above feedback and provide a response to the specific actions required by **29 May**. That response must demonstrate tangible improvements to the Plan in relation to performance and finance.

Yours sincerely



Jacqueline Totterdell

cc. Dr Neil Wooding, Chair HDUHB
Nick Wood
Hywel Jones
Jeremy Griffith
Samia Edmonds



Lee Davies
Director of Strategy and Planning
Hywel Dda University Health Board

Our Ref: SSE/JK

19 January 2026

Dear Lee,

Re: Planning Maturity Self-Assessment

Thank you for submitting your Planning Maturity Self-Assessment and for your patience in waiting for feedback.

This exercise is designed to support a process of structured self-reflection, enabling NHS Wales organisations to assess their planning maturity against defined levels. It provides an opportunity for health boards to evaluate their current planning processes, capacity and capability, clarify future ambitions, and identify the actions and evidence needed to demonstrate progress. The maturity matrix also aims to promote meaningful discussion around integrated planning and elevate its visibility in the organisation, especially at both Board and Executive levels.

As the health board is currently in level 4 escalation for finance, strategy and planning, this submission is required as part of your health board's de-escalation criteria. Your self-assessment will be considered as part of the evidence base for the next tripartite escalation review.

As you'll recall, we introduced a revised planning maturity matrix earlier this financial year, which was shared with NHS Directors and Assistant Directors of Planning across Wales. Given that your organisation had already begun its self-assessment against a previous version of the matrix, we agreed that it was reasonable for you to continue using the framework you were already working to avoid any unnecessary duplication or disruption. I would like to take this opportunity to thank and recognise Dan Warm for his support in developing the new Maturity Matrix.

After reviewing your submission, with input from NHS Performance and Improvement, it is clear the health board approached its self-assessment with commendable transparency, and constructive self-critique. It was encouraging to see

the process used as an opportunity for objective reflection on planning capability and capacity, including the methodology used for scoring. While some of your own scoring may have been lower than you had hoped, this demonstrates a positive level of maturity - acknowledging areas for development is a critical step toward building a stronger, more resilient planning function.

The submitted transcript demonstrates strong engagement and internal discussion, adding credibility to the scoring process and reflecting organisational commitment. We hope this has also helped raise the profile of planning within the health board, which is a key aim of the maturity assessment process.

However overall, there were two areas where the submission did not fully meet expectations. Firstly, the evidence provided to support the scores was limited, relying primarily on high-level bullet points rather than detailed examples, such as specific actions taken or embedded documents. As a result, reviewers had to draw on their own knowledge of the health board’s activities to provide feedback. That said, it was positive to see the honest reflections in each area.

Secondly, the submission did not include any associated actions. While we understand actions are often refined following receipt of feedback, our expectation is that a set of supporting actions should already be developed and form part of the submission recognising that these are subject to adjustment based on feedback. As this process is focused on development, these actions are arguably one of the most critical components. The inclusion of action is intended to reflect the Board’s commitment to improvement.

Following a review of your submission and a constructive discussion with your team, we have prepared feedback for each domain of the matrix as outlined below:

1. Strategy Development	
HDUHB Self-Assessed Level	1
<p>We agree that your organisation’s analysis and scoring accurately reflects the health board’s position in relation to this domain.</p> <p>We acknowledge the significant efforts being made in this area, despite the challenges and constraints you are facing. It is encouraging to see that the health board is actively undertaking a strategic refresh of its Healthier Mid and West Wales strategy and progressing the development of a Clinical Services Plan. These initiatives demonstrate a strong commitment to shaping a consolidated strategic plan and long-term vision. We however recognise that the current lack of agreed strategic direction is impacting service planning and the development of business cases and service change.</p> <p>Once these strategic pieces of work are finalised and embedded, we anticipate that the health board’s position - and therefore its score - will strengthen significantly.</p>	

2. Strategy Alignment and Development of a 3 year Integrated Medium Term Plan (IMTP)

HDUHB Self-Assessed Level

2

We consider the organisation's analysis and scoring to be broadly in line with Welsh Government's assessment.

The health board was unable to submit an IMTP for 2025–28 and instead provided an annual plan for 2025–26. However, we recognise the progress being made towards submitting an approvable IMTP. The ongoing work to undertake a strategic refresh and develop your Clinical Services Plan, as well as ongoing work on financial recovery, will set a strong foundation for a comprehensive IMTP in the future.

We were pleased to see that the transcript evidenced a robust and constructive discussion on strategic alignment. We appreciated the clarification provided during our conversation on your plans that require alignment, and the rationale for the current score, recognising the challenges of working with a strategy still in development.

Our discussion also highlighted the health board's clear commitment to a values-based approach, supported by enabling actions and the work of a dedicated team leading major workstreams. This is an excellent step forward. To further strengthen future submissions, it would be helpful to include clearer evidence of how these principles are being embedded consistently across all levels and projects. During our discussion with you, we explored what evidence was used to inform the discussion with your colleagues on maturity scoring - This provided helpful insight into the method used for scoring.

For the key consideration of 'Operational delivery disconnect from planning intentions,' we encouraged the health board to reflect, as part of its action plan development, on ways to strengthen planning capacity across the organisation. This should build on the findings from the Sally Attwood review to ensure planning intentions are embedded throughout the organisation, including within delivery teams.

While we recognise the progress and commitment demonstrated, we noted some gaps in evidence for areas such as testing cost impact, and demand and capacity modelling. Addressing these gaps will significantly strengthen the evidence base and enhance the overall robustness of future submissions.

3. Dynamic and Engaged Planning

HDUHB Self-Assessed Level

2

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain. It was encouraging to hear about the improvements being made in this area, particularly through earlier and more

structured workshops and improved engagement with operational teams – both are a clear step toward strengthening organisational planning. We note the positive progress that has been made and recognise that the work underway to develop the organisation’s longer-term strategy will be key to strengthening the alignment of individual plans and overall delivery.

We valued the context provided regarding the rationale for the consideration ‘struggle to plan and deliver change’ and the insight into the different tensions within the organisation. It is clear the health board is actively considering and reflecting on these challenges, and we look forward to seeing how this work translates into tangible actions for improvement.

We note that the establishment of the Regional Joint Committee will support the work in this area. However, in the absence of the Committee’s clearly defined outputs, it is difficult to see how this work translates across to the health boards strategic planning. It will be important to ensure that strategies and plans reflect the priorities identified by the Joint Regional Committee.

For future submissions, it would be helpful to understand how progress is being measured—both in terms of staff and partner engagement with your strategy and ownership of the annual plan/ IMTP development process, as well as the impact of actions taken to deliver change. Clearly evidencing these improvements will further strengthen your position and showcase the positive steps being taken.

4. Operational Planning

HDUHB Self-Assessed Level

2

We agree that your organisation’s analysis and scoring accurately reflects the health board’s position in relation to this domain.

Despite the lack of evidence provided in your submission, we are aware from our discussions with you, that work has been undertaken to strengthen operational planning within the health board, particularly in advancing demand and capacity planning processes — this is a positive step toward more robust planning. However, the organisation still has some way to go to do this consistently across the organisation and so it was reassuring to see that your assessments recognise the areas where further progress is needed.

