

**PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Maturity Matrix Update (two-year follow-up)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Shaun Ayres, Director of Delivery

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Planning Maturity Matrix was established following the Health Board's escalation into Targeted Intervention (TI) in 2022. It was specifically designed to strengthen our organisational planning capability and ensure alignment with Welsh Government expectations.

Following baseline and one-year assessments, this paper summarises outcomes from the two-year follow-up conducted in May 2025. It highlights current planning maturity across nine domains, recognising progress, ongoing challenges, and key strategic issues requiring Board-level attention. The results presented directly inform discussions regarding sustained improvement and ultimate de-escalation from TI status.

A detailed breakdown of the maturity assessment and scoring mechanisms is provided in the Assessment section and comprehensively set out in **Appendix 2**.

Cefndir / Background

The Planning Maturity Matrix was introduced in direct response to the Health Board's escalation into Targeted Intervention (TI) status in 2022. Its primary aim was to establish a structured, transparent and robust process through which the organisation could systematically evaluate and continuously improve its planning capabilities. This structured approach was developed in close collaboration with Welsh Government and drew explicitly on the lessons and experiences of other Health Boards, especially those that had faced similar escalation challenges.

The Matrix was formally approved by the Strategic Development and Organisational Delivery Committee (SDODC) in December 2022. It evaluates maturity annually across nine clearly defined domains, each scored on a scale from 0 (no progress) to 5 (exemplar):

1. Strategy Development
2. Strategy Alignment and Integrated Medium-Term Planning (IMTP)
3. Dynamic and Engaged Planning

4. Operational Planning
5. Best Practice Approach to Improvement
6. Realistic and Deliverable Plans
7. Systems for Performance, Accountability, and Improvement
8. Measurable and Improving Performance
9. Assurance

Welsh Government explicitly expects the Health Board to achieve at least Level 3 ('Initial Achievements') across all these domains. Achieving and sustaining this maturity benchmark is recognised as a critical requirement for the Health Board's eventual and sustainable de-escalation from TI and wider escalation status. It ensures that organisational planning processes are sufficiently mature, credible, and sustainable in the longer term. A full understanding of the Domains and requirements can be found in **Appendix 1**.

A fundamental strength of the Maturity Matrix approach lies in its inclusivity and engagement with stakeholders from across all levels of the organisation. Each annual self-assessment explicitly invites and incorporates the diverse views and lived experiences of teams and individuals, encompassing clinical, operational, financial, planning, governance, and other stakeholder groups. This diversity of input is critical, not only because it reflects the true, day-to-day experiences of our teams, but also because it provides a richer, more accurate representation of organisational maturity.

Inevitably, capturing such diverse views can sometimes highlight differences in individual perceptions and experiences. However, experience from previous assessment cycles has demonstrated that despite these variations, final maturity scores across stakeholder groups have consistently aligned remarkably closely. This convergence in scoring outcomes reinforces the rigour, robustness, and reliability of the Maturity Matrix as an assessment tool, validating the integrity of the scoring process.

In addition, regular internal audits provide further validation and assurance of the maturity assessment process. Audits have specifically emphasised the importance of an evidence-based scoring approach, rigorous Board-level scrutiny, and consistent stakeholder participation. The Health Board has continuously refined the assessment methodology to incorporate these recommendations, ensuring transparency, consistency, and ongoing organisational learning.

This paper presents the outcomes of the latest two-year maturity reassessment, clearly identifying areas where progress has been achieved, highlighting domains that require further development, and outlining strategic priorities moving forward. Its purpose is to support informed and robust discussions at Board level, providing clarity around organisational planning maturity and underpinning clear decisions to further strengthen the Health Board's trajectory towards sustainable improvement and ultimate de-escalation.

A detailed breakdown of maturity scoring and domain-specific assessments is provided in **Appendix 2**.

Asesiad / Assessment

The Maturity Matrix was introduced in response to the Health Board's escalation into Targeted Intervention (TI) status, providing a structured way to evaluate our planning maturity across nine crucial areas. This structured approach is vital because it clearly highlights our current strengths and identifies specific areas where improvement is needed. By doing this, the Matrix not only guides internal discussions about strategic and operational priorities but also helps

ensure alignment with Welsh Government expectations and supports our ongoing dialogue about de-escalation from TI status.

