Imperial College Healthcare NHS Trust strategy

In March 2019, the Board agreed a new Trust strategy, building on work and thinking over the previous four years to set a clearer and more cohesive direction for our organisation. The strategy 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:**

- **to help create a high quality integrated care system with the population of north west London**
- **to develop a sustainable portfolio of outstanding services**
- **to build learning, improvement and innovation into everything we do**.

This next iteration of our strategy is organised into three sections. In our core strategy statement (section 1), we set out clearly what our strategic goals mean and what we expect to change in order to achieve them, as agreed earlier this year.

We then consider what these changes will require us to plan for and do, in practical terms, over the three years to April 2023, focusing first on our clinical services, models of care and ways of working. We have arrived at six statements that articulate our strategic clinical approach and we have used them to prioritise eight specific clinical objectives to be achieved by April 2023 (section 2).

Finally, we look at the key enablers of these clinical developments – quality improvement, our people and digital (section 3). For each 'enabler', we set out another layer of detailed objectives that need to be achieved by April 2023 in order to support our clinical objectives and move us closer towards our three overarching strategic goals.

The content of the strategy builds on reviews of our previous clinical, digital and people strategies, the outputs of various workshops and discussions and analysis of the needs and views of our staff, patients and partners as well as consideration of local and national policy.

This strategy document does not try to cover every aspect of the important work we do or address all of our day-to-day challenges; delivering operational and financial commitments will always be part of our 'business as usual'. Our strategy is about the changes we need and expect to deliver on our three overarching strategic goals and, ultimately, our vision of 'better health, for life'.

Overview

We know we provide much great care for over one million people a year, drawing on new research insights and clinical breakthroughs and achieving one of the lowest mortality rates in the UK. However, we also recognise, increasingly, that our systems and processes aren't truly organised around the needs and preferences of our patients and local communities. Our services aren't sufficiently joined up with those of our partners and, often, even within our own organisation. We won't be able to attract and retain enough staff without an improved 'compact'; we can't continue to increase spending at the rate we are; and we know our facilities and wider infrastructure are struggling to keep up with demand.

These issues are common across the NHS and are reflected in the NHS Long Term Plan published earlier this year. Similarly, the response and plans set out in the implementation framework of the NHS Long Term Plan are reflected in our strategy and three-year objectives.

Our 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. The change that is required is a fundamental reorientation of how we make our offer and how we behave. **We want to become the most 'user-focused' organisation in the NHS.**

We have made a start at setting out exactly what this will mean in **our new clinical approach**, committing that we will:

- 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
- embed research, learning, evidence-based practice and innovation in everything we do.

The three-year objectives that will move us to our new clinical approach then become 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, test improvements and scale and sustain 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.
- 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.

We will draw particularly on our long track record in research and education and on our more recent achievements in developing our digital capability, establishing a Trust-wide quality improvement approach and creating an active and influential network of lay partners. Importantly, we will also harness the synergies of an increasingly important range of collaborations and partnerships, most notably with Imperial College, our closest acute

partner Chelsea and Westminster NHS Foundation Trust, and a number of our sector's emerging primary care networks.

As such, we have also developed another layer of three-year objectives in the areas that are key to enabling our clinical approach – quality improvement, our people and digital.

There are three **three-year objectives we need to achieve in quality improvement** - to:
- Embed how we plan, improve, control and assure the quality of care we provide within a consistent 'quality management system'.
- Spread our improvement methodology across every area of the organisation.
- Use our quality improvement education, training and coaching 'dosing' model to equip all staff across the organisation with the appropriate knowledge, confidence and skills to deliver improvements that help deliver the overarching goals of the organisation.

There are 18 detailed objectives we need to achieve for **our people** that have been summarised into **six strategic themes** for action:
- workforce supply and stability
- new and different ways of working
- compassionate, inclusive and effective leaders at all levels
- skills and capability for all
- equality, diversity and inclusion
- culture and engagement.

There are 28 detailed objectives we need to achieve in **digital** that map to a **seven-step 'roadmap'**:
1. Resilient infrastructure
2. Digital record
3. Data sharing
4. Patient engagement
5. Integrated care
6. Population health
7. Intelligent systems

Finally, it's important to note that we are consciously moving away from previous strategies that have tended to focus on which of our services need to go where and what sort of buildings they should be in. We have also moved on from having a series of standalone strategies. Instead, we are looking to set out what we believe to be the key changes we need to make and how we think change can best be enabled and co-ordinated. We know that will rely on us empowering our people, patients and partners to work together to own and lead the change through incremental improvement locally underpinned by genuine 'transformation' across a few essential aspects of organisational process, technology and culture.

Making it happen

We now have a strategy that provides a clear and cohesive direction for our organisation as well as a set of three-year objectives. Our focus moves on to implementation.

Our approach to determining how we best work to achieve each of our objectives – and how we track and evaluate progress towards them - will build on the components we already have in place for business planning, quality improvement, governance and performance

monitoring. By the end of autumn 2019 – in order to shape our business plan for 2020/21 – we will have defined and tested an implementation approach that:

- Ensures our three strategic goals drive progress and action at every level; our business planning and allocation of resources is key to this and will be integrated into the way we implement our strategy.
- Sets out the tactical plan that enables individuals and teams to link the work they are doing to our strategic goals.
- Minimises the waste and low morale that comes from inconsistent direction and poor communication.
- Creates a 'golden thread' between senior leadership and staff at every level of the organisation that provides a shared direction of travel and supports effective two-way communications and engagement.
- Gives teams across the organisation the skills, permission and confidence to address local issues that impact quality, knowing that they have the backing of their managers to do so
- Is underpinned by metrics that help us understand how we are doing at all levels in the organisation.

We will also combine our strategy implementation approach with how we work with Imperial College and other partners to leverage the value of our extensive research infrastructure, including the NIHR Imperial Biomedical Research Centre, the North West London NIHR Applied Research Collaboration and Imperial College Patient Safety Translational Research Centre.