Our discussions have provided greater clarity and confidence in your processes for reviewing plans and taking remedial action where necessary. To strengthen future submissions, we would encourage you build on the evidence already provided by providing great clarity on the actions your organisation is taking – potentially linking these actions to the Sally Attwood review would demonstrate how the health board is addressing regular review of service plans and operational planning capacity.

We also welcomed the conversation on the specific actions being taken to address the key considerations identified. Clearly outlining these actions in future submissions will strengthen your position and showcase progress against the challenges outlined.

5. Best Practice Approach to Improvement

HDUHB Self-Assessed Level

2

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain.

We see clear opportunities to strengthen future submissions by showcasing the impact of key initiatives, such as your Quality Improvement Strategic Framework (QISF) and the national Value and Sustainability Board (VSB). From our discussion, it was encouraging to learn that the health board has mirrored national strategic groups like the VSB internally—this alignment provides a strong foundation and would provide compelling evidence of strategic coherence. It would also be valuable to highlight the positive impact this structure is having on planning and delivery capability.

We were particularly interested in the development of your internal integrated dashboard, which sounds like an excellent innovation. We would welcome a further discussion on this to explore its potential and identify opportunities for wider learning and sharing.

It was also positive to hear about the health board's dedicated Value-Based Health Care (VBHC) team, now reporting to the Strategy and Planning Committee and leading major projects. This demonstrates a strong commitment to embedding VBHC principles. To build on this, it would be helpful to develop and apply these principles consistently across all teams, beyond the dedicated VBHC team, and how their impact is being measured. We recognise the challenge of generalising benefits from specific areas of work, such as heart failure, and look forward to seeing further progress in capturing and monitoring benefits across the organisation.

Future submissions could also be strengthened by demonstrating how benchmarking with other NHS organisations is being used to drive improvement. This would provide clear evidence of learning and continuous development.

Overall, it is evident that processes are in place and that multiple approaches are being adopted to deliver improvement. The next step is to ensure these are embedded consistently and effectively across the organisation. We look forward to seeing how the health board continues to build on this strong foundation.

6. Realistic and Deliverable

HDUHB Self-Assessed Level

1

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain.

The health board's progress in delivering savings through a planned approach is noted and reflects a positive trajectory. Looking ahead, the development of a financial sustainability roadmap will be a critical step in shaping future plans and supporting the organisation's journey toward long-term stability.

It is also encouraging that most ambitions within the health board's 2024/25 plan were achieved, with some areas even exceeding expectations. This success presents an exciting opportunity for future planning: the health board could consider rebalancing efforts by redirecting capacity from areas of over-performance to those requiring greater focus. Doing so could help optimise resources and ensure progress is consistently strong across all priorities.

The health board recognises that a clear multi-year plan is essential to achieving financial sustainability.

7. Systems and Processes for Performance, Accountability and Improvement

HDUHB Self-Assessed Level

2

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain.

From our discussion, we welcomed the update on the new model for Clinical Coordination Groups (CCGs), which was implemented post self-assessment. It was helpful to understand the delivery approach through these CCGs, the associated oversight arrangements, and the health board's internal escalation framework and processes - aligned to Welsh Government escalation levels. This represents an approach that supports early intervention to ensure promising improvement, and we look forward to seeing how this model develops and delivers impact.

As this approach becomes fully embedded, it will be important to demonstrate its effectiveness through clear, measurable indicators, showing the positive impact on planning and delivery, while monitoring for any unintended consequences.

Looking ahead, we would welcome more detail on techniques—such as impact improvement plans—being used to support early identification of sub-optimal performance, as referenced within the framework.

One area that could significantly strengthen future submissions is demonstrating alignment between your transformation programme and performance priorities. While we recognise the valuable work underway through your VBHC team in areas such as diabetes - providing clear evidence of how this programme links to the Cabinet Secretary's delivery expectations within the Planning Framework would showcase strategic coherence and impact of activity.

I note that the organisation's assessment highlights "concerns about excessive bureaucracy and reporting burden" and "accountability structures exist but need to be clarified" – We recognise that reporting can feel burdensome, particularly when organisations are under pressure to deliver. However, it is important that reporting arrangements are regarded as enablers. Effective reporting creates a shared understanding of priorities, risks, progress, and constraints. This supports early identification of issues, strengthens decision-making, and helps demonstrate

impact and value.

8. Measurable and Improving Performance

HDUHB Self-Assessed Level

2

We agree that your organisation's analysis and scoring accurately reflects the health board's position in relation to this domain.

We agree with your assessment that the overall performance is improving across many areas, but further progress is still required. The development of SMART objectives is key to progress under this domain. We noted some discussion around the health board's key consideration describing performance as "not yet consistently measurable" rather than "reliant on measures." Providing greater clarity on this distinction in future submissions would help strengthen understanding.

We also recognise that there are areas where service delivery is not yet fully aligned with performance trajectories. Clearly evidencing the actions being taken to address these gaps will further enhance future submissions and demonstrate the health board's commitment to continuous improvement.

One development that offers significant potential is the Clinical Services Plan (CSP). The health board is well advanced in its CSP development, and there was agreement that successful delivery of this plan will play a key role in aligning service delivery with service sustainability and support the achievement of performance trajectories. We look forward to seeing the positive impact of this work once implemented.

9. Assurance

HDUHB Self-Assessed Level

3

We were in some agreement with the health board's score of 3, however it was felt that some aspects of the evidence provided may have been more aligned to a score of 2. Therefore, the health board may wish to reflect on this in future submissions.

It is clear that robust assurance processes are in place and have successfully supported the organisation in navigating a challenging landscape to date. To strengthen future submissions, it would be helpful to provide clearer evidence of how these processes are tested and validated for effectiveness. This would showcase the health board's commitment to continuous improvement and transparency.

We also noted instances where clinicians have spoken publicly about service issues, which may indicate the need to further enhance assurance and engagement loops—particularly around clinical elements. Strengthening these connections will help reinforce confidence and collaboration across the organisation.

We recognise from the key considerations—and from our own knowledge—that the health board is prepared to address difficult challenges. Looking ahead, strong decision-making will be critical, particularly in relation to closing the financial gap and delivering the Clinical Services Plan. These areas represent important opportunities to demonstrate leadership and progress as part of future planning.

As I have already mentioned, this process is ultimately about self-reflection, to support development and improvement. As discussed during the recent self-assessment review with your team, while the completion of key products such as your strategy and Clinical Services Plan remains important, the primary focus of your identified actions should be on strengthening the underpinning planning capability and capacity within the organisation. This includes enhancing planning processes and engagement; clearly articulating the approach and ensuring it is supported by defined timelines, accountable owners, and measurable impacts.

We will continue to monitor progress on these actions and their impact through our scheduled touchpoint meetings. I would be grateful to receive your refined actions, reflecting the feedback that has been provided, at the earliest opportunity.

I hope that you find this feedback helpful. It is encouraging to see the progress being made by the health board in its planning maturity journey. Our feedback is intended to be constructive and supportive, helping to further develop planning capacity and capability across the organisation as well as strengthen future submissions. We would be very happy to offer an informal conversation to explore the process, scoring, and feedback with you during the monthly planning touchpoint meetings.