This assessment represents a comprehensive and open review of our current maturity, two years since implementing the Matrix. It evaluates progress against both our original baseline and subsequent 12-month review, providing detailed insights into our planning effectiveness. The findings from this review are critical because they inform our strategic discussions at the Board and Committee levels, shape planning assurances, and help frame our dialogue with the Welsh Government about escalation status. Moreover, these findings directly influence the development and delivery of our future annual plans, highlighting areas where targeted improvement is essential to achieve strategic goals and sustain operational change.

Our assessment was developed through a carefully structured and inclusive process involving two key workshops. Initially, senior stakeholders from operational services, finance, workforce, governance, planning, capital, commissioning, and transformation collectively reviewed and scored each domain. This approach ensured we captured diverse perspectives and professional experiences, resulting in consensus-driven outcomes. These initial findings were further validated and expanded by the Executive Team, ensuring a comprehensive and balanced view reflective of the wider organisational context.

The evaluation process incorporated a thorough review of past assessments, integrated recent internal audit insights such as those from the Planning Process Audit (May 2025), and considered feedback from a range of stakeholders who directly support and deliver our plans. This inclusive and detailed approach ensures the assessment genuinely reflects real-world planning capabilities and limitations, recognising the value of different professional perspectives in shaping a credible, deliverable plan.

Ultimately, this detailed assessment provides valuable guidance for our ongoing strategic and operational development. It clearly highlights areas of achievement and identifies critical gaps requiring further improvement. These insights are essential for informing our next annual planning cycle, enabling targeted actions to strengthen our capability for sustained change and continuous improvement, aligning with both internal priorities and external expectations from Welsh Government.

Results

A full presentation on the background, domains, scoring and evidence base to support the Maturity Matrix can be found in **Appendix 2**, but at a high-level the scores, alongside the key considerations leading to those scores are summarised in the table below:

Domain / key considerations leading to 2-year score	Baseline score (2023)	12 month follow-up score (2024)	2 year follow-up score (2025)
1. Strategy Development	3	2	1
Key considerations leading to domain 1 score	<ul style="list-style-type: none"> Whilst we have a Strategic refresh and Clinical Services Plan (CSP) underway; along with advancements such as the social model for health and well-being commitments, the continued uncertainty regarding the long-term direction is impeding short and medium-term service planning. 		

	<ul style="list-style-type: none"> • The challenge in developing a credible plan to financial balance and longer-term sustainability. • Potential need for further development of a clinically led strategy, beyond the scope of CSP 1. 		
2. Strategy alignment and development of a 3-year Integrated Medium-Term Plan (IMTP)	1	2	2
Key considerations leading to domain 2 score	<ul style="list-style-type: none"> • Improved triangulation between operational, workforce, and finance plans. • Earlier planning assumptions and structured feedback were positives. • Still lacking long-term financial and workforce modelling. • Some felt alignment was only possible with what is currently known, not future strategy. • Lack of link to key levers (eg Value Based Healthcare (VBHC), Enabling Quality Improvement in Practice (EQUIP), Digital). • Operational delivery disconnect from planning intentions. • We require an Integrated Medium Term Plan (IMTP) to make progress. 		
3. Dynamic and engaged planning	1-2	2	2
Key considerations leading to domain 3 score	<ul style="list-style-type: none"> • Earlier and more structured planning workshops were well received. • Improved engagement with operational teams. • Health Board Partnership Forum feedback suggested some staff felt disengaged. • Regional collaboration (eg with Swansea Bay University Health Board (SBUHB)) was noted, but new Regional Joint Committee not yet evidenced in terms of clear outputs/outcomes. • General consensus: progress made, but not yet fully embedded. • Planning link to delivery remains a challenge. We struggle to plan and deliver change. • Good engagement is visible. 		
4. Operational planning	1	1	2
Key considerations leading to domain 4 score	<ul style="list-style-type: none"> • Stronger demand and capacity planning processes. • Improved triangulation of plans, especially in acute services. • Primary and community services still operate in silos. • Savings plans not always early or robust enough. • Some areas (eg hybrid roles, integrated posts) still underdeveloped. 		