SECTION 1: Our strategic goals and what we mean by them

1 To help create a high quality integrated care system with the population of north west London

Successful integrated care is about collaboration: with our partners, with our patients and within our organisation. Unlike many NHS changes of the past, we will prioritise the building of relationships rather than top down structural changes. This change is for everyone in our organisation and not just those involved in specific programmes around integrated care:

o   With our partners and patients, we will define a set of priority outcomes that we are seeking to improve.
o   We will focus on health inequalities within our services and communities and act to address these, going beyond the measurement of average outcomes
o   We will follow a principle of collaboration not competition with other partners, with new financial arrangements, joint working, shared services and better information sharing
o   We will do more to encourage the sharing of expertise, skills and information that improves health and care, both within our organisation and with patients and partners.

2 To develop a sustainable portfolio of outstanding services

We have one of the largest and most diverse service portfolios of any NHS organisation in the country. We also undertake some of the most complex and specialist procedures while maintaining one of the lowest mortality rates and achieving many excellent outcomes. This is all underpinned by a long and successful track record in clinical research and education. We need to maximise the value of this breadth and depth of expertise for all our patients and wider population.

o   We will more clearly define the areas where we have particular strengths and focus resources and attention on maximising their benefits
o   We will seek to align our priorities with our academic partners and maximise the value of research for better health and care
o   We will focus on outcomes, quality and efficiency in our services
o   We will measure meaningful outcomes across all our services and pathways and use this knowledge to inform our continuous improvement work.

3 To build learning, improvement and innovation into everything we do

We take pride in the contribution our hospitals and staff have made to health and care innovation over many years. We must continue to encourage and support this level of aspiration but also widen opportunities, both to lead and participate in formal R&D projects as well as in continuous improvement as part of our day-to-day work. There's always potential to improve and we'll support everyone in every role to be part of this.

o   We will support every member of staff to play an active part in an improvement, teaching, research or innovation initiative
o   We will measure how encouraged and supported staff feel in these efforts, publicly report on this and act to do better
o   We will encourage learning as part of every role in our organisation, ensuring these opportunities are fairly accessible to all staff
o   We will create new opportunities for staff to develop their skills and careers with our organisation.

2.1 The needs of our patients and local communities

To be genuinely user-focused, we need to start by considering the needs of our patients and local communities, including where and how our services currently. The following figure indicates, for our north west London population only, the use of our inpatient services by area.
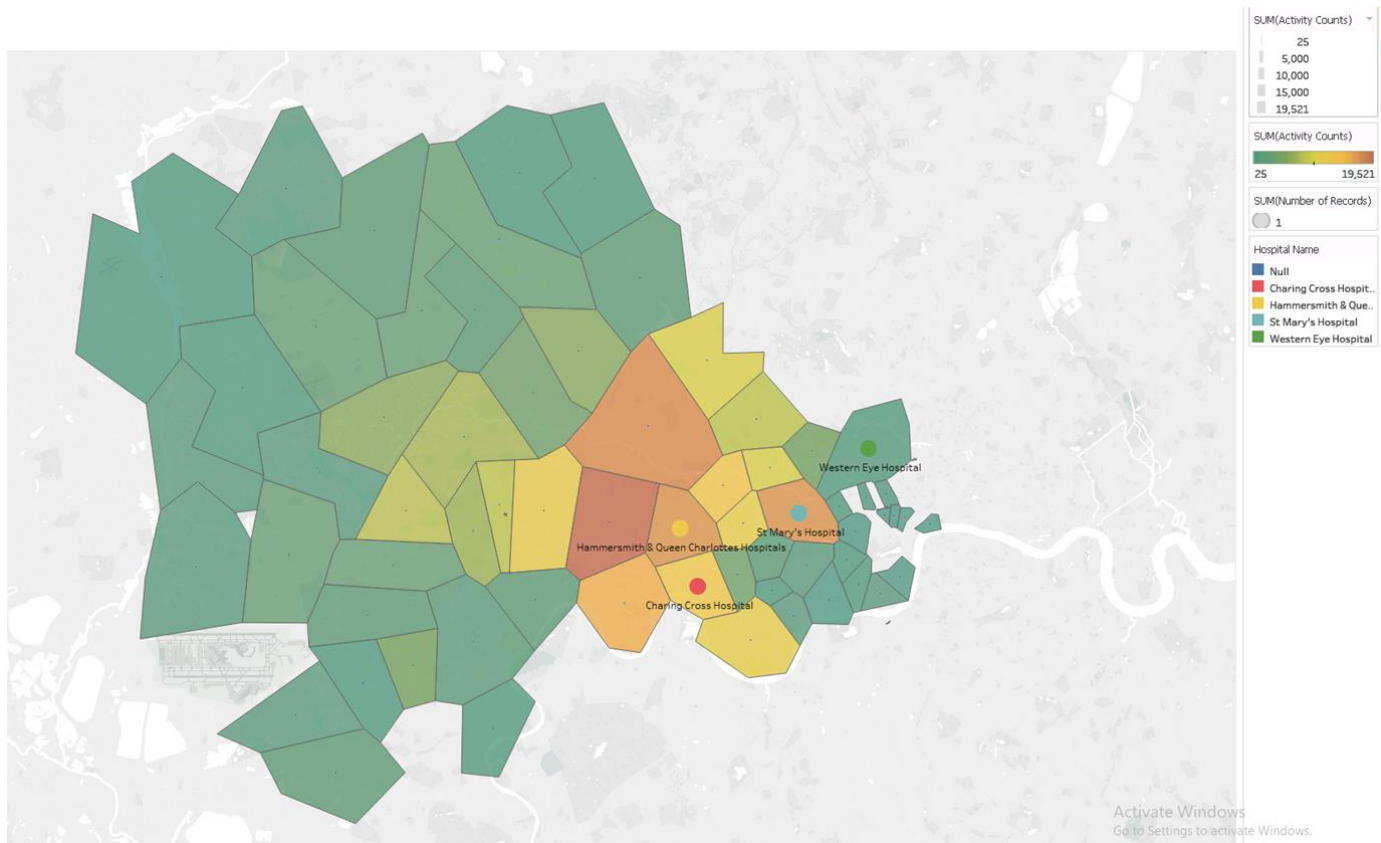

Figure 1 – A 'heat map' showing inpatient use of Imperial College Healthcare's hospitals 2016 – 2019 by geographic area in north west London

This population approach helps us to consider how we can best work with partners to offer care and support where it is most needed. We can also build on work that helped inform the North West London Sustainability and Transformation Plan, where our population was segmented according to current and likely future need. It indicated that, while the population as a whole will grow, there will be proportionately much bigger increases in the number of people with one or more long term conditions, severe physical disabilities, dementia and cancer.