Yours sincerely



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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategy and Planning Maturity Matrix

Independent Self-Assessment: Microsoft Forms Design and Build Specification

Hywel Dda University Health Board

Prepared for the Planning Steering Group and Executive Team | June 2026 | Version 1.0 (draft for agreement)

In one paragraph. This specification sets out a proportionate way to assess the Health Board's planning maturity against the revised NHS Wales matrix (September 2025), using a short Microsoft Forms questionnaire that members of the Planning Steering Group, the Executive Team and wider planning contributors complete independently. It scores all twenty-four themes across the six domains, separates independent scoring from group discussion to reduce group-think, and produces the evidence base for the Board-approved annual return to Welsh Government. Sections 1 to 6 explain the design. Section 7 is the build sheet to hand to whoever sets up the form. Sections 8 to 11 cover analysis, aggregation, the route to Board approval, and the fit with Welsh Government's expectations.

Contents

1. Purpose and how to use this document
 2. Design principles
 3. Recommended Microsoft Forms structure
 4. Introductory wording for respondents
 5. Scoring and confidence: the approach
 6. Comments and evidence: mandatory or optional
 7. The question bank (build sheet)
 8. Collation and analysis
 9. Aggregation and weighting options
 10. From individual responses to a Board-agreed submission
 11. How this meets Welsh Government's expectations
- Appendix: build checklist for the form administrator

1. Purpose and how to use this document

This document does two things. It sets out a proportionate method for assessing how mature the Health Board's planning is, and it gives the person building the form the exact questions to enter into Microsoft Forms. The design is deliberately score-led: the primary objective is an independent, evidence-informed maturity score for each theme, with narrative and evidence collected only where they explain or substantiate that score.

The revised NHS Wales Strategy and Planning Maturity Matrix carries six domains and twenty-four themes. Welsh Government uses the self-assessment as the evidence behind one of its de-escalation criteria, namely its confidence in delivery as assessed by the planning maturity matrix. The return must be approved by the Board. The matrix is therefore not a paperwork exercise. It is the instrument through which the organisation demonstrates that it understands its own planning capability and is acting on it.

The approach here asks individuals to score in their own time, without a workshop or a group scoring session. Independent first, discussion second. That order matters. Scoring alone reduces group-think and the pull of the most senior voice in the room, it surfaces honest variation, and it gives the later validation discussion something real to work with rather than a number the group has already talked itself into.

How to use it

- **Sections 1 to 6** explain the design and the choices behind it.
- **Section 7** is the build sheet. Hand it to whoever sets up the form and they can enter it directly, theme by theme.
- **Sections 8 to 11** cover collation and analysis, aggregation options, the route from individual responses to a Board-approved submission, and how the approach meets Welsh Government's expectations.

One rule governs everything that follows: the form must be quick to complete. Senior diaries are limited. A form that is too long or too narrative-heavy will not be finished, and an unfinished form gives a weaker evidence base than a short one that everyone completes. Every design choice below is made to protect completion.

2. Design principles

Seven principles shape the form.

Score the themes, not just the domains. Six domain scores would hide more than they reveal. Twenty-four theme scores show where strength and weakness actually sit, and where colleagues genuinely disagree. This is the more credible and more useful basis for an annual submission.

Independent completion. Each person scores alone, before any group conversation. There is no shared spreadsheet and no live group scoring. This is the single most effective guard against group-think and against anchoring on a senior judgement.

Score-led, not narrative-led. The mandatory content is a number and a confidence rating. Narrative is invited only where it explains the score. We are collecting judgement and the reason for it, not an essay.

Confidence travels with the score. A 3 held with high confidence and a 3 held with low confidence mean different things. Capturing confidence lets the organisation tell a settled score from a contested one, and tells the validation discussion where to look.

Anonymous by category. The form records the respondent's category, not their name. People score more honestly when the score is not attributed to them. Category still allows the one comparison that matters for accountability: the Executive Team against the wider group.

Honest about reach. No one sees every part of planning. Each scoring question offers an option to record that the respondent cannot assess the theme, so people skip rather than guess. A guessed score is noise. An honest gap is information.

Proportionate evidence. Evidence is uploaded only where it substantiates a score that may sit apart from others. The full evidence base for the submission is assembled later, at validation, against the agreed scores. It is not crowd-sourced through the form.

3. Recommended Microsoft Forms structure

One form, organised into sections. Microsoft Forms supports sections, which keeps each domain on its own page and lets respondents see how far they have to go. The form opens with a welcome and a single question about the respondent's category, then works through the six domains in turn, and closes with an optional comment.

Form settings

- **Responses anonymous.** If the form is issued on the setting that allows only people in the organisation to respond, turn off "Record name" so responses cannot be attributed. If it is issued on the setting that allows anyone with the link to respond, it is anonymous by default. Either way, the category question does the work a name would otherwise do, without the chilling effect.
- **One response per person** where the chosen link allows it, to avoid duplicates, and the progress bar switched on so respondents can pace themselves.
- **No branching required.** Everyone passes through all six domains. The "Not able to assess" option handles relevance without the complexity of branching.

Section map

Section	What it contains	Questions
Welcome and instructions	Introductory wording (Section 4 of this document). No questions.	0
About you	Respondent category (anonymous).	1
Domain A to Domain F	One section per domain. Each theme is presented as a four-question block, followed by a single prioritisation question for the domain.	see below
Close	One optional open comment, then submit.	1

Volume and completion time

Twenty-four themes, distributed as eight in Domain A, four in Domain B, and three in each of Domains C to F. Each theme carries two mandatory clicks (a score and a confidence rating) and two optional items (a short reason and an evidence upload). Each domain adds one mandatory prioritisation question.

Item	Count	Mandatory?
Respondent category	1	Yes
Theme score (1 to 5, or Not able to assess)	24	Yes
Theme confidence rating	24	Yes
Domain prioritisation question	6	Yes
Theme reason (around 500 characters)	up to 24	Optional
Theme evidence upload	up to 24	Optional

Expected completion time is around 15 to 25 minutes for a respondent who scores and moves on, longer only where they choose to write reasons or attach evidence. This estimate assumes single-click scoring with selective narrative. Respondents are told they may score only the domains they can speak to. An operational service lead is not expected to score horizon scanning, and should not feel obliged to.

4. Introductory wording for respondents

The text below is written to be pasted into the form's opening description. It is deliberately plain, so that a clinical lead, a corporate colleague and an operational manager all read it the same way. It can be used as it stands.

Thank you for taking part in this assessment. It asks for your independent view of how mature the Health Board's planning is today, judged against the NHS Wales Strategy and Planning Maturity Matrix. Your scores, alongside those of your colleagues, form the evidence base for the Board-approved return we make each year to Welsh Government.

Please complete it on your own, before discussing your scores with anyone else. We are collecting independent views by design. Where we agree, that is assurance. Where we differ, that is exactly what the follow-up discussion needs to see.

It takes around 15 to 20 minutes. For each theme you give a maturity score from 1 to 5 and say how confident you are in it. A short reason is welcome but optional. You only need to attach evidence if you believe your score needs substantiating, for example where it may sit some way from the likely consensus.

The five levels are: 1 Basic Level, the principle is accepted and there is commitment to act; 2 Early Progress, early development is under way; 3 Results, initial achievements are in place; 4 Maturity, results are achieved consistently; 5 Exemplar, others are learning from our consistent achievements.

