

The Imperial Way

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Promoting equality and addressing health inequalities are at the heart of Imperial College Healthcare NHS Trust's values. Throughout the processes detailed within this document the Trust has given due regard to the need to eliminate discrimination, harassment and victimisation to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic, as cited under the Equality Act 2010, and those who do not.

¹ 19/11/19 Last update: formatting and naming conventions following feedback from Executive Operational Performance Committee

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1. Introduction

1.1 This document describes our “Imperial Way” model, which is the way we:

- Prioritise, track and refresh our annual objectives so that each year they drive us towards achieving our strategic goals and objectives,
- Cascade our objectives throughout the organisation and align our resource to deliver against our objectives,
- Manage performance against aligned and prioritised objectives from board to ward,
- Improve and sustain performance using our Improvement methodology,
- Assure that policy, risk and reporting processes are adhered to in accordance to our governance framework,
- Support, involve and engage with staff, patients and partners as set out in our values and behaviours framework.

2. The Imperial Way model

Our strategy

2.1 We have an organisational strategy that seeks to deliver our vision of 'better health, for life'. It is rooted in a set of core values – to be kind, aspirational, collaborative and expert – and is focused around three strategic goals:

- 1) To help create a high quality integrated care system with the population of North-West London;
- 2) To develop a sustainable portfolio of outstanding services; and
- 3) To build learning, improvement and innovation into everything we do.

2.2 In developing the strategic goals we recognised that we need to make some changes to the way we work in order to be successful. We want to become the most user focused organisation in the NHS and, have articulated how we will achieve this in our new clinical approach:

- Deliver outcomes that matter to patients through co-design of more sustainable, person-centred pathways and models of care;
- Work with our population and partners to maximise health across all stages of life
- Reduce health inequalities within our services and communities;
- Create the right behaviours to consistently support safe care;
- Develop genuine partnerships with our patients and local communities to build understanding and support; and
- Embed research, learning, evidence-based practice and innovation in everything we do.

2.3 To help us move towards meeting these commitments and our strategic goals in July 2019 our Trust Board set eight objectives for the organisation to deliver by April 2023. Our “three-year” objectives are to:

- Ensure all of the care and support each of our patients receives is shaped by actively asking and understanding what matters to them, and measuring outcomes against agreed goals;
- Establish formal partnerships with our primary care networks and other neighbouring providers to enable at least half of our care to be provided through ‘place-based’ health approaches and new models of care;
- Re-design at least 50 care pathways, derived from our specialty review programme and making appropriate use of our flow coaching programme, to make them as user-friendly and digitally enabled as possible; five of the highest impact pathways to receive additional support to transform at scale;
- Ensure every member of staff is able to participate in improvement, learning, teaching, transformation or research;
- Establish a systematic, evidence-based approach to building two-way relationships with as many patients and local people as possible, offering a range of engagement and involvement opportunities;
- Define and establish a method to measuring inequalities and have started to show the impact of specific interventions;
- Embed a systematic approach to identifying safety priorities, tested improvements and scaled and sustained what works; including making further improvements to reducing falls, safer surgery and hand hygiene and to how we respond to deteriorating patients and investigate incidents; and

- In collaboration with partners, especially Imperial College, improve the speed and scale of the translation of biomedical and data science research into better patient care, and the adoption and spread of innovative ideas, technologies and ways of working.

2.3 Key to enabling our clinical approach are our Quality Improvement (*including the implementation of the previously referred to 'Quality Management System'*), People and Digital enablers to our organisational strategy. These were also discussed and approved in our July 2019 Trust Board. This is depicted in Figure 1.

Figure 1 Imperial College Healthcare Strategy



2.4 Our strategic goals and three-year objectives are rightly ambitious, though we believe we already have the core of the offer we need to make to deliver them – the expertise, knowledge and commitment of our people. However, currently we lack a way of articulating how we will ensure and assure the delivery of our strategy. The ‘Imperial Way’ model sets out to articulate this.