We need to focus much more on working with our patients and local communities to build mutual understanding and insight that we can use to shape our services. We also need to consider how we can better use the huge amounts of quantitative and qualitative data that we already gather to guide strategic developments and priorities as well as day-to-day operational decisions. Our clinical objectives set out here reflect our current knowledge of the changing needs and preferences of our patients as well as a commitment to take a more holistic approach to the health of our local communities overall.

2.2 Our aims and three-year objectives

2.21. We will deliver defined outcomes that matter to patients through co-design of more sustainable, person-centred pathways and models of care

Historically, we have delivered care through specific clinical specialties composed of groups of professionals, each delivering high quality specialist care. This approach is very effective for some patients, particularly those with a single long-term condition, but we know that patients with multiple co-morbidities have complex physical, mental health and care needs that are not always met. We want to make sure that the care and support we give these patients is as holistic and connected as possible. This care will still need the expertise of many different people and teams. To achieve this we will integrate and build partnerships across traditional boundaries in a way that measurably improves the things that matter to patients; this is as much about improving integration inside our organisation as across boundaries.

We will co-design and implement more person-centred pathways of care. For each of these care pathways we will work in partnership to define and deliver a specific set of outcomes – and experiences - to ensure patients get the right care, in the right place and at the right time. By doing this we will reduce the unwarranted variation we see in outcomes and experiences of our patients. The treatment people receive should be determined only by their needs, preferences and the best evidence-based practice. It should not be affected their point of contact with our service or where they are seen. Some key areas include:

- **Trauma, acute and emergency care pathways.** We want to work with partners, such as ambulance services and paramedics, to strengthen our approach to pre-hospital emergency care, as we work to improve the whole trauma, acute and emergency care pathways.
- **Planned surgical and medical care pathways.** Our award winning PREPARE programme has demonstrated the wide benefits of supporting patients to get as fit and prepared as possible before their surgery. We intend to extend this more proactive approach more widely across the services and specialities who provide planned surgical and medical care.
- **Specialist care for long term conditions.** We want to work with patients and partners to continue to develop and improve these services, in order to improve the outcomes that really matter to our patients across their whole lives. This means combining research, innovation and learning with strong team-based approaches to clinical care in each of our specialty areas.

We will use our improvement methodology, the expertise of our transformation team and our Flow Coaching Academy to transform speciality services into patient-centred pathways. Each pathway within our flow coaching programme runs through a weekly 'big room', a one-hour structured improvement meeting that brings colleagues together to continuously drive improvements. Work is currently established in 11 care pathways and already showing improvements: for example, in the recognition and treatment of life-threatening sepsis, in how we improve the care of people with mental health issues who are attending our emergency departments, and in how we support families to manage their child's asthma care.

By April 2023 we will have:

2.22. We will work with our population and partners to maximise health across all stages of life

To meet the changing needs of our patients, local communities and population in north west London we need to think differently about how we deliver care. While defined care pathways are a powerful way to deliver integrated care for many conditions, they do not help us to think about the broader health needs of our population, transitions between pathways or people with complex health needs. To support better health for life we will work with our patients, carers, communities and partners to act on these three challenges.

Through collaborations with local GPs and other primary care providers we have begun to co-design and test how we can work with the people of north west London to improve health outcomes. Our Connecting Care for Children and Connecting Care for Adults initiatives have been supporting our specialists to work alongside GPs and other colleagues in primary care, as well as colleagues from local authorities, education services, charities and mental health services, to do more **proactive**, **preventative work at a population level**. New data assets and population health management tools are making it possible to much more precisely segment and target the needs of our local population, of specific groups of patients, or of people whose risk of harm is rising.

Transitions between care can be a particular problem for our patients and are not always served effectively by an approach that looks just at defined patient pathways. We want our focus to be on outcomes that really matter to patients, and to play our part in improving the health, and lives, of our patients and communities. The strategy on start well, live well, age well developed within London helps us to think about these transitions.

Patients, such as people with frailty, or children with **complex health needs**, will need multi-disciplinary teams, with expertise in these groups of the population, coming together to deliver a much more preventative, proactive approach to care for these patients. Our work with primary care networks will allow us to 'segment' these groups of patients in a way that will drive us to organise our workforce, and how we deliver care, in a more holistic person-centred way.

We have also begun to recognise the potential of our role as an 'anchor institute' within our local community. This will mean working together with Imperial College, local councils and other partners to better utilise our collective resources to address the adverse social, economic and environmental factors that widen inequalities and contribute to poor health across our population.

By April 2023 we will have:
- Established 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.

2.23. We will reduce health inequalities within our services and communities

People from socially excluded groups experience poor health outcomes across a range of indicators including self-reported health, life expectancy and morbidity. Social determinants of health – for example education and housing – have a significant impact on the burden of disease locally and on the need for our services. They also influence people's ability to access care when they need it. We are serving significant numbers of homeless people and other people from socially excluded groups. We recognise the responsibility and role we have in actively seeking out people from socially excluded groups and supporting them to get the best possible health outcomes from our services.

To be effective this needs to go beyond reacting to problems when they arise. We must provide targeted support to specific groups - for example, designing maternity care that accommodates women who don't speak English or making sure we don't create digital platforms that leave some groups behind. We will work with local health, care and third sector partners to proactively join up care, widen access and improve health outcomes for these people.

By April 2023 we will have:
- Defined and established a method to measuring inequalities and have started to show the impact of specific interventions.

2.24. We will create the right behaviours to consistently support safe care

We are proud of our long-standing commitment to patient safety which has achieved demonstrable impact, with mortality rates in the best five healthcare organisations in the country.