Score the level the organisation can currently evidence, not where we aspire to be and not a single best example. If a theme sits outside your line of sight, please choose "Not able to assess". A considered gap is more useful to us than a guess.

We record the type of role you hold, not your name. Please answer as openly as you can.

This takes a little focus, but it gives the Board and Welsh Government an honest picture of where our planning is strong and where it needs to develop. Thank you.

Respondent category question

Question (required, single choice): "Which best describes your main role in relation to planning?"

Options: Executive Team / Planning Team / Clinical Care Group / Corporate Directorate / Operational Service / Other.

5. Scoring and confidence: the approach

Every theme is scored on the same five-level scale, taken directly from the matrix. The scale is progressive, so a respondent records the highest level the organisation can currently evidence.

Level	What it means
1 Basic Level	Principle accepted and commitment to action
2 Early Progress	Early progress in development
3 Results	Initial achievements

Level	What it means
4 Maturity	Results consistently achieved
5 Exemplar	Others learning from our consistent achievements

Choosing a level. Score what can be evidenced now, not the ambition and not the best single example. Where the evidence sits across two levels, choose the lower unless the higher is clearly the better description of the balance. This mirrors the Welsh Government guidance, which asks for evidence at one level of each theme and a judgement based on where the balance of evidence lies.

Not able to assess. This option is provided on every score question and is excluded from the averages. It keeps the data honest and stops the form punishing people for the limits of their role.

Confidence. Each score is accompanied by a mandatory confidence rating of High, Moderate or Low. Confidence is not a second score. It qualifies the first. High signals clear sight of the area and clear evidence; Moderate signals reasonable sight with some gaps; Low signals limited sight or mixed signals. Capturing it lets the organisation separate a contested 3 from a settled one, and tells the validation discussion which scores to test against evidence before they are trusted.

6. Comments and evidence: mandatory or optional

The score and the confidence rating are mandatory. The reason and the evidence are optional, by design.

Why the reason is optional and short. A guide of around 500 characters, roughly eighty words, keeps the reason to its main point. Make it mandatory and two things happen at once: completion falls, and people write to fill the box rather than to inform. Optional and short gets the reasons that matter without taxing the people whose time is scarcest. The question sits directly under each score and reads: "What is the main reason for your score?"

Why evidence is optional and targeted. The form is not the place to assemble the whole evidence file. Ask for an upload only where a respondent thinks their score may differ materially from others and wants to substantiate it. This keeps the form light and puts the right evidence next to the contested scores, which is where it earns its place. The full evidence base for the submission is built afterwards, at validation, against the agreed scores.

Item	Status	Why
Respondent category	Mandatory	Enables the Executive Team to be compared with the wider group.
Maturity score (1 to 5, or Not able to assess)	Mandatory	The core output of the exercise.
Confidence rating	Mandatory	Distinguishes settled scores from contested ones.
Reason (around 500 characters)	Optional	Explains the score where it helps. Capped to keep it to the point.
Evidence upload	Optional	Substantiates a score that may diverge materially from others.
Domain prioritisation	Mandatory	Identifies where improvement is most needed in each domain.

7. The question bank (build sheet)

This is the section to hand to whoever builds the form. The four-question block below is entered once for every theme. The only thing that changes from theme to theme is the theme name and the descriptor text, both given in the domain tables that follow. At the end of each domain, add the single prioritisation question shown beneath its table.

7.1 The repeating question block (entered once per theme)

Order	Question and settings
1. Score	<p>Type: Choice, single answer. Required.</p> <p>Title: "[Theme name]: what maturity level can the Health Board currently evidence?"</p> <p>Subtitle: paste the five level descriptors for this theme from the domain table below.</p> <p>Options: 1 Basic Level / 2 Early Progress / 3 Results / 4 Maturity / 5 Exemplar / Not able to assess</p>
2. Confidence	<p>Type: Choice, single answer. Required.</p> <p>Title: "How confident are you in this score?"</p> <p>Options: High confidence / Moderate confidence / Low confidence.</p>
3. Reason (optional)	<p>Type: Text, long answer toggled on. Not required.</p> <p>Title: "What is the main reason for your score?"</p> <p>Note: Forms has no native character cap on text. State the guide of around 500 characters in the subtitle.</p>
4. Evidence (optional)	<p>Type: File upload, single file, limit 10MB. Not required.</p> <p>Title: "If your score may differ materially from others and you want to substantiate it, attach brief evidence here."</p>

A practical caveat on evidence and anonymity. Microsoft Forms only allows file uploads when the form is restricted to the organisation, and uploaded files are stored in the form owner's OneDrive with the uploader's identity attached. A file upload is therefore not anonymous, even when the scores are. There are two clean options. Either accept that evidence is attributable while scores stay anonymous, which is reasonable because evidence usually needs an owner anyway, and tell respondents so in the question. Or replace the upload with a short text box, "Which document or source supports your score?", which keeps the form fully anonymous and still points the validation discussion to the right place. The recommendation is the first option, with a clear line to respondents.

Domain A: Strategy Development / Clarity of Purpose, Vision and Strategy

Evidence of a clear purpose, vision and strategy for the organisation. Responds to national, regional, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Strategy & Plan	No CSS or delivery plan in place but strategic framework for its development in development.	Draft CSS developed or in development.	Agreed CSS and development of a co-designed clinical services plan underway, with evidence of strong clinical, stakeholder and public engagement throughout. A patient led approach is evident.	Approved CSS and CSP. Implementation underway. Organisation actively identifies risks and opportunities, outcomes are regularly monitored, and planning is informed by data, horizon scanning, and cross-functional collaboration.	The organisation has a fully implemented CSS and CSP that is continuously refined using real-time data and predictive insights. Regular strategic reviews (at least twice annually) are in place that enable flexible adjustments in response to emerging trends and priorities, in-year performance, and long-term opportunities. Strategic planning is agile, outcome-focused, and aligned with system-wide priorities, to maximise opportunities driving measurable improvements in performance and population health.
Vision & Purpose	Organisation is developing its vision and purpose. Clear outcomes are not yet defined.	Vision and purpose, scope and methodology agreed with clear commitment and leadership at a Board and strategy programme level. Clear outcomes are in development.	Organisational vision and purpose with defined outcomes are affirmed in public and internal documents. Organisation demonstrates proactive leadership at Executive and Board level.	Annual Board discussion takes place on organisational vision and purpose ensuring alignment with CSS and enabling plans, intended outcomes and the identification of risks/issues.	Have regular board debate, at least twice annually, on organisational vision and purpose, ensuring alignment with organisational actions, CSS, outcomes and performance and how in-year achievements, issues or opportunities impact on this. Organisation is able to flexibly adjust its CSS to maximise opportunities and remain responsive, outcome-focused, and future-ready.
Alignment of National Policy and All-Level partnership priorities	National policies and national, regional, local and partnership priorities are understood but are not yet translated into organisational strategies and plans.	National policies and national, regional and local priorities have been translated into strategic intent and agreed with stakeholders. WBFG Act and AHW are apparent and embedded in the agreed approach.	Organisational strategies and plans reflect national policies and national, regional and local health and partnership priorities. WBFG Act and AHW principles and integrated throughout.	Strategies and plans are regularly reviewed. They are aligned and responsive to national policy and legislation, and national/regional/local partnership priorities with clear links to the Regional Partnership Board and Public Service Boards.	Strategies and plans are regularly and proactively reviewed and aligned to emerging national policy and legislation, and local, regional and national partnership priorities. RPB's and PSB's are regularly engaged and involved in process. CSS outcomes demonstrate a contribution to the wider local economy, improved health and well-being and operational effectiveness.
Key Enablers	Key enablers, such as quality, safety, workforce, finance, digital technology, and research, are identified but not yet aligned to	Key enablers are identified, with plans underway to align them with the organisations overarching CSS. Quality	Key enablers are fully aligned with strategic objectives. Their potential is well understood and actively explored to support	Key enablers underpin the development and delivery of the CSS and CSP. Opportunities linked to enablers are translated	Key enablers are embedded across all strategic functions and are delivering measurable improvements and are