The Imperial Way model

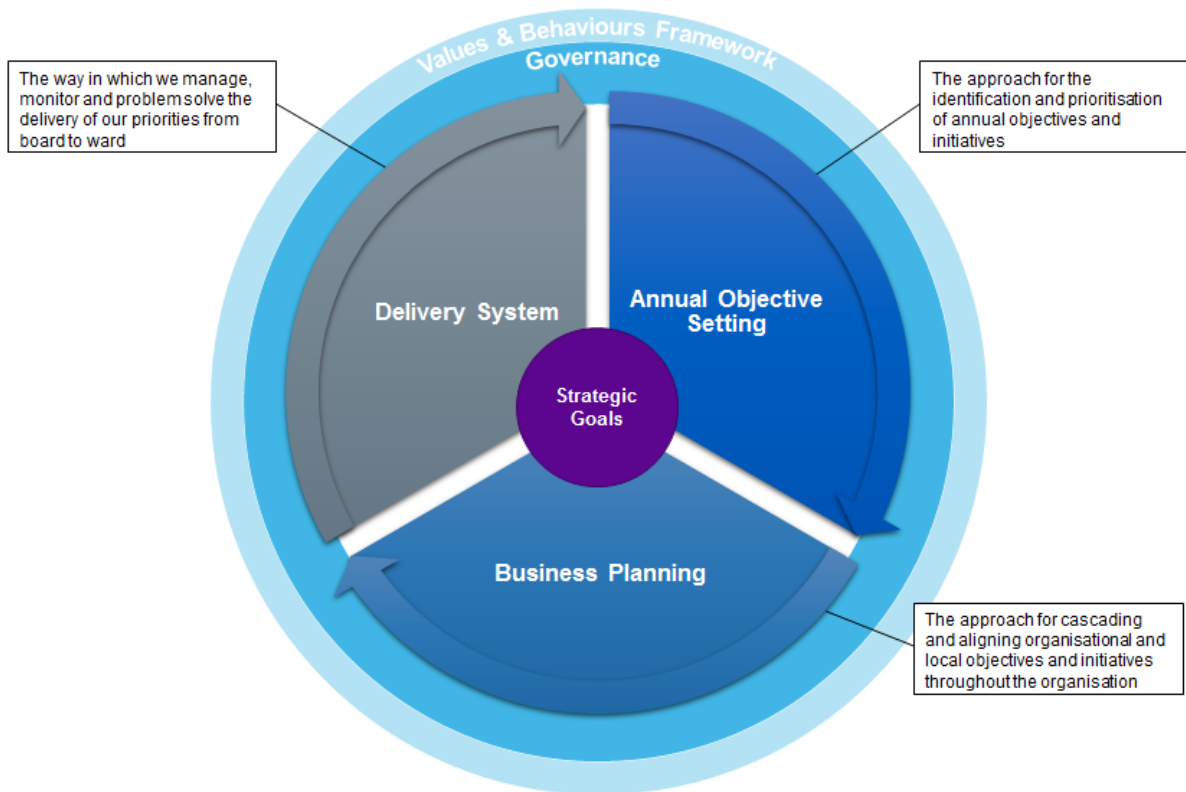
- 2.5 The Imperial Way model comprises of three components that ensure delivery of our strategic goals and objectives. These components are:
- **Annual Objective setting:** the way in which we identify annual objectives based on logical thinking, data analysis and the use of a structured approach to initiative prioritisation that can be refreshed each year;
 - **Business Planning:** the way in which we cascade initiatives throughout the organisation, support each level of the organisation to prioritise organisational and local priorities and agree these priorities through the business planning approach, and visually display and track alignment to our priorities;
 - **Delivery System:** the way in which we manage, monitor and problem solve the delivery of our priorities from board to ward, including cascaded strategic objectives and bottom-up identified local initiatives, in a consistent and transparent manner.

2.6 Underpinning this approach is:

- **The Trust's Governance Framework²**: providing assurance that policy, risk and reporting processes are adhered to in accordance to our governance framework,
- **Values and Behaviours Framework**: Encompassing all components are our core set of values and behaviours that will ensure this framework is successful and sustainable.

The Imperial Way model is shown in Figure 2.

Figure 2 the Imperial Way Model



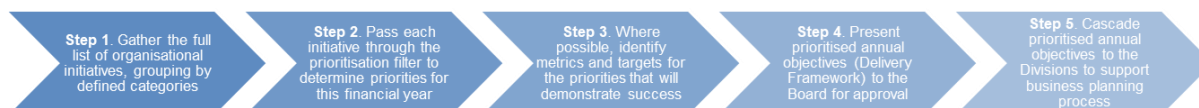
2.7 This paper will take each component of the Imperial Way model in turn, providing a high-level overview of the approach and, where applicable, architecture that will deliver the outcomes required.

² Reference documentation: Corporate Governance Manual (work in progress)

3. Annual Objective Setting

- 3.1 The first component in the Imperial Way Model is annual objective setting. Learning from other organisations, the approach set out in Figure 3 will be the process followed each year to identify and set annual objectives. The Executive Team are responsible for determining the organisational priorities for the year. This means ensuring the annual objectives are a balanced portfolio of initiatives that help drive us towards our Strategic Objectives, whilst also meeting national statutory and mandatory standards and financial control total commitments.

Figure 3 Process to identify and prioritise annual objectives



Categorising initiatives

- 3.2 Grouping initiatives we need to deliver in-year into defined categories enables us to:
- Provide clarity around which initiatives need senior/Executive input and attention
 - Facilitate discussions and thinking around what initiatives are truly value adding and will deliver on our annual objectives
 - Align organisational efforts, distinguishing between projects that need to be managed by task/finish groups and projects that are continuous improvement in nature
- 3.3 To formulate the full list of initiatives requiring consideration for prioritisation, we will systematically use quality insights (such as GIRFT, national audits, GMC training surveys, local data), the outputs of our specialty review programme and the objectives set from our enabling strategies as our initial key sources of information.
- 3.4 These initiatives will then be categorised into Focused Improvements, Trust Programmes and Trust projects, as shown in figure 4. Detailed descriptions and the implications associated with these categories are shown in table 2.