We are working with staff and patients to develop a more proactive approach to reporting, and learning from, incidents. We also want to do more work to promote a 'safety 2.0' approach across our organisation and healthcare sector, where we put emphasis on doing more of the right things. To support this we are implementing a 'learning from excellence' programme through which we are hoping to systematically learn from behaviours and care that have been outstanding.

We have built a strong collaboration with Imperial College's 'Patient Safety Translational Research Centre' to bring innovations from patient safety research into practice. We will look to spread these across our organisation, to our local primary care networks and share them with our partners.

We know that the key behaviours that lead to safer care are listening to staff and patients, responding proactively where there are concerns, and being caring and supportive when things do go wrong. We will continue to focus on these behaviours and to clinically lead the safety streams that are making demonstrable improvements in 11 key areas.

By April 2023 we will have:
- Embedded 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.

2.25. We will develop genuine partnerships with our patients and local communities to build understanding and support

In recent years we have made some big improvements in how we connect with our patients, communities and partners at the personal, operational and strategic levels. We are ambitious to go much further in each. There is far more to do to ensure that all patients to feel that they are understood, heard, and have control and choice over their health and care and are able to play their full role in shaping and delivering health and care more widely.

Over half of our quality improvement projects have had patients and carers involved in them, but we are ambitious to increase the breadth and depth of this involvement. Our strategic lay forum was established in 2015 to help develop a clear vision for effective patient and public involvement across the Trust, and to directly influence the development and delivery of our organisational strategy.

Imperial Health Charity is a crucial partner in our work. It helps our hospitals do more through grants, arts, volunteering and fundraising. The charity has funded major redevelopments, research and medical equipment, and also provides grant funding and support to projects that strive to achieve scientific impact, excellent patient care and healthier communities. Imperial Health Charity also manages volunteering across all five of our hospitals, adding value to the work of staff and helping to improve the hospital experience for patients and visitors. This is an area that we will continue to grow.

By April 2023 we will have:
- Established 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.

2.26. We will embed research, learning, evidence-based practice and innovation in everything we do

Our clinicians work alongside biomedical scientists, chemists, physicists, data scientists and engineers from Imperial College London to develop new ways of diagnosing, treating and preventing disease. We partner with Imperial College to run the NIHR Imperial Biomedical Research Centre (BRC) and are part of Imperial College Academic Health Science Centre. We also host the NIHR Clinical Research Network for North West London. We also work collaboratively with the Imperial College Patient Safety Translational Research Centre (PSTRC) and the North West London NIHR Applied Research Collaboration (ARC) in work on patient safety, innovation, improvement and population health. With our partners, our aim is to apply research discoveries to healthcare as quickly as possible so we can improve the lives of NHS patients and populations around the world.

We conduct research into common diseases that affect large numbers of people and are acknowledged as global health challenges, such as HIV infection, respiratory and cardiovascular disease, cancer and diabetes. We also conduct research into rare conditions that affect individuals and families. Our researchers work at the frontiers of medical knowledge – investigating health issues that might not be common today but are likely to

become more widespread in the future. We look at the safety and effectiveness of new treatments, how data science can advance healthcare, how existing medicines can be used to treat different conditions, and develop our own drugs, devices and techniques which, through clinical research trials, become the licensed and prescribed treatments of the future.

We are already working to increase the amount of research we undertake through public, charitable and commercial funding and to encourage and support more staff, from all professions, to get involved in research. We will continue to place translational research and the adoption and spread of evidence-based practice and innovation at the heart of everything we do across our organisation.

By April 2023 we will have:
- In collaboration with partners, especially Imperial College, improved 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.
- Ensured every member of staff is able to participate in improvement, learning, teaching, transformation or research.

SECTION 3.1: Three-year objectives for our key enablers - quality improvement

3.1 Quality improvement

At the end of 2015 we established a quality improvement team, whose mission was to put in place all of the components that would create a culture of continuous improvement across the organisation. Since then we have developed a nationally recognised programme of quality improvement education, training and coaching with patient and staff experience at its heart.

3.12 Quality management system and quality planning

Learning from other organisations we are pulling together a quality management system that links quality planning, quality improvement, quality control and quality assurance. This system will be applied and followed across all levels of the Trust, supporting what we will need to do to successfully implement the changes in this strategy.

Systematically using quality insights (such as GIRFT, national audits, GMC training surveys, local data), alongside the outputs of our specialty review programme, will give us the information we need to undertake rigorous quality planning – that is, identifying our key improvement priorities and interventions, and planning the best approach to addressing them.
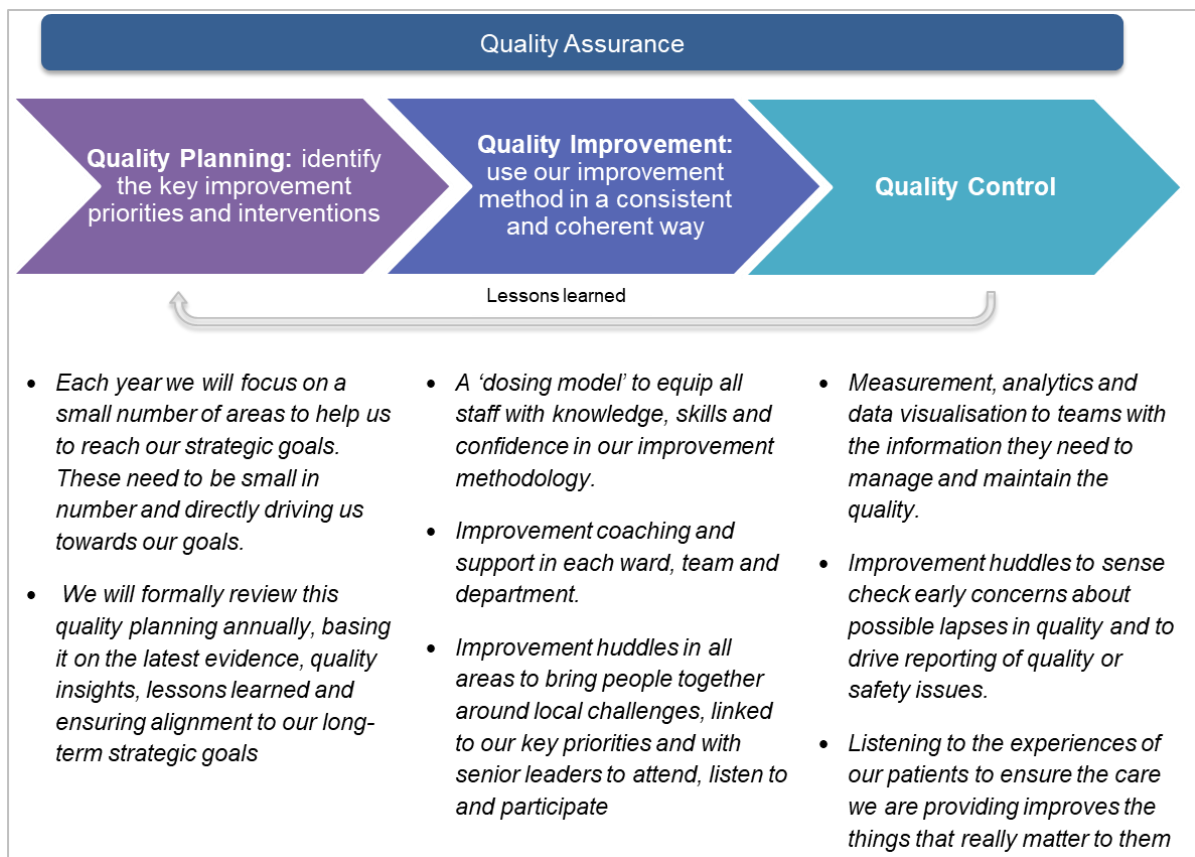