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
	strategic planning. Their role in enabling delivery is recognised but not actively managed or coordinated.	expectations are defined, and initial steps taken to coordinate enabler contributions across programmes.	delivery. Quality expectations are clearly defined and embedded in planning processes, with enablers contributing to strategic coherence.	into actionable deliverables. Quality is integrated throughout the key enabling strategies and plans driving performance and improvement.	considered best practice. Their impact is tracked through performance metrics, and they are continuously optimised to support innovation, agility, and system-wide transformation. Quality is not only integrated but drives strategic refinement and outcome achievement.
Engagement in Development	The duties of the Health and Social Care (Quality and Engagement) (Wales) Act (the Act) are identified as integral to the development and implementation of the CSS.	Engagement plans are in place to support the development of CSS.	Engagement plans are agreed and reflect strong clinical leadership. Plans meet the requirements of the Act	Plans are being implemented effectively with robust processes in place to capture diverse voices (internal and external) with strong clinical leadership, and where appropriate and necessary, offers opportunities for stakeholder involvement in shaping the development of CSS.	Organisation operates best practice and continuous engagement with both internal and external stakeholders, exemplifying the values seen in the quality and engagement act, ensuring voices from all communities are heard and reflected in the annual review of the CSS.
Population Health Needs Assessment	Plans are in place to undertake a population health needs assessment.	A basic high level population health needs assessment has taken place and is being used to shape the CSS.	CSS and CSP development is informed by population and health needs assessments and incorporates the wider determinants of health.	There is a single, detailed and regularly updated population health needs assessment in place. Strategies are updated regularly to clearly reflect the outcome of the assessment.	Population health needs assessment is recognised as best practice and is recognised and used by partner organisations (such as PSB and RPB) to form a common and shared understanding. CSS/CSP is regularly tested against current, emerging, and future population health needs.
Priorities & Achievability	The organisation does not have a prioritisation methodology or a recorded list of priorities. Planning is reactive and lacks strategic direction.	The organisation has an approved prioritisation framework related to population health needs assessment and has basic understanding of its priorities but is not yet reflected in plans. health needs.	A prioritisation framework is fully implemented. Priorities are recorded and aligned to population health needs assessments and Cabinet Secretary expectations. Early progress is made to reflect priorities in plans, with initial monitoring arrangements in place.	The organisation has a published, best-practice prioritisation methodology. It is fully aligned to population health needs and Cabinet Secretary expectations. Prioritised services are proactively reviewed and updated, with robust monitoring and governance of decisions embedded in planning cycles.	Prioritisation is embedded across all planning and decision-making processes. The methodology is sector-leading based on the outcome of the population health needs assessment and Cabinet Secretary's expectations. It is co-produced with stakeholders, and continuously refined through evidence, evaluation, and engagement. Priorities are transparently linked to outcomes, resource allocation, and national policy, with real-time monitoring and adaptive planning in place.
Horizon Scanning	Horizon scanning is infrequent and informal, with no structured process or discussion at Executive or Board level. Strategic planning is reactive,	Annual horizon scanning is conducted to identify key risks and opportunities. Findings begin to inform strategic thinking, but integration into	Horizon scanning is carried out regularly and used to test and validate strategic plans against future trends and risks. Insights are reviewed annually and inform planning cycles, with	Horizon scanning is embedded into strategic planning and governance processes. Findings are discussed at Board level annually, and strategies are actively validated and adjusted	Horizon scanning is systematic, forward-looking, and published. It informs biannual Board-level strategic discussions and enables flexible, data-driven adjustments to CSS. Insights are

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
	lacking foresight into emerging risks, trends, or opportunities.	planning and governance remains limited.	growing Board-level engagement.	based on emerging insights. The organisation uses structured methods to anticipate change and mitigate risk.	used to anticipate future scenarios, align with system-wide priorities, and ensure the organisation remains agile, resilient, and future-ready.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain A requires the greatest improvement over the next 12 months?"

Options: Strategy & Plan / Vision & Purpose / Alignment of National Policy and All-Level partnership priorities / Key Enablers / Engagement in Development / Population Health Needs Assessment / Priorities & Achievability / Horizon Scanning

Domain B: Strategy Alignment and Development of an IMTP

Evidence of alignment of strategy with components of the plan.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
IMTP Development	Organisation has an annual plan which responds to some but not all elements of planning framework and cannot provide a financially balanced plan over 3 years.	Organisation has an approved IMTP that aligns with the core elements of the planning framework. The plan demonstrates a structured approach to strategic priorities and is informed by baseline data. It includes initial consideration of risks, outcomes, and resource requirements.	IMTP meets almost all policy expectations and is tailored to deliver clear service transformation aligned with an agreed CSP and reflects a shift from operational delivery to strategic impact. Growing maturity in linking planning to measurable impact, return on investment, and strategic priorities. Risks are clearly identified, with evidence of controls and early mitigation strategies.	The IMTP meets all policy expectations and is consistently delivering against the quadruple aim and is embedded across the organisation and transforming services through the CSP. Risks across quality, access, workforce, and finance are actively managed with evidence of controls and mitigation and demonstrates clear alignment between planning, performance, and transformation.	The IMTP exceeds all national policy expectations. It is recognised as a benchmark for excellence, driving system-wide transformation and delivering sustained impact across the quadruple aim. The plan is co-produced, future-focused, and underpinned by robust evidence, innovation, and adaptive governance. It demonstrates clear and advanced triangulation, delivery timelines and milestones, and integrated risks and mitigation.
Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan	Some alignment is visible between the annual plan and CSS with the organisation planning on a continuous annual cycle.	Alignment is clear and coherent between the IMTP and CSS with the organisation planning on a continuous annual cycle.	The IMTP is tailored to deliver clear service transformation in line with an agreed Clinical Services Plan. Plans are directly linked to quality, performance and accountability and informed by detailed and future facing modelling.	Coherent aligned plans, including a commissioning plan are performance managed, with staff owning, adapting, acting on and learning from variation.	Planning is owned by all staff and fully integrated and aligned across organisational tiers and system partners. There is a clear golden thread between local, national and regional strategies and partnerships with dynamic alignment to the CSS and Plan, IMTP, commissioning intentions, resulting from horizon scanning results, detailed population health needs assessment and enabling strategies (e.g. workforce, digital, estates).
Triangulation of Services	Basic high-level triangulation is taking place between services, activity, workforce and finance.	Clear triangulation between services, activity workforce and finance.	Detailed triangulation between services, activity workforce and finance at service level.	Clear detailed and robust triangulation and analysis of activity, workforce and finance which considers other holistic requirements such as training and working regionally.	Triangulation is system-wide, predictive, and continuously refined through real-time data and advanced analytics. It informs strategic decision-making, resource optimisation, and service redesign across organisational boundaries. The organisation demonstrates a proactive approach to managing interdependencies, future workforce needs, financial sustainability, and service demand, with clear links to population health, regional collaboration, and innovation.
Commissioning	The Board sets out high level commissioning intentions primarily focused on statutory requirements and broad service	The organisation has an approved and operational commissioning process. Intentions begin to reflect service	Commissioning decisions are prioritised based on service need, population health data, and performance metrics. The	The organisation has a clear, transparent commissioning plan that includes a transparent prioritisation framework and	Commissioning is strategically embedded across the organisation and system, with clear alignment to the population