Figure 4 Categories that should all drive achievement of 3 Strategic Goals and the 8 Strategic Objectives

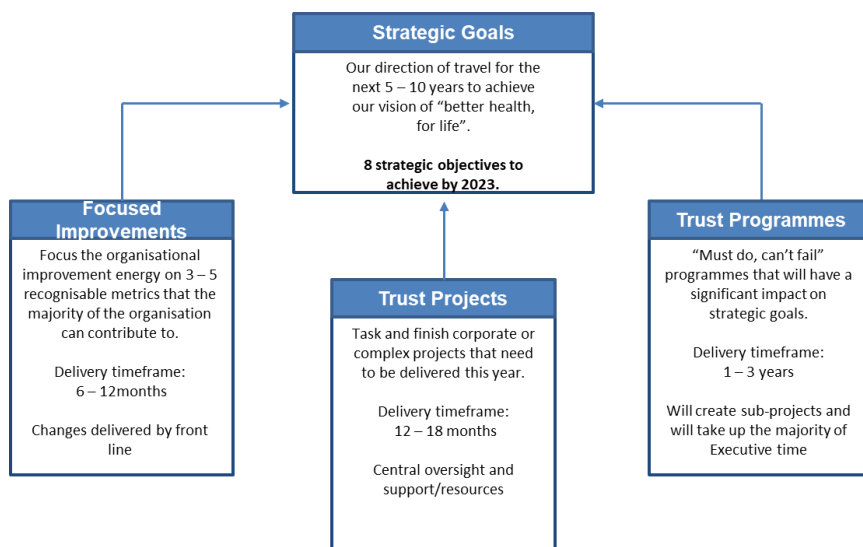


Table 1 category descriptions and implications

Category	Description	Implications
Focused Improvements	<ul style="list-style-type: none"> A subset of metrics that have a direct impact on our Strategic Goals and/or 8 Objectives and will be the focus of improvement for the year Operational in nature, the majority of the organisation will be able to contribute to improvement and therefore deployed to frontline teams <p>Examples: 3% Pay reduction, 100% flu vaccinations, 30% reduction in falls, 90% of staff feel they are able to make improvements in their area, % improvement in incident reporting</p>	<ul style="list-style-type: none"> Typically limited to approx. 5 and focused on a business problem Expect a significant improvement within the year (30-50%) Can change on a year to year basis Deployed through the management system
Trust Programmes	<ul style="list-style-type: none"> Actions necessary to implement strategy and the way leaders expect to improve strategic metrics over time <p>Examples: Implementation of the Management System, Specialty Review Programme</p>	<ul style="list-style-type: none"> Typically limited to 3 – 5, directly aligned to strategic plan Often referred to as “Must do, Can’t Fail” Tend to deliver in a 1 – 3 year time period Can create in-year “Trust Projects”
Trust Projects	<p>Two types of projects:</p> <ul style="list-style-type: none"> ‘No Choice’ projects – are mandatory driven by regulators or ministries or are required to keep running (e.g. accreditation, structural improvements, technological improvements) ‘Priority’ projects – are categorised by: <ul style="list-style-type: none"> Being aligned to strategic objectives (e.g. smarter working, International recruitment) NOT directly contributing to a Strategic Objective, Trust Programme, or shared improvement (e.g. PAS implementation) Requires Exec team visibility 	<ul style="list-style-type: none"> Task/finish projects that typically can be delivered within 12 – 18 months Number the organisation can cope with is based on capacity within teams to deliver on them Can change on a year to year basis

Prioritisation Filter

- 3.5 The Prioritisation Filter will be our key tool to enable prioritisation of our Focused Improvements, Trust Projects and Trust Programmes. Prioritisation enables horizontal and vertical alignment of the organisation to our Strategic Goals and Objectives, freeing up capacity for the organisation to execute existing tasks and take on new ones.
- 3.6 Figure 5 demonstrates a first draft of the Prioritisation Filter. After a focused improvement, trust project or trust programme passes through the filter, it falls into a second level of categorisation with implications and actions attached to that category.

Table 3 provides the descriptions and implications associated with each category.