Quality Assurance

Quality Planning: identify the key improvement priorities and interventions

Quality Improvement: use our improvement method in a consistent and coherent way

Quality Control

Lessons learned

- *Each year we will focus on a small number of areas to help us to reach our strategic goals. These need to be small in number and directly driving us towards our goals.*

- *We will formally review this quality planning annually, basing it on the latest evidence, quality insights, lessons learned and ensuring alignment to our long-term strategic goals*

- *A 'dosing model' to equip all staff with knowledge, skills and confidence in our improvement methodology.*

- *Improvement coaching and support in each ward, team and department.*

- *Improvement huddles in all areas to bring people together around local challenges, linked to our key priorities and with senior leaders to attend, listen to and participate*

- *Measurement, analytics and data visualisation to teams with the information they need to manage and maintain the quality.*

- *Improvement huddles to sense check early concerns about possible lapses in quality and to drive reporting of quality or safety issues.*

- *Listening to the experiences of our patients to ensure the care we are providing improves the things that really matter to them*

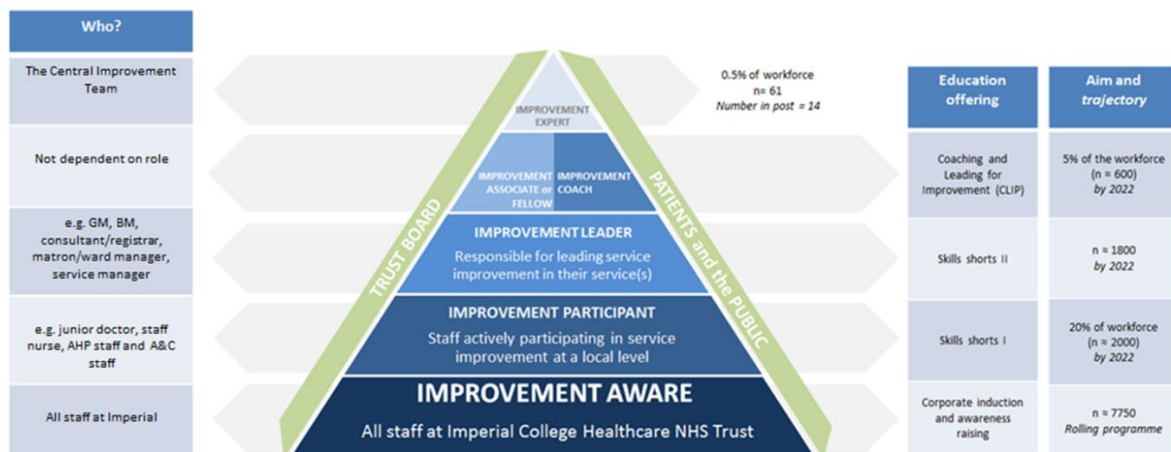*Figure 3 – Towards our quality management system*

3.13 Quality improvement methodology

A key part of this has been implementing **a consistent and coherent improvement methodology** that can be used everywhere. We have developed this through a combination of our experiences and understanding the theory and practice of change. We have strong evidence that where applied with rigour our method consistently leads to improvements across each of the domains of quality. Our Imperial improvement methodology is to:

1. Use the Institute for Healthcare Improvement's 'Model for Improvement'. This incorporates setting a clear aim, well defined measures to understand impact and trying new ideas in multiple rapid tests of change (Plan-Do-Study-Act [PDSA] cycles).
2. Use 'driver diagrams' to articulate why certain work, projects or initiatives will logically lead to achieving the aim
3. Change how we use data to 'measure for improvement' – through use of time series data with control limits, and annotations showing what changes were tried and when
4. Use coaching methods to drive improvement and transformation across the Trust
5. Co-design change with patients, staff, carers and our wider communities, and use process mapping and emotional mapping to support this.
6. Put an emphasis on sharing learning, scaling up, spread and sustainability

We will help colleagues participate in this approach to quality improvement through the rigorous implementation of a 'dosing' model to build improvement capability across our organisation. We will also look to share our experience and expertise around quality improvement education, training and coaching with partners who we are working with to deliver and improve patient care.

Figure 4 – Our QI 'dosing' model for building improvement capability

3.14 Quality control

We will continue to develop our approach to using data and information and will use time-series data, including statistical control charts wherever appropriate, across the stages of our quality management system. We will use information intelligently through our performance and quality reporting systems, measuring what matters to our patients, staff and stakeholders in a way that aligns to our priorities.