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
	categories. Commissioning is reactive, with limited strategic alignment or stakeholder engagement.	priorities and are informed by basic population health data and stakeholder input.	impact of commissioned and supporting organisations is actively considered.	actions for both commissioning and decommissioning ensuring risk to patients are minimised. Decisions are evidence-based, responsive to changing needs and communicated effectively to stakeholders.	health needs assessment, clinical priorities, and service transformation goals. The process is co-produced with stakeholders with a clear and transparent prioritisation framework, underpinned by robust evidence, and includes pro-active decommissioning where appropriate with detailed communication strategies. Commissioning decisions are transparent, equitable, and continuously evaluated for impact on quality, access, and outcomes.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain B requires the greatest improvement over the next 12 months?"

Options: IMTP Development / Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan / Triangulation of Services / Commissioning

Domain C: Dynamic and Engaged Planning

Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes. Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models e.g. via regional solutions, consolidation of services etc.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Stakeholder Engagement	Staff and partners are aware of CSS/CSP and there is a public commitment in place to undertake stakeholder engagement.	Organisational engagement is evident in practice and reflected in the CSS/CSP. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a person-centred approach. Staff engagement at an organisation level is increasing.	Full and proactive continuous engagement including diverse communities which informs, owns and tests all impact assessments. Feedback from engagement activities influences and challenges the plan. Planning is also embedded and co-ordinated throughout the organisation.	Internal continuous engagement sees a fully engaged and informed workforce who are able to co-produce. 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 CSS/CSP.
Service Delivery Risk and Issue Management Approach	Organisation has a service risk management approach in place, but it has not been fully adopted across all areas.	Organisation has service risk management approach embedded across all areas of the organisation and has robust plans in place to address / mitigate risks	A risk management approach is evident and consistent across organisation. The organisation stop fragile services are identified.	The risk management approach enables the early identification of fragile or soon to be fragile services allowing for early intervention to ensure service sustainability. Organisation sees less urgent service changes.	Potential fragile services identified early and robust risk management across organisation pre-emptively responding to emerging service risks and the organisation is able to flexibly adjust plan. The Board are informed and regularly updated on fragile services and organisation rarely sees urgent service changes.
Service Model / Regional Design	Organisation has no route, or route is ineffective to discuss potential opportunities or joint risks. Regional collaboration is minimal, ad hoc, and lacks strategic intent.	Strengthened partnership working arrangements are in place. A methodology for working together is developed, with early efforts to align priorities and build trust.	Opportunities for regional working and shared solutions are identified and developed collaboratively. Planning is increasingly aligned across organisations, with joint priorities and resource sharing.	Agreed proposals for robust regional service models (e.g. consolidation, shared services) are in place and delivery is underway. Governance structures support joint accountability and performance management.	Regional collaboration is fully embedded, strategically led, and continuously evolving. The organisation is a proactive system leader, driving the development, implementation, and optimisation of shared service models and regional solutions. Collaboration is underpinned by co-produced strategies, shared governance, and dynamic intelligence. The organisation anticipates future needs, fosters innovation, and delivers measurable improvements in equity, efficiency, and outcomes across the region.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain C requires the greatest improvement over the next 12 months?"

Options: Stakeholder Engagement / Service Delivery Risk and Issue Management Approach / Service Model / Regional Design

Domain D: Operational Planning

Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. Embedding a culture of reducing unwarranted variation, improved performance and outcomes end evaluation of improvements

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Demand & Capacity Modelling	Basic demand and capacity work is undertaken and contains an appropriate level of detail to support service delivery	Demand and capacity planning undertaken at speciality level to support the design of current and future services. Data is more structured and used to inform service-level decisions	Robust and profiled projections of demand and capacity are used to inform the development of individual service plans, the Clinical Services Plan, and the IMTP. Planning is increasingly data-driven and cross-functional.	The organisation uses detailed and advanced modelling capability to support strategic planning. Demand and capacity modelling is embedded in the IMTP and informs transformation, workforce, and financial planning. Predictive analytics and AI tools support long-term planning.	Demand and capacity modelling including modelling projections is at the core of planning processes across the organisation. Predictive analytics and AI tools support long-term planning. Modelling triangulates resources, staff, finance and activity. It is able to undertake modelling at all levels of prevention and illustrates scenarios for improvement for the IMTP.
Clinical Leadership & Input	Clinical leads are identified and their roles are defined. Engagement is limited to basic consultation or information sharing	Clinical leads begin to inform service planning and contribute to performance improvement discussions. Their input is considered but not yet central.	Clinical leads are embedded early in the planning cycle to ensure that service design is clinically credible and patient-centred. Clinical leads co-produce plans and provide leadership in development processes. Their involvement is structured and increasingly strategic.	Clinical leadership is embedded in operational planning. Clinical teams actively shape service direction in alignment contributing to future direction services in line with clinical services plan.	Clinical leadership sits at the heart of planning and performance with a strong focus on quality and improvement. Clinical leaders co-produce plans and drive the future direction of plans through developing a culture of quality, innovation, and continuous improvement, fostering deep engagement and ownership across clinical teams.
Planning Process	Organisation has basic operational plans and planning process in place.	Operational plans are regularly reviewed and remedial action undertaken.	Operational plans have robust triangulation and modelling of plans based on a clear and consistent approach to demand and capacity modelling across the organisation	Coherent aligned and triangulated plans with clear links to CSS and CSP, including, with staff owning, adapting, acting on and learning from variation and inequity.	Operational plans are fully aligned and integrated into the development of IMTP and CSP. Staff own the process and act on opportunities and learning to improve holistic service provision and patient experience.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain D requires the greatest improvement over the next 12 months?"