Figure 5 Example Prioritisation Filter

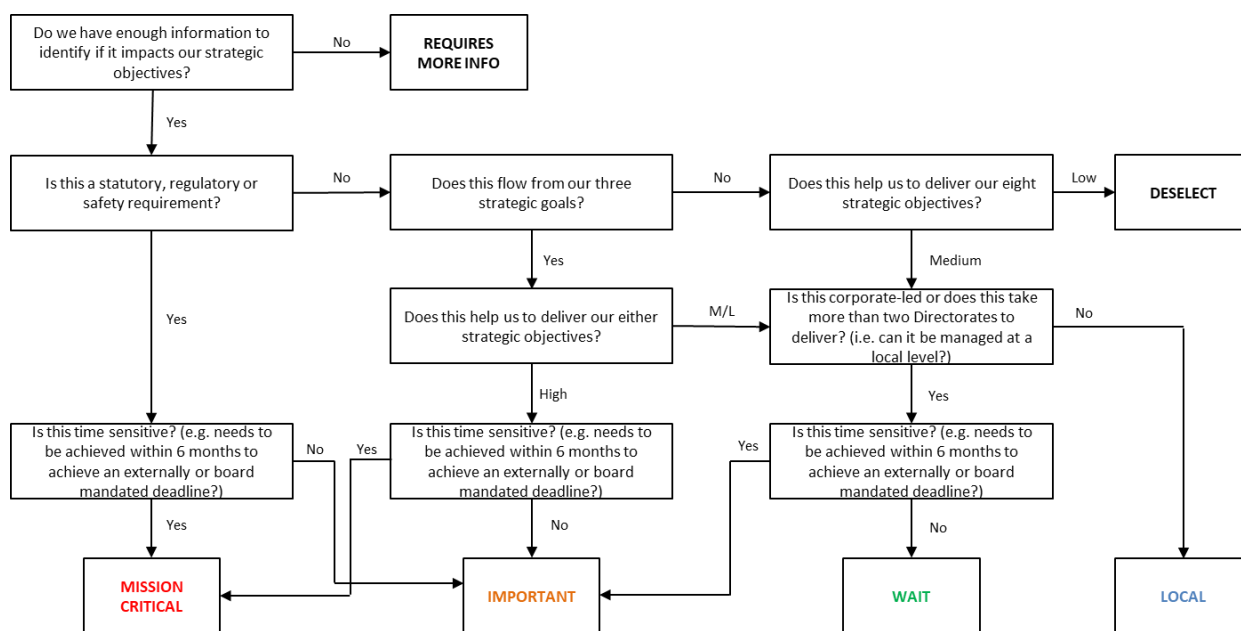


Table 2 Prioritisation Filter: category descriptions and implications

Categories of Projects	Description	Implications
Mission Critical	Must do, can't fail initiatives – mandatory and time sensitive	Resources must be prioritised in allocation to deliver these initiatives
Important	Initiatives that have a direct high impact on strategic objectives but are essentially optional	Initiatives will be chosen through a force ranked process and only kicked off when capacity exists
Local	Initiatives that are relatively smaller in scope, so will not be managed at corporate level	Initiatives will be managed through a devolved governance structure. Resourcing impact will be understood through "catchball" at a service level
Wait	Optional initiatives and potential list for deselection. Wait to do and re-assess at next prioritisation meeting	No resourcing implications but needs to be reviewed on a consistent basis
Deselect	All Executives must agree that this is not a priority for the organisation and does not support the trusts 5 year strategy	No resourcing implications
Requires more information	The scope of the initiative is not fully understood (i.e. level of impact on strategic objectives) – therefore not able to be put through the filtering process	Action for Exec sponsor/project owner to gather more information to adequate level before putting through priority filter

3.7 To mitigate the potential of a high number of Focused Improvements, Trust Projects and Trust Programmes falling into the "Important" category, a second level of prioritisation may be required. The prioritisation criteria for this second level filter will consider:

- Clinical outcome opportunities associated with the initiative
- Operational improvement opportunities associated with the initiative
- Savings opportunities associated with the initiative
- Capital investment required to deliver

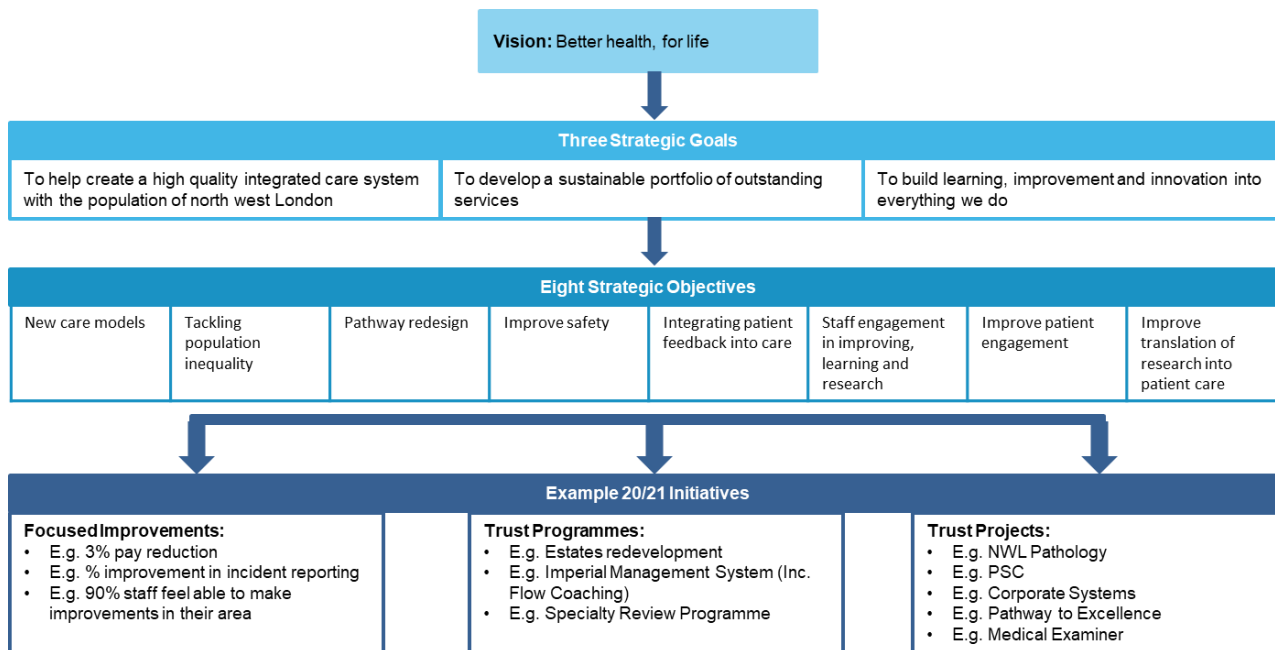
- Effort required to deliver (e.g. 1 Division or multiple Divisions)
- Impact on the organisation (e.g. 1 Division impacted or multiple Divisions impacted)
- Corporate resource required to deliver (e.g. HR, IT, Transformation, QI)

