

Cwm Taf Morgannwg Quality and Governance Maturity Matrix

Progress Levels →	BASIC LEVEL Principle accepted and commitment to action	EARLY PROGRESS Early progress in development	RESULTS Initial achievements achieved	MATURITY Results consistently achieved	EXEMPLAR Others learning from our consistent achievements
Key Elements ↓					
QUALITY PLANNING	Quality features at Board and as part of the Board Committee assurance. Quality features as part of the IMTP. The need for patient and staff feedback to inform quality planning is recognised as important.	The Board establishes quality as a priority on its agenda, and has a sub-committee structure. Quality is a central part of the IMTP. Patient and staff feedback and informs quality planning.	The Board establishes quality as a priority on its agenda, and has a robust sub-committee structure that promotes organisational learning and quality planning. Quality is clearly driving the IMTP agenda, quality priorities are clear. Patient and staff feedback triangulated with other quality information is used to inform quality planning and the IMTP process. Quality primacy is embedded across the health board.	The Board establishes quality as a priority on its agenda, supported by high quality materials and information on quality, and has a robust sub-committee structure that promotes organisational learning and quality planning. Quality is clearly driving the IMTP agenda, quality priorities are clear and run through all parts of the IMTP. Patient and staff feedback triangulated with other quality information is embedded within the business planning process and informs quality planning and the IMTP process. Quality primacy is embedded across the health board.	The Board establishes quality as a priority on its agenda, supported by high quality materials and information on quality, and has a robust sub-committee structure that promotes organisational learning and quality planning. Quality is clearly driving the IMTP agenda, quality priorities are clear and run through all parts of the IMTP, with examples of where the health board is leading the quality improvement agenda nationally. Patient and staff feedback through a variety of sources and mechanisms is triangulated with other quality information is embedded within the business planning process and informs quality planning and the IMTP process. Quality primacy is embedded across the health board.
QUALITY ASSURANCE & CONTROL (IN THE CONTEXT OF A QUALITY STRATEGY)	The health board recognises the need for a clear quality strategy. The health board recognises the need to quality impact assess key decisions. The health board receives some information to drive quality care and provide assurance that services are safe, and takes account of patient experience, outcomes.	The health board has a quality strategy, with clear quality priorities. A quality impact assessment process is in place. The health board receives high quality information to provide assurance that services are safe, and takes account of patient experience, outcomes.	The health board has a quality strategy, with clear quality priorities that integrates into and drives our overall organisational strategy. A quality impact assessment process is in place and drives quality based decisions. The health board receives high quality intelligence and information through both soft	The health board has a quality strategy, with clear quality priorities that integrates into and drives our overall organisational strategy. All staff are aware of the quality priorities. A quality impact assessment process is embedded and all major decisions are made based on quality impact considerations.	The health board has a quality strategy, with clear quality priorities that integrates into and drives our overall organisational strategy. All staff are aware of the quality priorities. A quality impact assessment process is embedded and the health board is seen as an exemplar in its approach to making decisions putting quality and patient safety at the forefront.

	Information on quality is variable and used to provide assurance around quality of care.	Information on quality is improving, and well summarised to provide assurance around quality of care.	and hard sources to provide assurance that services are safe, and takes account of patient experience, outcomes, and quality improvement. Information on quality is of high quality, with limited data quality issues, is well summarised to provide assurance around quality of care.	The health board receives high quality intelligence and information through both soft and hard sources to provide assurance that services are safe, and takes account of patient experience, outcomes, and quality improvement. Assurance sources are both internal and external and reinforce the same picture. Information on quality is of high quality, with no data quality issues, is well summarised and triangulated to provide assurance around quality of care.	The health board receives high quality intelligence and information through both soft and hard sources to provide assurance that services are safe, and takes account of patient experience, outcomes, and quality improvement. Assurance sources are both internal and external and reinforce the same picture. Regulators use the assurance as examples of good practice for elsewhere. Information on quality is of high quality, with no data quality issues, is well summarised and triangulated to provide assurance around quality of care. The information quality is held up as an exemplar for peers.
QUALITY IMPROVEMENT	Quality improvement (QI) is recognised as important, but there is no systematic approach to embedding QI within the health board. There is limited capacity to take forward QI work. There is limited systems for supporting improvement and innovation work. Access to data and information to inform improvement is limited.	Quality improvement (QI) is recognised as important, a systematic plan to spread QI has been developed. There is growing capacity to take forward QI work. Standardised approaches to improvement tools and methods have been developed for the health board. There are systems for supporting improvement and innovative work. Staff understand the systems in place and are able to undertake QI work. Staff and departments have access to data and information to help inform improvement.	There is a clearly documented and understood Quality Improvement plan and strategy which is embedded into the way the health board operates. There is significant capability to take forward QI work. Standardised approaches to improvement tools and methods have been developed for the health board, with staff trained to use them. There are systems for supporting improvement and innovative work, including objectives and rewards for staff. Visible and focused Board leadership and effective governance - ensuring all improvement activities	There is a clearly documented and understood Quality Improvement plan and strategy which is embedded into the way the health board operates, and championed by staff. There is significant capacity to take forward QI work across all areas of the health board. There is significant capability to take forward QI work across all areas of the health board. Standardised approaches to improvement tools and methods are embedded for the health board, with staff competent in using them. There are systems for supporting improvement and innovative work, including	There is a clearly documented and understood Quality Improvement plan and strategy which is embedded into the way the health board operates, and championed by staff and partners. There is significant capacity to take forward QI work is built into all areas of the health board, and shared across directorates and localities. There is significant capability to take forward QI work across all areas of the health board, and this is showcased and shared across directorates and localities. Standardised approaches to improvement tools and methods are embedded for the health board, with staff