	<ul style="list-style-type: none"> Planning link to delivery remains a challenge. We struggle to plan and deliver change, although there does appear to be improved alignment with plans 		
5. Best practice approach to improvement	2	2	2
Key considerations leading to domain 5 score	<ul style="list-style-type: none"> VBHC now reported to Strategy and Planning Committee, but acknowledgement VBHC may need further embedding (some investments made without value-based assessment). Mixed adoption of Getting it Right First Time (GIRFT) and Healthcare Inspectorate Wales (HIW) recommendations. Improvements in benchmarking and internal data use noted. Still seen as an area needing more consistent application 		
6. Realistic and deliverable	0	0	1
Key considerations leading to domain 6 score	<ul style="list-style-type: none"> In-year delivery challenges hinders longer term development of a plan. Robust Annual Plan in place. Plan achieved target control total and was approved by the Board for submission to WG. Our plan for 2024/25 was ambitious and yet, overall, we delivered what we set out to achieve and, in a number of key areas, actually over-delivered (finance, Referral to Treatment (RTT), nurse staffing). Still lacking a clear multi-year plan to reach financial sustainability. 		
7. Systems and processes for performance, accountability, and improvement	2	1	2
Key considerations leading to domain 7 score	<ul style="list-style-type: none"> Escalation processes (Directorate Improving Together Sessions (DITs), Executive Improving Together session (EITs), TI) are in place and functioning. <ul style="list-style-type: none"> Management vs escalation processes need to be clarified as new operational structure matures Escalation and performance management is now business as usual Concerns about excessive bureaucracy and reporting burden. Accountability structures exist but may not be fully effective. Debate over whether current processes are delivering results. General agreement on progress, but not yet at a results-driven level. 		
8. Measurable and improving performance	1	1	2

Key considerations leading to domain 8 score	<ul style="list-style-type: none"> • Some improvements in performance metrics (eg cancer, RTT), but improvements in Urgent and Emergency Care (UEC) are critical • Still a need for Specific, Measurable, Achievable, Relevant and Time-bound (SMART) objectives and clearer impact tracking. • Seen as closely linked to Domain 7 including mechanisms of assurance. • Consensus that performance is improving, but not yet consistently measurable. 		
9. Assurance	2	3	3
Key considerations leading to domain 9 score	<ul style="list-style-type: none"> • Assurance processes are strong. Challenge remains delivery. • Board prepared to address difficult challenges - this year we have had Prince Philip Hospital (PPH) (Minor Injuries Unit (MIU), Tregaron, Bronglais Paediatrics. • While the Board has effectively managed several complex service challenges, internal reflections have acknowledged the need to further strengthen consistency in addressing challenging prioritisation and resource allocation decisions 		

Observations and Reflections aligned to Maturity Matrix Scores

The two-year maturity assessment has revealed nuanced shifts in our planning maturity, including a noteworthy reduction in the scoring of Strategy Development (Domain 1). However, it is essential to position this change constructively. While the decrease in score from 2 to 1 explicitly recognises that the Health Board currently lacks a fully articulated and embedded overarching strategy, it should also be viewed positively as an honest and mature reflection of our current strategic review position. This transparency demonstrates organisational integrity and self-awareness, acknowledging the complexity and necessary time associated with significant strategic refresh processes, notably the ongoing review of A Healthier Mid and West Wales (in a post pandemic environment and the time which has passed since the original strategy was approved), the emerging Clinical Services Plan, and the development of the Primary Care Strategy.

Indeed, the recognition of this strategic review activity as incomplete does not equate to strategic initiatives being off-track. Rather, it underscores the inherent challenge of operating effectively within a strategic framework that is actively under review and yet to be fully finalised. Such reviews are inherently complex, requiring substantial engagement, thoughtful consideration, and iterative development. Progress continues positively across all areas, with tangible milestones being pursued, stakeholder engagement ongoing, and clarity gradually emerging as these crucial strategic documents mature.

This situation naturally creates a tension between the strategic domain and the practical domains of planning and alignment. Despite the strategic ambiguity, the Health Board has notably improved in the domains directly related to operational effectiveness, namely Operational Planning (Domain 4), Strategy Alignment (Domain 2), and Systems and Processes for Performance, Accountability, and Improvement (Domain 7). These improvements indicate that practical measures and structured processes, such as cross-functional planning workshops, strengthened triangulation of workforce, finance, and operational considerations, and improved performance management, continue to develop positively even as the broader strategic direction undergoes further clarification and refresh.

Encouragingly, measurable improvements have been observed in several operational and performance-focused domains. Notably, Operational Planning (Domain 4), Systems and Processes for Performance, Accountability, and Improvement (Domain 7), and Measurable and Improving Performance (Domain 8) each demonstrated progression from earlier baseline assessments (Year 1). These gains primarily reflect improvements in structured planning practices, improved triangulation of demand, capacity, and workforce data; and the implementation of clearer frameworks for performance accountability. While these developments are positive, they remain at an early stage of maturity, with further embedding required to consistently translate improved processes into sustained operational outcomes.