3.8 This tool will be available to Divisions and Directorates to use to support their business planning activities.

Delivery Framework

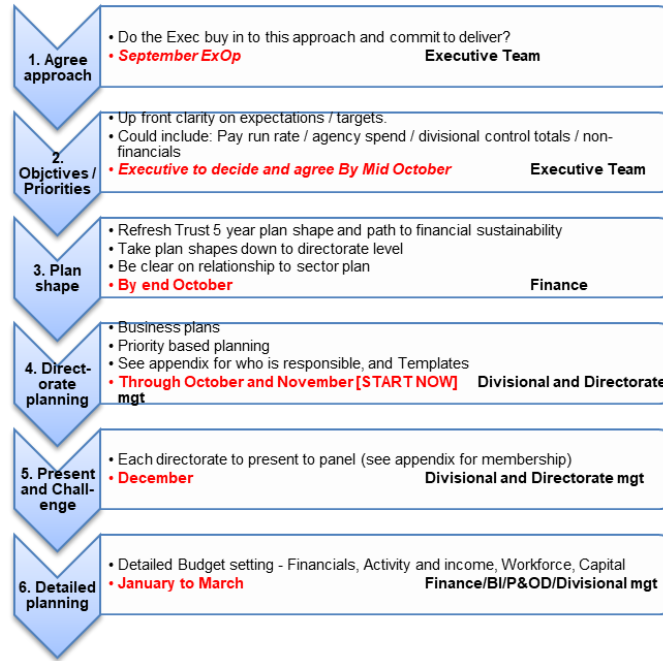
3.9 The Delivery Framework will present the proposed prioritised Focused Improvements, Trust Programmes and Trust Projects that will drive us towards our Strategic Goals. An example is shown in Figure 6.

Figure 6 Example 20/21 Delivery Framework



3.10 The x-matrix (shown in figure 7) is the tool that for Board assurance purposes will demonstrate how the prioritised Focused Improvements, Trust Programmes and Trust Projects will drive delivery of our Strategic Goals and Objectives. The tool also provides assurance that our portfolio of work is balanced across all themes of our Strategic Goals. This tool will be available to Divisions and Directorates to use to support their business planning activities.

Figure 8 Business Planning Approach



Organisation Delivery Matrix

- 4.4 The outputs of the business planning process will populate our Organisation Delivery Matrix. An Organisation Delivery Matrix is a way of mapping the resource demand for each prioritised Focused Improvement, Trust Programme and Trust Project and make visible which services are over-burdened. This should support our discussions around whether a team is able to take on more work throughout the year and what we, as an organisation, may have to stop doing in order to prioritise new initiatives.
- 4.5 Depicted below is an example of our Organisation Delivery Matrix (figure 9). The matrix will identify if a team is driving (leading), supporting the delivery of or impacted by a prioritised Focused Improvement, Trust Programme and Trust Project.

Figure 9 An example of our Organisation Delivery Matrix

Imperial College Healthcare NHS Trust

Organisation Delivery Matrix

Draft Template V1

		MIC				SCC				WCC				CFO Office		MD Office		Nursing Dir		People & OD Dir		ICT Division	
		Integrated Care	Specialist Medicine	Work & Performance	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine	Older Adults & Specialist Medicine
		Total drivers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Total Support	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Total Impact	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Responsible	Exec Lead	Lead																			
Strategic Element	Objective/Theme																						
Strategic Goal	Quality integrated care																						
Strategic Goal	Sustainable portfolio																						
Strategic Goal	Learning, impro, innov																						
Strategic Objective	New care models																						
Strategic Objective	Tackling population inequality																						
Strategic Objective	Pathway redesign																						
Strategic Objective	Improve safety																						
Strategic Objective	Integrating patient feedback into care																						
Strategic Objective	Staff engagement in improving, learning and research																						
Strategic Objective	Improve patient engagement																						
Strategic Objective	Improve transition of research into patient care																						
Quality Improvement	Implement a Learning System																						
Quality Improvement	Build improvement capability																						
Quality Improvement	Align improvement capability to deliver strategy																						
People	Workforce supply and stability																						
People	New and different ways of working																						
People	Compassionate, inclusive and effective leaders at all levels																						
People	Skills and Capability for all																						
People	Equally, diversity and inclusion																						
People	Culture and engagement																						
Digital	Resilient infrastructure																						
Digital	Digital record																						
Digital	Data sharing																						
Digital	Patient engagement																						
Digital	Integrated care																						
Digital	Population Health																						
Digital	Intelligent systems																						

- 4.6 The Organisation Delivery Matrix is a tool that will be available throughout the organisation so that Divisions and Directorates can view the mapping of their resource against their agreed priorities.