Options: Demand & Capacity Modelling / Clinical Leadership & Input / Planning Process

Domain E: Best Practice Approach to Improvement

Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Engagement	Engagement is minimal and reactive. Feedback is collected from patients and staff, but there is no structured approach to measuring the effectiveness of engagement activities or approach. Insights are rarely used to inform decision-making.	The organisation has a visible commitment to best practice, supported by training and an improvement strategy. Engagement with national programmes is active, and structured methods for collecting feedback and measuring impact are in place, though not yet fully embedded.	Organisation is developing an engagement strategy/plan and is proactive in identifying and learning from best practice in engagement to ensure voices are captured from all stakeholders especially clinical, minority and diverse voices.	Engagement is embedded across all organisational activities, planned and unplanned. The engagement strategy ensures robust inclusion of diverse and clinical voices, supported by strong data collection and analysis. Feedback directly informs action, driving continuous improvement.	Stakeholder engagement is transformational, co-designed and co-led by patients, staff, and communities. Real-time feedback tools enable adaptive responses, while inclusive practices ensure diverse voices shape decisions. The organisation is nationally recognised for its leadership in engagement, with a clear link between stakeholder input and measurable improvements
Benchmarking	Organisation is beginning to explore value-based healthcare principles, but planning remains reactive and output-focused. Benchmarking is ad hoc, with limited structure or consistency. There is minimal understanding of how comparative data can drive improvement, and benchmarking is not yet linked to strategic goals.	Value-based planning is gaining traction, and regular benchmarking is conducted with other NHS organisations. The organisation begins to use structured benchmarking methods to identify best practice, though application is inconsistent. Staff awareness is growing, and benchmarking is starting to inform service reviews and improvement discussions.	Benchmarking processes are formalised, consistently applied, and span across Wales and the UK. The organisation uses comparative data to identify performance gaps and inform strategic planning. Benchmarking is aligned with value-based healthcare principles, and results are used to prioritise improvement initiatives. Staff are engaged in interpreting data and applying insights to their areas.	Benchmarking is fully integrated into planning and performance cycles. Staff across the organisation actively lead benchmarking and improvement initiatives, using data to drive decisions and measure impact. There is a strong culture of ownership and continuous learning. Benchmarking includes qualitative and quantitative measures, peer comparisons, and outcome-focused metrics aligned with patient value. Insights are shared across teams and used to scale best practice.	Demonstrates full integration of benchmarking and value-based planning across strategic, operational, and clinical areas. Advanced analytics, including predictive and real-time data, drive proactive improvements and innovation. Recognised as a leader in the NHS, the organisation shapes best practice while fostering a culture where staff lead continuous improvement and scalable innovation.
Governance	Governance arrangements are informal, fragmented, or unclear. Oversight of IMTP development is minimal, with limited accountability, transparency, or alignment to strategic priorities. There is no structured process for risk management, stakeholder involvement, or performance monitoring.	A governance structure has been established to provide direction and oversight for IMTP development. Roles and responsibilities are defined, and basic reporting mechanisms are in place. There is growing awareness of the need for structured governance, but integration with programme-level planning and delivery is still emerging.	A formal governance and accountability framework is in place for IMTP development and monitoring at programme level. IMTP and CSS/CSP governance is aligned with strategic objectives, includes defined escalation routes, and supports performance tracking. IMTP Governance is periodically tested for improvements.	Governance is embedded across the organisation, with a mature CSS and oversight mechanisms that are reviewed annually for relevance and effectiveness. IMTP and CSS/CSP governance structures support cross-functional collaboration, robust data use, and continuous improvement. Governance is constantly and pro-actively tested for improvements.	Governance is fully integrated, agile, and strategically aligned across all levels. Oversight of the IMTP, CSS and CSP is co-produced with clinical leaders and stakeholders, supported by real-time data, predictive analytics, and dynamic risk intelligence. IMTP/CSS/CSP governance structures are benchmarked against national best practice, continuously refined, and used to drive innovation, accountability, and system-wide impact. Decision-making is transparent, inclusive, and outcome-focused.

Prioritisation question for this domain (required, single choice). "Which single theme in Domain E requires the greatest improvement over the next 12 months?"

Domain F: Realistic and Deliverable

Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.

Theme	1 Basic Level	2 Early Progress	3 Results	4 Maturity	5 Exemplar
Risk Identification & Management	Risk identification and management are inconsistent and reactive. Risks to IMTP delivery are not systematically captured or monitored. There is limited ownership or visibility of delivery risks.	A formal risk management process exists and is applied to IMTP delivery at a high level. Risks are identified at the planning stage and tracked through basic registers and reviewed periodically. Ownership is clearer, but integration with delivery assurance is limited. Escalation processes in place but not always followed.	Risk identification and management are embedded in IMTP development and delivery processes. Risks are identified early and linked to specific objectives, milestones, and outcomes. Controls are monitored, and mitigation actions are tracked. Risk registers are dynamic and inform delivery with clear ownership.	Risk management is proactive, strategic, and forward-looking with an agreed and clear risk appetite. Risks are anticipated and identified through horizon scanning, sensitivity analysis and scenario planning. The organisation adapts delivery plans in response to emerging risks with regular reviews. Lessons learnt informs future IMTP cycles.	Risk management is fully embedded across the organisation and system partners and is triangulated across workforce, finance, digital and clinical lenses. It is predictive, real-time, and continuously informs IMTP delivery through live dashboards and predictive analysis. The organisation leads in using risk intelligence to drive improvement, resilience, and transformation. The organisation operates continuous learning and is recognised for excellence in risk-informed delivery assurance.
Development of IMTP and track record	The organisation has a track record of submitting annual plans that do not meet the requirements of the planning framework, Cabinet Secretary expectations or provide a financially balanced plan over 3 years. Planning is largely operational and short-term, with limited strategic integration and has limited clinical or financial planning alignment and limited stakeholder engagement.	The organisation consistently develops robust annual plans that build assurance as a key step toward an approvable IMTP. Plans begin to reflect medium term priorities, include a finance and delivery framework, and show early signs of strategic alignment including financial forecasts and delivery milestones.	The organisation has developed an approvable, outcomes-focused IMTP that reflects strategic priorities, enabling plans and clinical service plans. A robust 3-year sustainable financial plan is included, with clear links to service transformation (with milestones and timelines) with clearly articulated risks and mitigations.	The organisation has a history of submitting high quality IMTP's that are strategically integrated and includes a comprehensive delivery and assurance framework. It demonstrates alignment across all enabling strategies and is informed by detailed modelling, population health intelligence, and with significant stakeholder input.	The organisation is recognised for excellence in IMTP delivery and assurance and has a long history of developing and submitting high quality IMTP's which surpass policy expectations and is recognised as a system-leading exemplar. It is co-produced and informed by detailed analysis and predictive tools to drive transformation across the health system, delivers the quadruple aim.
Monitoring and Delivery	Monitoring of annual plan or IMTP delivery is ad hoc and reactive and focused on immediate operational issues. There is limited visibility of progress, and reporting is inconsistent. Accountability is unclear and delivery risks are not systematically managed.	The organisation has a structured approach to monitoring annual plan or IMTP delivery with ownership of delivery emerging across services. Key milestones and actions are tracked, and reporting mechanisms are in place through basic dashboards and reported to the Board regularly. Accountability is improving, but integration with performance and risk management is limited.	Monitoring of IMTP delivery is consistently seen as business as usual and integrated with performance management reviews and risk assurance processes. Progress is tracked against outcomes, and corrective actions are taken. Delivery is supported by enabling functions and aligned with strategic priorities. Delivery is starting to inform future planning.	IMTP delivery is monitored through a robust, outcome-focused framework which includes impact evaluation. The organisation adapts delivery plans based on performance insights, emerging risks, and system pressures. Staff are engaged in owning and delivering IMTP priorities.	IMTP monitoring and delivery are embedded in real-time, system-wide performance and governance structures. The organisation demonstrates strategic leadership in delivery assurance, advanced triangulation, using predictive analytics, scenario planning, and co-produced improvement plans. Delivery is continuously optimised to achieve the quadruple aim. Continuous improvement cycles are embedded, with clear evidence of impact and the

Prioritisation question for this domain (required, single choice). "Which single theme in Domain F requires the greatest improvement over the next 12 months?"