Similarly, progress within the Realistic and Deliverable Plans domain (Domain 6) represents a modest yet notable step forward, achieving a basic level (1) from an initial absence of progress. This progression recognises the Health Board’s improved capability to deliver a credible, Annual Plan in line with the Welsh Government Target Control Total of £31.5m, supported by Board approval and alignment with key performance metrics. However, it is important to acknowledge that significant challenges remain, particularly in developing a clearly articulated, multi-year financial sustainability plan, which continues to be a critical dependency for future stability and to submit an IMTP.

Meanwhile, the Best Practice Approach to Improvement (Domain 5) remains unchanged. Although discrete areas have made commendable strides in benchmarking performance and selectively embedding value-based healthcare practices, consistency in application across the Health Board is yet to be fully realised. This inconsistency continues to limit the Health Board’s potential to systematically benefit from recognised best-practice methodologies.

Assurance (Domain 9) continues to reflect strength relative to other domains, reinforced by established governance structures, robust scrutiny, and clear audit validation.

In summary, these domain-specific movements reveal an organisation that is demonstrably advancing in practical areas of operational planning and performance management, while simultaneously experiencing ongoing constraints due to incomplete foundational strategic clarity. While the immediate improvements are important and noteworthy, their long-term sustainability and progression toward higher maturity levels will inevitably rely on successfully concluding and embedding the overarching strategic refresh and associated strategic plans.

Argymhelliad / Recommendation

The Committee is asked to **REVIEW and ENDORSE** the scoring of the Planning Maturity Matrix for the two-year review prior to its submission to Board on 31 July 2025, and subject to Board approval onward submission to Welsh Government.

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.

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

Not applicable

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	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
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:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Targeted Intervention work programme
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Targeted Intervention work programme
Gweithlu: Workforce:	This is a key component in the delivery of the Targeted Intervention work programme
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the Targeted Intervention work programme and its subsequent monitoring
Cyfreithiol: Legal:	As above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Planning Maturity Matrix – Appendix 1

Progress Levels	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
<p>Key Elements</p> <p>Domain 1: Strategy development</p> <p>Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.</p>	<ul style="list-style-type: none"> No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health. 	<ul style="list-style-type: none"> Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of All Wales, local and partnership priorities. Establishment of a governance structure to provide oversight and direction. Clear demonstration of alignment to our Strategic and Planning Objectives, and our Strategy 'A Healthier Mid and West Wales' 	<ul style="list-style-type: none"> Development of a co-designed long term integrated clinical services strategy with evidence of strong clinical, stakeholder and public engagement and involvement throughout. A patient led approach is evident. Identified clinical leads that own and drive strategic developments. The Well Being of Future Generations Act's five ways of working, along with the Health Board's well-being objectives (and strategic objectives) and the principles of A Healthier Wales are apparent and embedded. The strategy is embedded into organisational plans and is informed by population health needs, locality needs assessments and patient / carer experience. 	<ul style="list-style-type: none"> The strategy reflects national and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. Board approved patient centred Clinical Services Strategy that delivers sustainable health and well-being outcomes for the local population. 	<ul style="list-style-type: none"> Local plans and national policy are aligned showing contribution to the wider economy, impact on health and well-being and effectiveness. Key enablers such as quality, safety, workforce and finance are fully aligned. A performance and accountability framework / Board Assurance Framework (BAF) is in place that delivers the strategy and is linked to population health outcomes. 	<ul style="list-style-type: none"> The strategy is responsive to national / local and partnership priorities with clear links to the Research, Innovation and Improvement Co-ordination Hub, Regional Partnership Board and Public Service Boards. At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications. Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the Hywel Dda population, those with protected characteristic and socio-economically disadvantaged groups.
<p>Domain 2: Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP)</p> <p>Evidence of alignment of strategy with components of the plan.</p>	<ul style="list-style-type: none"> No alignment is visible between the Integrated Medium Term Plan (IMTP) and national and / or Health Board strategies. 	<ul style="list-style-type: none"> Alignment is visible between the IMTP and strategy. The organisation plans on a continuous annual cycle. Linked to the business case planning process, including the Programme Business Case (PBC) for A Healthier Mid and West Wales and informed by local and national evidence base. The Board sets out commissioning intentions. 	<ul style="list-style-type: none"> Evidence of triangulation between operational services, workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity. Directly linked to performance and accountability and informed by detailed and future facing modelling. 	<ul style="list-style-type: none"> The business case planning process informs the development of an IMTP. Prioritisation framework agreed and implemented. Agreed governance and accountability framework to underpin development of the IMTP at a Programme level. Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation. Impact of commissioned or supporting organisations taken into consideration. 	<ul style="list-style-type: none"> Coherent aligned plans, including a Commissioning Plan, are performance managed, with staff owning, acting on and learning from variation. 	<ul style="list-style-type: none"> Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.
<p>Domain 3: Dynamic and engaged planning</p>	<ul style="list-style-type: none"> No evidence that A Healthier Mid and West Wales (AHM&WW) / IMTP is owned across the 	<ul style="list-style-type: none"> Staff and partners are aware of, and engaged in AHM&WW / IMTP development. 	<ul style="list-style-type: none"> Stakeholders are engaged in and co-design priority setting using our 'continuous engagement' 	<ul style="list-style-type: none"> Joint development and communication of AHM&WW / IMTP with key partners including other Health Boards, Local Authorities, Third Sector, 	<ul style="list-style-type: none"> The AHM&WW / IMTP benefits patients, carers, the public, partners and health communities. 	<ul style="list-style-type: none"> Feedback and learning from continuous engagement activities including protected characteristic groups and