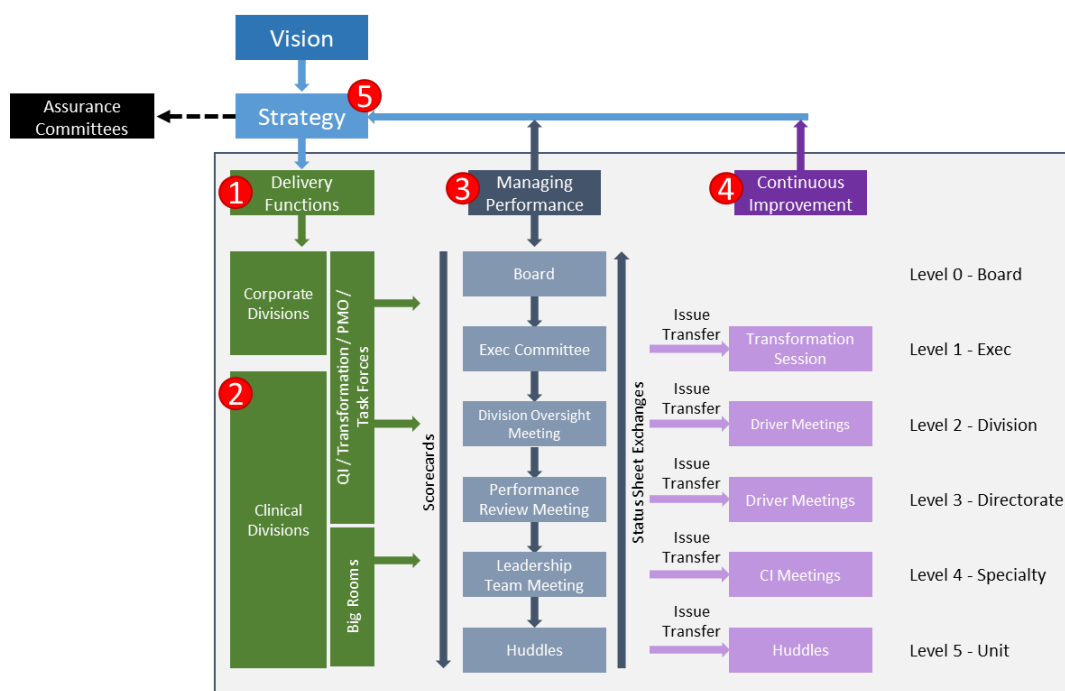
5. Delivery System

- 5.1 The third component of the Imperial Way model is the Delivery System. In the strategy paper presented to the Board in July 2019, we identified Quality Improvement as a key enabler to the delivery of our strategic goals and our three-year strategic objectives. One of the objectives was the implementation of a 'Quality Management System', which is the way in which we manage, monitor and problem solve the delivery of our priorities from board to ward, including cascaded strategic objectives and bottom-up identified local initiatives, in a consistent and transparent manner.

The Framework

- 5.2 Applying our learning from other organisations⁴, we have developed a framework (figure 10) for our Delivery System that pulls together the best of what we have seen which would best fit our organisation. Combining these elements with current systems we have in place will create an effective, collaborative and aspirational system by which we manage our business.

Figure 10 The Imperial Delivery System



- 5.3 The framework follows the below high level approach:

- Delivery Functions are aligned to initiatives that have been prioritised to deliver the highest impact to the Trusts annual objectives (*via Business Planning process*);
- Clinical Divisions cascade priorities to areas that have been identified will deliver the greatest impact to their agreed objectives (*via Business Planning process*);
- Progress on the delivery of these organisational initiatives, plus local priority initiatives, is monitored through updated scorecards and managed through effective

⁴ Organisations include: East London NHS Foundation Trust, Health Improvement Scotland, Surrey & Sussex Healthcare Trust, Brighton and Sussex University Hospitals NHS Trust, Royal United Hospitals Bath

performance review meetings at each level of the organisation;

- Performance issues identified from the scorecards/performance review meetings are explored in Continuous Improvement sessions, which are underpinned by the Trust's Improvement methodology;
- The performance improvement or delivery of the Trust's annual objectives and initiatives, delivered by Clinical Divisions and Corporate Divisions, Trust Programmes and Trust projects, should then be reviewed to determine the impact on the strategy and inform any strategic changes that need to be made on an annual basis.

Delivery Functions

- 5.4 The two main functions that are responsible for the delivery of organisational priority focused improvement metrics, programmes and projects are the Clinical Divisions and Corporate Divisions. The Improvement Team, PMO, Transformation Team and centrally led project groups are functions that provide additional delivery resource, support and expertise to help the Clinical, and Corporate Divisions deliver on their objectives.
- 5.5 Big Rooms are another improvement approach that enables Clinical Divisions to deliver on their objectives.
- 5.6 Trust Programme steering groups will oversee longer-term strategic projects. An Executive Director will lead these groups, who will report progress through the relevant Executive Committee.
- 5.7 Clinical and Corporate Divisions may want to set up project groups for time-limited projects with a defined objective. They should include representation from all relevant areas and will report progress through the lead Division or an Executive Committee.