As with quality planning we will focus on measuring and reducing unwarranted variation, through use of a wide range of quality insights including the use of the national 'Getting it right first time' (GIRFT) programme. We are committed to being open and transparent, publishing progress with our priorities and sharing this publicly as well as within each ward care-pathway and department.

Our quality assurance and quality control processes are central to this and will ensure we have oversight of compliance with standards, are able to detect variation and can then take action accordingly. With the wealth of data in our electronic patient record system we will extend our use of clinical analytics and will work with our staff to improve data quality. We will move away from manual systems for data collection.

3.15 Oversight and assurance of quality

We will refine our approach to inspection and compliance measurement through the development of our 'ward accreditation' and 'improving care' core service review programmes. These follow the Care Quality Commission (CQC) inspection methodology and provide increased oversight and assurance that high quality care is being delivered across all core services, directorates and divisions. Using our quality management system, the outcomes and themes from these inspections, and the lessons learned, will feed into the priority setting process within our quality planning work.

3.16 Our three year objectives for quality improvement

By April 2023 we will have:
- Embedded how we plan, improve, control and assure the quality of care we provide within a consistent 'quality management system'.
- Spread our improvement method across every area of the Trust.
- Used our QI education, training and coaching 'dosing' model to equip all staff across the organisation with the appropriate knowledge, confidence and skills to deliver improvements that help deliver the overarching goals of the organisation.

SECTION 3: Three-year objectives for our key enablers - our people

3.2 Our people

Above all else, it will be the expertise, values and commitment of our staff that determine whether or not we will be able to achieve our strategic goals. It is therefore essential that we understand what developments involving our people we need to prioritise in order to enable their delivery.

We also know that creating the right organisational culture is an essential foundation for major change in a complex system. From staff engagement in our 'leading change through vision, values and behaviours' programme, we heard that, to build the right organisational culture, we need to do more to make the Trust a great, inclusive place to work, where our people feel engaged, empowered, valued and invested in; where the physical and mental health and well-being of our staff is as much of a priority as the safety and care of our patients; and where all of our staff feel they can learn, innovate and influence the organisation and its priorities.

The table below maps our three organisational strategic goals and the development of our organisational culture against six key themes that will guide strategic developments in our people approach over the three years to April 2023.

Strategic goal/foundation	Strategic people theme
To help create a high quality integrated care system with the population of north west London	2 New and different ways of working
To develop a sustainable portfolio of outstanding services	1 Workforce supply and stability
To build learning, improvement and innovation into everything we do	4 Skills and capability for all
To build an organisational culture that supports the delivery of our strategic goals	3 Compassionate, inclusive and effective leaders at all levels 5 Equality, diversity and inclusion 6 Culture and engagement

3.21 Strategic people theme 1: Workforce supply and stability

We will create a stable and capable workforce through forward-thinking recruitment and retention strategies. Whilst we realise there are shortages in a number of professions and disciplines, the biggest single challenge we face is in nursing and midwifery. Through strategic workforce planning we will build the pipeline needed. We will promote opportunities to attract staff using a wide range of channels and we will recruit overseas for all staff groups.

Our retention work will focus on making nursing and midwifery a more attractive career, by better supporting newly qualified staff, understanding what is important to people at different stages of their careers and helping people to develop long-term careers with us. We will help people to work more flexibly and innovatively to better meet the things that really matter to them in their work and life.

We will maximise the use of the apprenticeship levy and the nursing associate role and will have a well-defined offer of new development routes, including work experience and volunteering. We will look to develop resourcing plans with supply chain partners to create secondment and exchange programmes in areas of national shortage to boost our supply.

Over the next three years we will explore sharing and integrating staff across north west London and we will look to develop workforce pipelines with local partners. We will also expand our recruitment and retention work to doctors, allied healthcare professionals and healthcare scientists and admin and clerical staff as we recognise that an experienced, capable and engaged workforce is fundamental to the delivery of our strategic goals.

By April 2023 we will have:
- Achieved vacancy and turnover rates consistently in the top decile of London acute trusts.
- Reduced agency expenditure.
- Expanded the range of entry paths, progressions routes and flexible working options for all of our key groups of staff.

3.22 Strategic people theme 2: New and different ways of working

We will create an innovative and integrated workforce design through enhancing existing roles and introducing new roles to support new models of care. To achieve the vision of 21st century care set out in the NHS Long Term Plan we will test and embed different skills mix on wards and introduce new roles, for example, nursing associates and physician associates. We will create new opportunities for existing staff including working in research and developing advanced practice. We will embrace flexible portfolio careers across all of our staff groups.

We will change the way we work by removing barriers to providing care that is more integrated and connected, and will encourage the development of multi-disciplinary team models across professions, care settings and organisations. We will introduce inter-disciplinary credentialing programmes to enable more workforce flexibility across an individual's NHS career and between individual staff groups.

We will proactively invest in building a digitally-confident workforce that is fit for the future and we will create new opportunities for staff to develop their skills and careers with our organisation. This means significantly increasing flexible working through a combination of technology and human resources practice to give people greater choice over their working patterns.

By April 2023 we will have:
- Established integrated teams working across the primary and secondary care interface.
- Embedded new roles (such as associate and advanced practitioners) within our teams.
- Implemented a formal programme to grow the digital skills capability of our workforce.

3.23 Strategic people theme 3: Compassionate, inclusive and effective leaders and managers

We will develop compassionate, inclusive and highly visible leaders who empower and support staff and exemplify our values. We know the quality of care and organisational culture and performance is shaped by our leaders and the shadow they cast, including those who have indirect influence and authority. We need leaders and managers who connect with staff at all levels, who create purpose, meaning and trust. Our ability to realise service transformation to address the increasingly complex challenges facing the NHS will require leaders and managers being able to collaborate and work well with others across the NHS.

We will support and develop a pipeline of highly skilled and readily deployable leaders and managers to take on the most difficult roles and future senior leadership positions. Talent management will be expanded across all levels. We will make leadership development training more accessible to all staff and increase participation in leadership development from under-represented groups.