Progress Levels	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	organisation and within the community.	<ul style="list-style-type: none"> Organisational staff respond to corporate requirements but may not 'own' the process. 	model and a patient led approach. <ul style="list-style-type: none"> Engagement at individual, team and organisational level is improving. Strengthened partnership working arrangements. NHS Wales Planning guidance is embedded in the planning process. 	patients, carers and members of the public. <ul style="list-style-type: none"> Organisational engagement is evident in practice and reflected in AHM&WW / IMTP. Broad engagement to inform Equality Impact Assessments (EqIAs) and Socio-Economic Duty Assessments. 	<ul style="list-style-type: none"> Planning is co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan. Track record of continuous engagement with stakeholders 	socio economic disadvantaged groups informs local priority setting and the development of the Clinical Services Strategy / IMTP.
Domain 4: Operational Planning Evidence of demand and capacity planning, linking to triangulation of Operational plans, workforce and finance	<ul style="list-style-type: none"> No evidence of demand and capacity planning. 	<ul style="list-style-type: none"> Operational plans are in place and contain an appropriate level of detail to support service delivery. Sufficient Capability and Capacity within the Planning team to embed Operational Planning throughout the organisation. 	<ul style="list-style-type: none"> Operational plans are regularly reviewed and remedial action undertaken. Evidence of triangulation between operational services, workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity. 	<ul style="list-style-type: none"> Demonstrable improvement in the triangulation of plans based on a clear and consistent approach to demand and capacity modelling Ensuring there is a clear monitoring and tracking process for all. 	<ul style="list-style-type: none"> Coherent aligned plans, including, with staff owning, acting on and learning from variation. 	<ul style="list-style-type: none"> Demand and capacity modelling is at the core of planning processes across the Health Board. Data driven decision making processes underpinning all operational pathways. A demonstrable correlation associated with the shifting of resources, predicated on the increased deliverability or the non-fulfilment of the original resource allocation.
Domain 5: Best Practice approach to improvement Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.	<ul style="list-style-type: none"> No evidence of ambition to achieve best practice. No evidence of benchmarking. 	<ul style="list-style-type: none"> Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes. 	<ul style="list-style-type: none"> Utilises a value based healthcare approach to planning. Benchmarking within NHS delivers improvements. 	<ul style="list-style-type: none"> Demonstrable improvements that can be evidenced and delivered. 	<ul style="list-style-type: none"> Maintain the value based healthcare approach. Plans are future proofed and based on changes in technology and healthcare innovation reflecting clinical excellence and patient experience. 	<ul style="list-style-type: none"> Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures eg staff survey, corporate standards.
Domain 6: Realistic and deliverable Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	<ul style="list-style-type: none"> One year Annual Plan developed but limited evidence that it is credible and deliverable. 	<ul style="list-style-type: none"> Development of a robust Annual Plan that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework. 	<ul style="list-style-type: none"> Development of an approvable outcomes focused IMTP that reflects the AHM&WW priorities and includes a robust 3-year financial plan. IMTP to reflect return on investment, evidence of impact and key success factors. Key risks (quality, service, access, workforce, finance) identified with evidence of controls. 	<ul style="list-style-type: none"> Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and implementation. 	<ul style="list-style-type: none"> Forward look risk assessments anticipate problems to assure resilience. 	<ul style="list-style-type: none"> Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.
Domain 7: Systems and processes for	<ul style="list-style-type: none"> No alignment of performance 	<ul style="list-style-type: none"> Clear metrics and reporting against All Wales and 	<ul style="list-style-type: none"> Performance processes in place with 	<ul style="list-style-type: none"> Performance processes connect to agreed strategic 	<ul style="list-style-type: none"> Integrated approach to performance and 	<ul style="list-style-type: none"> Improvement, performance and