Managing Performance

- 5.8 As far as possible, we will align routines related to performance management with our existing organisational structure. This will ensure that it becomes part of "business as usual" and makes use of our established processes for communication, support and escalation.
- 5.9 Standardisation of routines and supporting materials will cascade so that bottom-up and top-down, best practise behaviours are observed and mirrored throughout the organisation. Standard work creates a foundation for improvement and supports sustainability.
- 5.10 In the framework (figure 10), performance management routines are cascaded from Board (level 0) to Unit (level 5). A 'unit' being an interchangeable word that can refer to a ward, patient facing team (e.g. outpatients) or corporate team. At each level, there will be clearly defined lines of accountability and responsibility. For example:
0. Board hold Executive Team to account for delivery against strategic objectives
 1. Executive Team hold each other to account for delivery of strategic objectives
 2. Executive Team hold Divisions to account for delivery of objectives
 3. Divisions hold Directorates to account for delivery of objectives

4. Directorates hold Specialties to account for delivery of objectives*
5. Specialties hold Units to account for delivery of objectives*

* Level 4 and 5 is dependent on how the Division or Directorate is structured.

5.11 To support the effectiveness and efficiency of these routines, the following supporting materials will be developed:

- **Refreshed integrated performance scorecard:** the scorecards will include operational metrics and initiatives that align to the agreed objectives that will be delivered in the financial year. These will be representative across key domains such as patient experience, staff engagement, quality improvement, financial sustainability and access.
- **Meeting standard work template:** this documents the process by which the meeting should flow and time spent on each topic dependent on the current state of performance. Meeting standard work provides clear instruction on how to conduct the meeting and encourages balanced discussions across all performance domains.
- **Countermeasure Summaries:** reporting against off-track performance will be via countermeasure summaries. These are visual in nature and provide greater assurance that the solution to mitigate off-track performance is based on identifying the root cause of the issue as they follow a structured problem-solving methodology. A countermeasure summary comprises of the following: historical performance, top contributor, root cause analysis, 30-day action plan.

Continuous Improvement

5.12 Continuous Improvement is the ongoing improvement of services or processes through incremental improvement over time or larger improvements all at once. Our framework indicates that at each level of the organisation, continuous improvement routines should be in place allow for the application for our logical structured problem solving methodology to allow for incremental improvement.

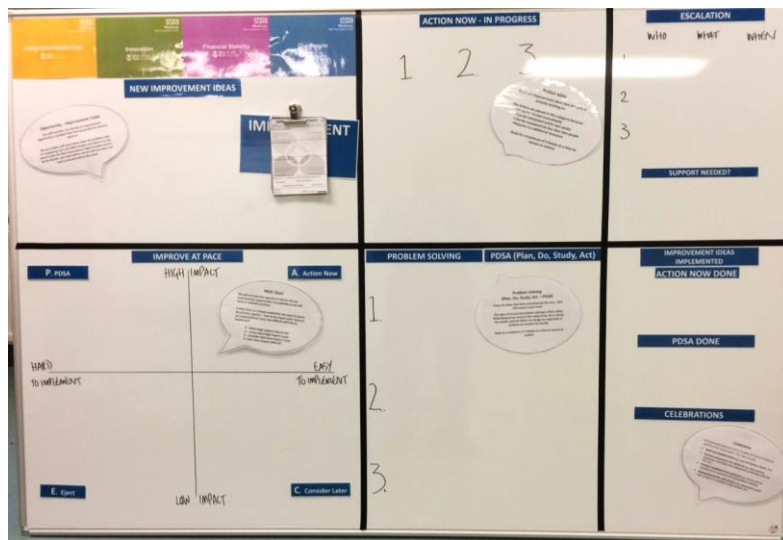
5.13 One of the key continuous improvement routines that will be introduced is the huddle. Huddles are the tool we will use to bring the Delivery System to life. Huddles are a mechanism for teams to deliver improvement. They provide a regular opportunity to reflect on how things are going, to share best practice, identify and escalate issues to senior leaders to unblock and drive progress quicker, and agree actions.

5.14 The defining characteristics of a huddle are:

- It takes place in a dedicated space, at a set time, according to an agreed frequency,
- It is a short, focused meeting that follows a defined structure,
- There is access to a data visualisation board pertaining to the priorities of the team,
- All members of the team on site attend it that day,
- There is a 50% split between time spent working on strategic priorities and time spent on supporting local issues, opportunities and improvement (the “50:50 focus” – see Figure 12),
- It ends with a rapid evaluation of how the huddle has gone, with everyone having an opportunity to offer suggestions for how it could be improved next time,
- There are regular visits from senior leaders to support escalated issues and ensure sustainability of the routine.

- 5.15 Every huddle, Trust Programme steering group and project groups will use a set of key performance indicators to help them measure success. We will design indicators that enable teams to understand how well the service / process / project is performing and ensure targets are set based on internal and external benchmarks and improvement trajectories agreed to determine the rate of improvement required.
- 5.16 A visual management dashboard will support every huddle, Trust Programme steering group and project group, which displays their performance metrics. Visual management dashboards use large, clear and visual displays of targets and performance. As much as possible they will be positioned close to the team so that they are easy to see and accessible. An effective visual management dashboard will provide a visitor with a quick, clear view of performance.