First line and middle managers play a role in setting the culture in our organisation. We will commit to embedding strong management skills amongst our managers to help them develop how they lead through engagement, involvement and improvement. We will support our managers to value and care for people and create a good working environment where staff are able to take their breaks, have access to hot food, have somewhere to rest and recharge, take regular annual leave and be recognised when they work late or go the extra mile.

By April 2023 we will have:
- Achieved top quartile ratings for immediate manager and senior leaders as measured in the NHS staff survey.
- Expanded and improved talent management and succession planning systems.
- Developed structured programmes to support leadership development across our sector.

3.24 Strategic people theme 4: Skills and capabilities for all

We will create a workplace where all staff feel they can grow, develop and realise their ambition and potential. We want to make development more accessible and encourage learning as part of every role in our organisation. We will create new opportunities for staff to develop their skills and careers with us, to increase the possibility of promotion opportunities or to improve their performance and enhance their practice in their current role. We will widen participation in education, training and NHS career development, so that the workforce in ten years' time better reflects the population we serve.
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Regular on-going performance and coaching discussions between line managers and staff are fundamental for staff performance and engagement. We will help managers to build their confidence and capability to have conversations with their teams on work objectives, values and behaviours and career aspirations, in equal measures.

We will support every member of staff to play an active part in improvement and innovation work; we recognise that we need to learn from what doesn't work as much as by what does work in order to be effective. We know that organisations that draw on staff and service users' knowledge and experience continually improve and achieve excellence.

By April 2023 we will have:
- Increased the number of staff engaged in learning activities.
- Increased participation in learning and development from under-represented groups.
- Supported every member of staff to play an active part in an improvement, teaching, research or innovation initiative.

3.25 Strategic people theme 5: Equality, diversity and inclusion

We will create an environment where staff from all backgrounds feel included, valued and free from discrimination. We want our workforce to reflect the make-up of the population we serve and will strive to build a rich and diverse place to work where everyone is seen as an equal and has the opportunity to develop and progress.

We commit to achieving the targets for good representation of female and BAME staff at senior levels. All processes and practices including the PDR, recruitment, pay and reward and learning and development will be reviewed and adapted to make this happen. We want the principles of equality, diversity and inclusion to be actively lived and demonstrated throughout the organisation.

The 2018 National Staff Survey shows bullying and harassment is evident in our workplace and we will work to address this and provide better support for people who have been at the receiving end of unacceptable behaviours and actions. We recognise that civility and respecting others are essential. We want to create an environment where everyone's views are welcomed and taken seriously, and all colleagues, no matter who they are, feel confident to raise issues.

By April 2023 we will have:
- Established a full range of effective staff networks for all protected characteristics.
- Improved performance on the Workforce Race Equality Standard indicators.
- Have an effective Freedom to speak up culture.

3.26 Strategic people theme 6: Culture and engagement

We will create a culture where our values are visible through our behaviours and we provide a meaningful, safe and engaging workplace where everyone enjoys coming to work. The leading change through vision, values and behaviours programme will be instrumental in making this happen. We believe that *how* we do things is as important as *what* we do.

Behaviour change is important to our future success. We recognise the value of fostering a positive work environment, where staff feel engaged, motivated, encouraged and supported and we will report on this publicly and act to do better. Central to this is the mental health and well-being of our staff, which is as much of a priority to the Trust as great patient care. We want to better support people who are working and living with long-term conditions and through life's challenges.

We will make the Trust a better place to work through increasing flexible working and improving work life balance. We aspire to create a place to work where staff feel fairly rewarded and recognised for the contribution that they make.

We are committed to improving the physical working environment as we recognise the impact this has on productivity and the health and well-being of our staff and patients. We

also want to create a safe place to work where staff feel protected and supported from workplace violence and aggression.

By April 2023 we will have:
- Embedded our trust values and behaviour into all core people management practices.
- Delivered the core values and behaviour programme to all staff.
- Established a programme to engage all staff on their personal health and wellbeing.

SECTION 3: Three-year objectives for our key enablers - digital

3.3 Digital

We have made big strides in our digital capability over the past five years, implementing a strategy that set out a roadmap from implementation of our first Trust-wide electronic patient record system in 2015 through to providing our staff, patients and partners with access and tools to make the most of real-time digital data. In partnership with Chelsea and Westminster, we were made an NHS global digital exemplars which brought with it further support and investment.

We have set out in our strategic clinical approach that we will:
- 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
- embed research, learning, evidence-based practice and innovation in everything we do.

To enable us to succeed with this approach, and to deliver our eight strategic clinical objectives, we recognise that our digital developments now need to be shaped around:
- helping to make our offer as person-focused, user-friendly and health-focused as possible
- enabling our staff to make the most of their time and expertise
- maximising the knowledge, learning and support we can generate from data, including in real-time
- supporting partnership working across our sector and beyond.

As such, we need to closely integrate and co-ordinate digital innovation with the development of our people, engagement and involvement with our patients and collaboration with our partners. We also want to continue to build the role that data and digital advances play in enabling new diagnostics and treatments through our joint working with Imperial College and a range of other expert partners.

For these developments to be successful and as cost effective as possible, we must also have a technical infrastructure and architecture that is resilient, aligned and, as far as is possible, future-proofed.

We set out here a graphic that summarises an updated roadmap for our digital aspirations, acknowledging the importance of a resilient infrastructure and moving into the emerging areas of predictive analytics and artificial intelligence.
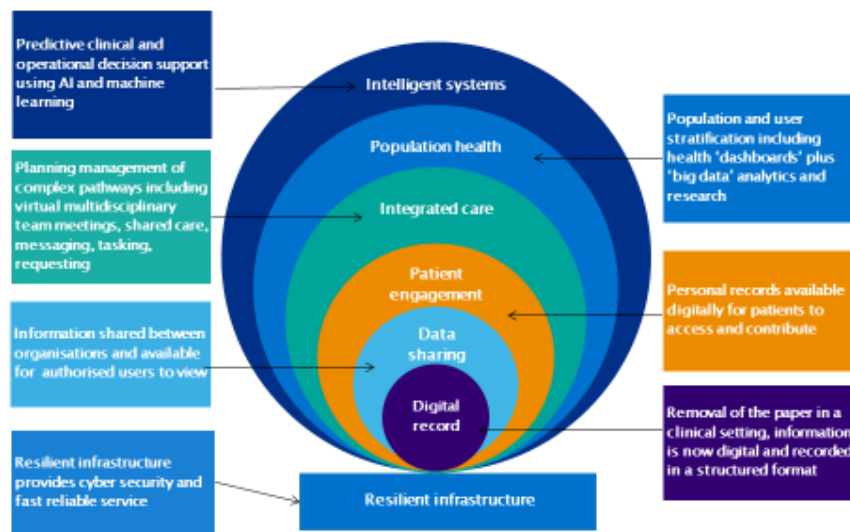
Our digital strategy – in seven steps

Figure 5 – Our digital 'roadmap'

In next section, we describe the key aspects of digital enablement for each of our clinical ambitions as well as the realted three-year digital objectives.