Progress Levels Key Elements	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
<p>performance, accountability, and improvement.</p> <p>Rigorous systems for individual, team, and organisation wide accountability.</p> <p>Agreed Escalation processes are operational.</p> <p>Culture of ownership and striving for improvement permeates the organisation.</p>	<p>outcomes and key metrics to national strategies to drive the priorities on an All Wales or local basis.</p> <ul style="list-style-type: none"> Accountability and escalation arrangements are not clear or operational. Lack of understanding and willingness to use performance management tools and engage in performance management at an individual, team or organisation wide level. 	<p>evidence based local priorities as per Health Board Annual Plan / Integrated Medium Term Plan.</p> <ul style="list-style-type: none"> Top down performance management demonstrated in reporting and early feedback with alignment to service transformation support. Accountability for delivery is demonstrated but is not consistently in place across the organisation. 	<p>regular reporting on finance, performance, quality and workforce. Trends identified and clear corrective actions with associated timescales reported to Board.</p> <ul style="list-style-type: none"> Early identification of sub-optimal performance, managed using techniques such as Impact Improvement Plans. Performance and Accountability Framework in place. Regular service reviews by the Executive, and key performance messages acted on by Divisions. Alignment of the transformation programme and performance priorities has commenced. 	<p>priorities including those of other key partners and reflect an integrated approach to performance and accountability.</p> <ul style="list-style-type: none"> Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval. Performance and accountability processes reflect objectives and work is in place to embed at the appropriate organisational level. Transparent lines of accountability. Escalation and ownership of performance issues is considered normal business. Matrix management / delivery to support service integration has commenced. 	<p>accountability at all levels of the organisation and demonstrated with reporting at Board, associated Sub Committee's, and Divisions.</p> <ul style="list-style-type: none"> All Health Board strategies have prioritised outcomes that are reflected in Board and local reporting. Feedback and learning is embedded in organisational processes and benchmark reporting takes place. Management of team and individual performance both operationally and in relation to strategic delivery. Full alignment to the Health Board's BAF, Corporate Risk and Service Risk Registers. Resources required to deliver outcomes have been quantified and funding source identified ie additional or re-allocation of existing resources. Alignment between Personal and Development Reviews (PADRs), service outcomes, and the Health Board's strategic outcome measures. 	<p>accountability is fully integrated throughout the Health Board.</p> <ul style="list-style-type: none"> The Health Board can provide clear transparency in terms of resource utilisation and performance achievements to a wide range of internal and external stakeholders. Positive performance culture where accountability for service and programmes is fully understood and demonstrably achieves significant improvements in delivery and quality of partnership working with local communities. All services are clear on the key organisational performance priorities over the next five years. Performance focussed assessment by Board and services on developments and improvements. Peer review, transformation support benchmarking align and feed into the strategic planning cycle.
<p>Domain 8: Measurable and improving performance</p> <p>Improved access to appropriate, timely healthcare, and planned care in line with national requirements and locally agreed priorities, delivered by robust application of a pathway approach.</p>	<ul style="list-style-type: none"> Plans that support delivery do not have clear agreed whole system outcome measures. Processes for measuring performance are under-developed and not consistently applied across pathways. Key elements of service delivery are not quantified and 	<ul style="list-style-type: none"> Operational plans are in place and contain an appropriate level of detail to support service delivery. Pathway plans clearly set out month on month performance trajectories. 	<ul style="list-style-type: none"> Tangible action being taken and measurable performance improvement demonstrated across patient pathways. Operational plans are regularly reviewed and remedial action undertaken. Service delivery is not in line with performance trajectories. 	<ul style="list-style-type: none"> Performance trajectories achieved in key priority pathway areas. Evidence of improved timely access to end-to-end healthcare services and sustained improvement in performance, quality and patient experience. 	<ul style="list-style-type: none"> The majority of national and local priority performance measures are achieved and performance is sustained across the entire patient pathway. Individuals, Teams and the organisation use performance reports to build on service improvement with the aim of optimising the use of the resources available to the Health Board to maximise performance. 	<ul style="list-style-type: none"> Health Board performance is on par with other top performing healthcare organisations across the UK.