Picture 1 Example front line improvement huddle board (Medway NHS Foundation Trust)



Picture 2 Example front line improvement huddle board (SickKids, Ontario - Canada)



Picture 3 Example Division performance board (Brighton & Sussex University Hospitals NHS Trust)



6. Values & Behaviours and Capability Building

- 6.1 Our Values and Behaviours framework will underpin how we plan, deliver and sustain the Delivery System.
- 6.2 We want to encourage a coaching style of leadership that encourages critical thinking and problem solving in order to empower teams to make improvements in their area. Coaching supports personal development, knowledge, experience and learning, which results in improved communication, improved commitment and ultimately improved performance.
- 6.3 We will ensure that any capability required to deliver and sustain the Delivery System aligns to the Improvement Team's objective of building a 'critical mass' of colleagues who are trained in improvement methods and skills as per the improvement competency model⁵.

⁵ Document Reference: Improvement Curriculum draft Oct 19

7. Roles and responsibilities

- 7.1 Every person who works at Imperial has a role to play in delivering our three-year objectives and strategic goals.
- 7.2 The *Trust Board* is responsible for ensuring that the organisation has a comprehensive system in place to monitor and manage all aspects of service delivery. They set the overall strategy and objectives and hold the Executive Team to account for delivering them.
- 7.3 The *Executive Team* reviews the performance of the Divisions and holds them to account through the Divisional Oversight meetings. They also set the tone for how we work together and will role model the behaviours set out in our values and behaviours framework.
- 7.4 The *Executive Team* is responsible for agreeing the priorities that will be the main focus of our collective work each year. These will be relevant to all staff across the organisation and lead us towards our organisational strategic goals. Importantly they do not mean that other work cannot and must not proceed; this is about being explicit on the priority areas that we will all focus on.
- 7.5 The *Divisional Triumvirates* are responsible for cascading priorities top-down and agreeing priorities bottom-up, making sure that business plans align with these. They are responsible for managing and monitoring all aspects of service delivery at Directorate level, providing assurance to the Executive Team.
- 7.6 The *Divisional Triumvirates* will put arrangements in place to underpin the Delivery System across the whole Division and support each team to sustain their continuous improvement routines, this includes ensuring their teams have attended the relevant training and can apply the QI methodology to all performance issues. They will also make sure that suitable time is available for performance reviews at Directorate level and in preparation for the Divisional Oversight meetings.
- 7.7 The *Directorate Triumvirates*, led by the *General Manager*, are responsible for the implementation of the Delivery System within their Directorate. This includes ensuring that performance reviews and continuous improvement routines take place at Directorate, specialty, department and service level as appropriate. They are responsible for ensuring their teams and themselves have the relevant training and can apply the QI methodology to all performance issues. The General Managers are also responsible for raising any issues that cannot be resolved locally with the Divisional Triumvirate.
- 7.8 The *Specialty Leadership Teams* will make sure that continuous improvement routines take place at Directorate, specialty, department or service level as appropriate and that they achieve their service delivery, performance and improvement objectives.
- 7.9 *Ward and Department Leaders* will make sure they have a huddle in their area and support every member of their team to participate. They will help everyone to understand how their work contributes to the delivery of our organisational objectives.

8. Monitoring and Review

- 8.1 The Director of Operational Performance will lead an annual review of the Imperial Way and the Executive Committee will approve any proposed change.

9. Related frameworks

- a. Imperial College Healthcare NHS Trust strategy
- b. The performance and accountability framework
- c. Corporate Governance Manual
- d. Board Assurance Framework
- e. Risk management strategy and policy

10. Appendix

Glossary of Terms

Term	Definition
Imperial Way model	A model made up of three components designed to ensure and assure delivery of the Trust's strategy in order to achieve its Vision and Mission.
Strategic Goals	The Trust's long term plan (5-10 years) to achieve its Vision and Mission split across three main themes.
Strategic Objectives	Eight three-year objectives that are part of the Trust's strategic roadmap to achieving its Strategic Goals.
Annual Objective Setting	A component of the Imperial Way model. Annual objectives are reviewed and refreshed each year, and make up the roadmap to achieving the Trust's three-year Strategic Objectives.
Initiatives	Portfolios, programmes or projects that when delivered will enable us to meet our annual and/or strategic objectives.
Business Planning	A component of the Imperial Way model. It is our approach to deploying our priorities throughout the organisation.
Prioritisation Filter	A tool to enable prioritisation of initiatives.
Delivery Framework	A framework that depicts our prioritised objectives for the year, grouped into defined project categories that inform the means of delivery.
Focused Improvements	Part of the Delivery Framework. Initiatives that focus the organisational improvement energy on 3 – 5 recognisable metrics that the majority of the organisation can contribute to.
Trust Programmes	Part of the Delivery Framework. Task and finish corporate or complex projects that need to be delivered this year.
Trust Projects	Part of the Delivery Framework. "Must do, can't fail" programmes that will have a significant impact on the Strategic Goals.
Organisation Delivery Matrix	A tool that helps us to understand our resource capacity and provide transparency on which teams are driving, supporting or impacted by each initiative.
Imperial Delivery System	A component of the 'Imperial Way' model. It is the system we will use to manage, monitor and problem solve performance improvement opportunities from board to ward against cascaded initiatives, in a consistent and transparent manner.
Continuous Improvement	The on-going improvement of services or processes through incremental improvement over time or breakthrough improvements all at once.
Quality Improvement	The methodology we use to problem solve.
Governance Framework	The Imperial framework to assure that policy, risk and reporting processes are adhered.