Options: Risk Identification & Management / Development of IMTP and track record / Monitoring and Delivery

8. Collation and analysis

The analysis is meant to be done in a morning, not modelled. Microsoft Forms exports every response to Excel as one row per respondent and one column per question. From that single export, a small set of measures and flags does the analytical work.

What to calculate, per theme

- **Mean, median and range** of the scores, excluding "Not able to assess". The mean shows the central view, the median resists outliers, and the range shows how far apart colleagues are.
- **Executive Team mean against the wider group mean**, so the leadership view and the wider view can be read side by side.
- **Low-confidence count**, the number of respondents rating their confidence Low.
- **Priority tally**, how often the theme is named as its domain's top improvement priority.

The flags that drive the discussion

- **Divergence**: a range of 3 or more, or an Executive and wider mean that differ by 1.0 or more. These are the scores to talk about.
- **Low assurance**: a third or more of scorers reporting Low confidence. These scores need evidence before they are trusted.
- **Read the evidence first**: any file or source attached to a flagged theme is read before the discussion, not during it.

Presented as one table the validation group can read in a sitting, the summary looks like the illustrative example below. The figures are illustrative only.

Theme	n	Mean	Med.	Range	Exec	Wider	Low conf.	Priority	Flag
Strategy & Plan	11	3.1	3	2 to 4	3.6	2.7	2	4	Divergence
Triangulation of Services	9	2.4	2	2 to 3	2.5	2.3	5	7	Low assurance
Benchmarking	10	3.0	3	3 to 3	3.0	3.0	1	1	Settled

A light visual helps the Board read the picture quickly: the twenty-four theme means shaded red, amber or green by flag, grouped by domain. No weighting is applied at this stage. The raw findings stay visible, because the point of the exercise is to see where the organisation agrees and where it does not.

If it would help, a ready-made Excel collation template that produces this summary and the flags automatically from the Forms export can be provided on request.

9. Aggregation and weighting options

There are three ways to turn many independent responses into an organisational position. The recommendation is to keep the weighting model simple and let a short discussion, not a formula, set the final score.

Option 1: Equal weighting. Every response counts the same; the theme score is the mean, or the median, of all responses. It is simple, transparent and treats all contributors as equal. Its weakness is that a large group from one category can pull a score, and it gives no formal weight to executive accountability.

Option 2: Separate reporting. Report the Executive Team position and the wider Planning Steering Group position side by side, without merging them. This shows alignment and gaps honestly and pairs naturally with either of the other options. It is a reporting choice rather than a weighting model.

Option 3: Executive-weighted, for example 60/40. The final score weights the Executive Team mean at 60 per cent and the wider group at 40 per cent, reflecting that the Board carries formal accountability for the return. Use it only if the Health Board wants the published position to lean towards executive judgement. The risk is presentational: it can look like the leadership marking its own homework unless the raw spread is shown alongside.

Recommended approach. Collect every response independently. Review alignment and variation. Then set the final organisational score for each theme through a short Executive or Planning Steering Group validation discussion. Do not let a formula decide. Keep the raw findings visible next to the agreed score, so the Board and Welsh Government can see where there is consensus and where there is divergence. If a single starting number is needed before the discussion, use the median of all responses, because it resists outliers and needs no weighting judgement. Executive weighting remains available if the Board later wants the final position to reflect its accountability, but it is not necessary and should not replace the discussion.

10. From individual responses to a Board-agreed submission

The form is the start of the process, not the whole of it. The route from independent scores to an approved return has seven steps, with the owner shown in brackets.

1. **Issue (Planning Team).** The form is issued to the named distribution with a window of around ten working days. The covering note sets the independent-scoring expectation.
2. **Independent completion (all respondents).** Each person completes the form alone, before discussing scores with colleagues.
3. **Collation and analysis (Planning Team).** Export the responses, build the summary table and the flags. Around three to four days.
4. **Validation discussion (Executive Team and Planning Steering Group).** A single session of sixty to ninety minutes. Walk the flagged themes only, not all twenty-four. For each, look at the spread, read any evidence, and agree the organisational score. Confirm the improvement priorities for each domain. This is where the score becomes the organisation's, not an individual's.
5. **Draft the submission (Planning Team).** Populate the Welsh Government submission template with the agreed score for each theme and domain, the evidence used, and the actions for improvement drawn from the priority themes. The form's prioritisation results feed the actions directly.
6. **Board approval (Board).** The Board receives the agreed scores, the raw spread, the priorities and the action plan, and approves the return. Approval is itself part of the de-escalation criteria.
7. **Submit and retain (Planning Team).** Submit to the Welsh Government planning team, with the Board approval recorded. Retain the raw responses and the summary as the audit trail and as the baseline for next year, since Welsh Government expects successive submissions to show the development journey.

11. How this meets Welsh Government's expectations

Welsh Government is explicit that the maturity matrix exists to prompt self-reflection, to be grounded in evidence, to identify actions, and to raise planning at Executive and Board level. The design meets each expectation directly.

Self-reflection. Independent, anonymous, theme-level scoring is structured self-reflection by the people who actually run planning, not a single author's view. The confidence rating makes that reflection honest about its own limits.

Evidence. The matrix is an evidence-based judgement. Targeted evidence sits next to contested scores in the form, and the full evidence base is assembled at validation against the agreed scores and recorded in the submission template, as the guidance requires for each judged theme.

Action identification. The prioritisation question makes every respondent name where improvement is most needed. The tally points the validation discussion at the actions that matter, which become the actions for improvement, with owners, timelines and impact measures, in the template.

Executive and Board discussion. The design holds scoring and discussion apart on purpose. Independent scores first, then a short Executive or Planning Steering Group session to agree the position, then Board approval. That sequence raises the profile of planning at Board and Executive level, which the guidance names as a purpose of the exercise, and produces the Board-approved return the de-escalation criterion requires.

The de-escalation point. The criterion is Welsh Government's confidence in delivery, as assessed by the planning maturity matrix. A submission that shows independent scores, visible variation, evidence behind contested judgements, and a Board-owned action plan gives Welsh Government more confidence than a single consensus number would, because it shows an organisation that can see itself clearly.

Appendix: build checklist for the form Microsoft Teams Form

- Create the form. Set the title and paste the welcome text from Section 4 into the form description.
- Set responses to anonymous (turn off "Record name"), allow one response per person, and switch the progress bar on.
- Add the "About you" section with the respondent category question, marked required.
- For each domain, add a section, paste the short domain description, then enter each theme's four-question block from Section 7.1, using the descriptor text from that domain's table.
- Mark the score, confidence and prioritisation questions as required. Leave the reason and evidence optional.
- Decide the evidence approach, attributable upload or anonymous text reference, and set the question type accordingly (see the caveat in Section 7.1).
- Test the form with one colleague. Check the progress bar, the "Not able to assess" option, and the Excel export.
- Issue the link with the covering note, and set the closing date around ten working days out.