Progress Levels	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements						
Sustained improvement in performance, quality and patient experience in unscheduled care delivered by robust application of a pathway approach.	timescales are not defined.					
Domain 9: Assurance: Clarity on monitoring, assurance and delivery mechanisms.	<ul style="list-style-type: none"> Insufficient evidence of local monitoring, assurance and delivery mechanisms. 	<ul style="list-style-type: none"> Board and organisation clear on roles and accountabilities. 	<ul style="list-style-type: none"> Board demonstrates how it will ensure effective leadership and governance accountability with adequate capacity, processes and engagement in place to deliver strategic priorities and the IMTP. 	<ul style="list-style-type: none"> Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place. 	<ul style="list-style-type: none"> Resilience assured through accountability, succession planning and external independent assurance. Core processes manage plan objectives. 	<ul style="list-style-type: none"> Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery in place.

Appendix 2 - Enhanced Planning Maturity Matrix Analysis Summary

DOMAIN 1 - Strategy Development

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	1.450	1
50% / 50%	1.375	1
60% Deputy/40% Exec	1.300	1

Analysis - Deputies scored this domain at 1, whilst Executives showed mixed responses ranging from 1-3, with an average of 1.75. The workshop discussion revealed concerns about the absence of a clear, agreed strategic direction, with participants noting they cannot adequately answer questions about organisational intent when developing business cases or service changes. Whilst Executives acknowledged positive elements such as strategy refresh work and Clinical Service Plan (CSP) development, there was consensus that the Health Board doesn't have a coherent strategic framework that translates into operational decision-making. The mathematical convergence across all weighting methods at score 1 demonstrates organisational alignment on this fundamental gap.

DOMAIN 2 - Strategy Alignment

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.000	2
50% / 50%	2.000	2
60% Deputy/40% Exec	2.000	2

Analysis - Both Deputies and Executives scored this domain at 2. Executive feedback highlighted persistent challenges in linking strategy to operational delivery, particularly regarding integration with key levers such as Value Based Healthcare (VBHC), Enabling Quality Improvement in Practice (EQUIP), and Digital programmes. Workshop participants recognised improvements in planning processes and triangulation of workforce, finance, and operational elements, but acknowledged continued difficulties in translating planning intentions into delivery outcomes. The consistent scoring reflects shared recognition of progress made alongside continued structural challenges in strategy-to-delivery translation.

DOMAIN 3 - Dynamic and Engaged Planning

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.150	2
50% / 50%	2.125	2
60% Deputy/40% Exec	2.100	2

Analysis - Deputies provided a baseline score of 2, whilst Executives averaged 2.25. Workshop discussion revealed significant process improvements, with earlier planning initiation, structured workshops, and enhanced stakeholder engagement through multiple iterations. Participants noted improved coordination and feedback mechanisms, though concerns remained about clinical engagement depth and consistent application across all organisational areas. The tight clustering of precise scores around 2.1-2.15 indicates broad consensus on developing capability with room for enhancement.

DOMAIN 4 - Operational Planning

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.000	2
50% / 50%	2.000	2
60% Deputy/40% Exec	2.000	2

Analysis - Both groups scored this domain at 2. Executive feedback acknowledged process improvements whilst highlighting continued challenges in achieving optimal triangulation of service, workforce, and financial planning. Workshop participants recognised the development of more integrated approaches but noted concerns about early availability of savings plans and the robustness of longer-term demand and capacity planning. The unanimous scoring reflects shared understanding of incremental progress within continuing structural planning challenges.

DOMAIN 5 - Best Practice Approach to Improvement

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.150	2
50% / 50%	2.125	2
60% Deputy/40% Exec	2.100	2

Analysis - Deputies scored 2, with Executives averaging 2.25. Executive feedback recognised demonstrable service delivery improvements whilst acknowledging that value-based approaches require deeper embedding and improved integration. Workshop discussion revealed ongoing challenges in consistently applying value-based assessment to investment decisions, with recognition that improvement approaches remain sporadic rather than systematically embedded. The consistent rounded scoring across methods reflects shared recognition of progress made alongside distance still to travel.