			aligned with organisation's vision Staff understand the systems in place and are empowered to undertake QI work, and this work informs local improvement. Staff and departments can access data and information, often real time information to help inform improvement.	objectives and rewards for staff, data systems, and processes for evaluating and sharing results of improvement work. QI is a core part of staff roles and they are empowered to undertake QI work. This work informs local and health board wide improvement. Staff and departments can access intelligence (both qualitative and quantitative) easily to facilitate improvement.	competent in using them, and other organisations adopting. There are systems for supporting improvement and innovative work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing results of improvement work. These systems are adopted and used by other organisations. QI is a core part of staff roles and they are empowered to undertake QI work, which is regularly used, spread, celebrated and showcased across the organisation. Intelligence (both qualitative and quantitative) is easily accessible for all staff and departments to facilitate improvement. This intelligence is easily accessible and a culture of improvement based on use intelligence has developed within the health board.
RISK, AND ASSURANCE	Risk management is in place, but not systematically used across the health board. Board Assurance Framework (BAF) is recognised as required but may not be up to date. Board committees exist to support the Board in a scrutiny function.	Risk management arrangements are in place for identifying, recording, managing risks across the organisation. A Board Assurance Framework (BAF) is in place and drives Board discussions on risk and confidence in assurance mechanisms and assurance in place. The Board committees are proportionate in their scrutiny of quality, resources, performance	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation. A Board Assurance Framework (BAF) is in place and drives Board discussions with a good understanding of assurance gaps and work progressing to address these. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. A Board Assurance Framework (BAF) is in place and drives Board discussions with a good understanding of assurance, with limited gaps to address.	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. The Board proactively learn from their risk management approach and risk appetite through regular reviews of their decisions around risk. A Board Assurance Framework (BAF) is in place and drives Board discussions

			Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework.	The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework, using sub-groups to improve oversight of Q&S across the whole organisation.	with a complete understanding of assurance in place, with few/no gaps in assurance to address. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework, using sub-groups to improve oversight of Q&S across the whole organisation. These committees and sub-groups are regularly reviewed for their effectiveness and changes made to reflect best practice.
GOVERNANCE	Governance assurance systems are in place, but not necessarily clearly understood by all. The health board recognises the need for clear lines of accountability and responsibility for quality and patient safety from Board to Division, Group, Directorate. Complaints and concerns are acknowledged and responded to, but not necessarily in a timely manner. The need for Serious Incidents to be identified, reported and investigated is recognised.	There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to Division, Groups, Directorate Complaints and concerns are acknowledged and managed in a timely manner. All Serious Incidents are identified, reported and investigated.	There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. These structures and processes are regularly reviewed and improved. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to Division, Groups, Directorate. The form and function of the divisional/group/directorate quality and safety and governance groups are clearly defined and in place. Complaints and concerns are managed in a timely manner and provide learning and information service planning.	There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. These structures and processes are regularly reviewed and improved, with cross directorate/locality organisational learning. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to Division, Groups, Directorate. The form and function of the divisional/group/directorate quality and safety and governance groups are clearly defined and in place. Individual roles and responsibilities are supported by a clear meeting structure.	There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. These structures and processes are regularly reviewed and improved, with cross directorate/locality organisational learning, as well as learning from elsewhere. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to Division, Groups, Directorate. The form and function of the divisional/group/directorate quality and safety and governance groups are clearly defined and in place. Individual roles and responsibilities are supported

			All Serious Incidents are identified, reported and investigated. A culture of staff reporting patient safety incidents for learning and improvement is embedding.	Complaints and concerns are managed in a timely manner and drive learning and service planning. All Serious Incidents are identified, reported and investigated. A culture of staff reporting patient safety incidents for learning and improvement is embedded across the health board.	by a clear meeting structure and decision making powers. Complaints and concerns are managed in a timely manner and drive learning and service planning, across directorates and localities. All Serious Incidents are identified, reported and investigated. A culture of staff reporting patient safety incidents for learning and improvement is embedded across the health board. Learning from SIs is systematically shared.
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