3.31   Enable person-centred care pathways and models of care

Key aspects of digital enablement:
- Integrating care across our organisation and with other partners
- Supporting evidence-based practice and reducing unwarranted variation in care
- Patients and individuals playing their full role in shaping their health and care according to their preferences and needs

By April 2023 we will have:
- Developed and implemented effective approaches for working with staff, patients and individuals to fully exploit digital capability and make our digital offer as user friendly as possible as part of re-designing care pathways, including digital tools to view and change appointments or access health and care information.
- Made comprehensive and real-time personal health and care records available digitally for every patient.
- Implemented a range of secure, digital options available for patients and clinicians to use to support consultations, care planning and information gathering that meet different needs and preferences (including video, secure messaging and integrated and wearable devices)
- Established seamless sharing of patient information between clinical teams across partner organisations, especially with our core primary care networks, and a range of secure, digital options to support specialist advice, care planning and discussion.

3.32 Work with our population and partners to maximise health

Key aspects of digital enablement:

- Proactively promoting health and preventing ill health at population level
- Managing transitions across care pathways and stages of life
- Supporting patients with complex health needs

By April 2023 we will have:
- Embedded population health management functionality into the clinical workflow to enable risk stratification and support decision making, including the development of health 'dashboards' for a number of key groups or services.
- Provided access for patients to a suite of tailored advice, support and guidance through their digital personal health and care record.
- Implemented digital approaches to social prescribing and signposting.

3.33 Reduce health inequalities within our services and communities

Key aspects of digital enablement:
- Identifying and addressing existing health inequalities across our populations
- Ensuring increasing digitisation does not create further inequalities within our population.

By April 2023 we will have:
- Supported a number of organisations in our sector to improve their digital maturity to make it easier for all of us to share structured data.
- Worked with One London to produce a digital patient record that enables London-wide information sharing to support the ten per cent of our patients who cross sector boundaries.
- Reviewed and addressed issues of potential digital exclusion as part of our work to re-design care pathways to fully exploit digital capability and make our digital offer as user friendly as possible.
- Ensured our health dashboards are being used to help identify key health inequalities for action.

3.34 Create the right behaviours to consistently support safer care

Key aspects of digital enablement:
- Generating and sharing learning
- Utilising big data, artificial intelligence and analytics to improve safety
- Translating research into practice

By April 2023 we will have:
- Embedded clinical decision support and intelligent alerting within key areas of the clinical workflow to ensure compliance with evidence and best practice, including for the 'deteriorating patient'.
- Helped to develop a 'career-long' support and coaching process that allows staff to continue to make the most of digital tools and ways of working and to identify staff who require extra encouragement and support.
- Supported the implementation of a systematic means of learning from examples of excellent practice and 'positive deviances' from the norm (building on the 'Learning from excellence' approach developed at Birmingham Children's Hospital)

3.35 Develop genuine partnerships with our patients and local communities

Key aspects of digital enablement:

- Enabling our patients our local communities to feel that they are understood, heard and have control and influence over their health and care.
- Engendering for our patients and local communities a sense of belonging to - and ownership of – our organisation and services
- Increasing the breadth and depth of patient and lay involvement in everything we do.

By April 2023 we will have:

- Implemented real-time measurement and monitoring of - and responding to - patient feedback and preferences.
- Significantly increased the number of patients accessing and contributing to their digital personal health and care record and the linked suite of tailored advice, support and guidance.
- Made available digital processes and options for patients and individuals who want to be kept informed about and/or involved with our organisation and our work through news and updates, service co-design, becoming a lay partner or volunteer, clinical trials and research.

3.36 Embed research, innovation and evidence based practice

Key aspects of digital enablement:

- Supporting and translating research
- Adopting and spreading evidence based practice and innovation

By April 2023 we will have:

- Enabled as many of our clinicians and researchers as possible, in partnership with Imperial College, to make the best use of our data and digital capability in order to gain new clinical insights and to accelerate the spread of that learning.
- Established routine use of artificial intelligence and machine learning to support a number of clinical processes to reduce unwarranted variations in care.
- Developed a range of strategic partnerships with digital innovators like Google Health and Cerner to accelerate digital transformation
- Enhanced our status as a global digital exemplar by achieving and retaining HIMSS level 7, the national standard which assures we are systematically using digital to materially improve outcomes and patient safety.
- Established partnership with NHS-X, HDR UK and One London to help ensure that research breakthroughs and innovation linked to – or supported by - digital developments are widely understood, shared and implemented.

3.37 Support for quality improvement and people 'enablers of change'

Key aspects of digital enablement:

- Measuring for improvement
- Improving performance and quality reporting systems
- Improving data quality
- New and different ways of working
- Skills and capability for all
- Culture and engagement

By 2023 we will have:

- Established easily accessible clinical informatics that enables and empowers staff, patients and partners to measure for improvement.
- Replaced our operational reporting solution so that we are providing more integrated and real-time and accessible data
- Optimised our electronic patient records system to make it easier to use, contribute to and record structured data.
- Improved operational processes through intelligent automation along with a comprehensive tracking solution.
- Integrated corporate and clinical systems to provide intelligent automation and therefore improve team working and user experience
- Established an integrated range of digital processes and options to enable staff to engage and collaborate as easily as possible.