DOMAIN 6 - Realistic and Deliverable

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	1.150	1
50% / 50%	1.125	1
60% Deputy/40% Exec	1.100	1

Analysis - Both Deputies and Executives scored this domain at their lowest levels (1 and 1.25 respectively). Executive feedback revealed significant methodological concerns about the assessment criteria for the domain, particularly IMTP dependency requirements. However, confidence was expressed in Annual Plan delivery capability and improved stakeholder confidence from Welsh Government. Workshop participants noted the achievement of target control total and Board approval of Plan submission, whilst acknowledging continued challenges in longer-term sustainability planning and de-prioritisation activities.

DOMAIN 7 - Systems and Processes for Performance, Accountability and Improvement

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	2.150	2
50% / 50%	2.125	2
60% Deputy/40% Exec	2.100	2

Analysis - Deputies scored 2, with Executives averaging 2.25, suggesting recognition of embedded performance management capabilities. Executive feedback highlighted the establishment of performance management as "business as usual" whilst acknowledging that operational structure maturation requires clarification of management versus escalation processes. Workshop discussion revealed tension between extensive process development and effectiveness of outcomes, with concerns about bureaucratic burden potentially limiting delivery capacity. The rounded convergence at 2 reflects shared recognition of process maturation alongside questions about operational effectiveness.

DOMAIN 8 - Measurable and Improving Performance

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	1.850	2
50% / 50%	1.875	2
60% Deputy/40% Exec	1.900	2

Analysis - Deputies scored 2, whilst Executives averaged 1.75. Executive feedback acknowledged differential performance across service areas, with Planned Care improvements contrasted against Urgent and Emergency Care (UEC) challenges. Internal consistency concerns were noted regarding improvement evidence claims. Workshop participants recognised demonstrable progress in specific areas whilst acknowledging the need for more comprehensive and sustained improvement across all service domains.

DOMAIN 9 – Assurance

Weighting Method	Precise Score	Rounded Score
60% Exec/40% Deputy	3.000	3
50% / 50%	3.000	3
60% Deputy/40% Exec	3.000	3

Analysis – There was perfect alignment for this domain with both Deputies and Executives scoring 3. Executive feedback demonstrated unanimous confidence in assurance processes, Board decision-making on difficult issues, and appropriate escalation frameworks. Workshop discussion acknowledged strong governance capabilities whilst noting that delivery execution remains the primary organisational challenge. Questions were raised about identification consistency, though the universal scoring reflects strong consensus on governance and assurance capability across all organisational levels.

Overall Scores

Weighting Method	Precise Average	Rounded Average
60% Exec/40% Deputy	1.989	2
50% / 50%	1.972	2
60% Deputy/40% Exec	1.956	2

Key Finding - All three weighting methodologies produce identical rounded scores across all domains, demonstrating remarkable organisational consensus and assessment maturity independent of methodological approach.

Overall Conclusion

This comprehensive analysis reveals significant organisational maturity in planning capability assessment, with mathematical convergence across all weighting methodologies providing robust validation of findings. The consistent emergence of an overall score of 2 across three different approaches demonstrates sophisticated organisational self-awareness and genuine consensus between leadership levels.

Assessment Maturity Indicators

The Health Board demonstrates advanced capability in realistic self-evaluation, with leadership groups showing aligned perspectives on both strengths and development areas. The mathematical independence of outcomes from weighting methodology suggests mature, consistent and evidence-based assessment rather than procedural guidance.

Capability Profile

The assessment reveals a developing organisation with strong governance foundations (Domain 9 achieving Level 3) and consistent capability across operational domains (six domains at Level 2). Two domains identified for priority development (Domains 1 and 6 at Level 1) provide clear focus areas for strategic investment and improvement initiatives.

Development Trajectory

The findings indicate an organisation in constructive transition, with established processes and improving capabilities across multiple planning domains. The identification of specific development priorities, coupled with demonstrated strength in assurance and governance, suggests appropriate foundations for continued capability enhancement.

Strategic Positioning

Results position the organisation within the developing maturity category, with evidence of sustained progress in multiple domains and clear identification of areas for continued focus. The consistency of assessment across leadership levels provides confidence in the robustness of findings and supports informed strategic planning for capability advancement.

Methodological Robustness

The convergence of outcomes across different weighting approaches validates the assessment process and provides the Board with flexibility in methodology selection whilst maintaining

confidence in results. This mathematical consistency reduces potential debate around procedural aspects and enables focus on improvement planning and implementation.