



London North West  
University Healthcare  
NHS Trust



# Our Way Forward

Strategy 2023 to 2028

# This information in different languages and formats

The information in this report is available in large print by calling 020 8869 5118. If you would like a summary of Our Way Forward, please call 020 8869 5118 and state clearly in English the language you need, and we will arrange an interpreter to speak to you.

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Haddii aad rabto in la soo koobo Jidkayada Hore, fadlan wac 020 8869 5118 oo si cad ugu sheeg Ingiriisi luqadda aad u baahan tahay, waxaan kuu diyaarin doonaa turjubaan kugula hadlo.

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# Foreword from our chair and CEO



I am proud to present Our Way Forward, a new five year strategy for London North West University Healthcare NHS Trust (LNWH).

LNWH is uniquely placed to care for our local population with a highly skilled and passionate workforce that truly represents our diverse communities.

Our Way Forward will play an important part in improving the health of our population, helping us deliver even better care locally and across the evolving north west London healthcare system.

Through our acute provider collaborative our research and education teams will take a leading role in sharing excellent practice in north west London and beyond, strengthening our ties to our wider healthcare system.

By placing **quality at our HEART**, we stand to create an organisation, a collaboration, and care system that delivers outstanding quality of care."

► Matthew Swindells  
Chair



Our Way Forward does more than provide direction to outstanding. It sets out our commitment to our local communities, partners, and people.

We've listened to thousands of people – colleagues, patients, and partners – to develop Our Way Forward. In this spirit, the themes of co-creation, teamwork, and equity are deeply embedded throughout.

The feedback was clear: our healthcare professionals can only provide outstanding, life-saving, and sustainable care with the help of responsive, highly-skilled, and well-invested non-clinical services.

To do so, we need to become a high-quality, local employer that works in partnership with our wider health and social care colleagues.

I'm proud of the work our teams do every day, and I'm looking forward to putting **quality at our HEART**."

► Pippa Nightingale  
Chief Executive





# Introducing Our Way Forward

Our Way Forward is an ambitious strategy for 2023-2028.

## We aim to:

- ▶ maximise the opportunities offered by working more closely with our NHS and social care partners across north west London, through the new integrated care system and acute provider collaborative
- ▶ build on the strengths that helped us through the acute phase of the Covid-19 pandemic
- ▶ shape how we meet the challenges we face now and in the future.

## Everything has changed

**Our world has changed since we last published our strategy in 2017.**

### Covid-19

The Covid-19 pandemic has left us with exhausted employees, patients who have been waiting longer for care, and patients whose needs have become more complex.

Our local communities were among those most affected by the first and second waves of the pandemic, which acutely demonstrated the terrible impact of health inequalities on real lives.

Yet at the same time, our teams responded with extraordinary dedication and, at times, inspiration. The pandemic massively

accelerated the transformation of care, from innovative treatments and research practices to the development of virtual wards and video appointments.

Less visible, but equally vital, was the strengthening of our relationships with our partners, and the empowerment of our front line.

### A new board in common

In 2022, the four acute Trusts in north west London appointed a Chair in Common and established a single board in common as part of forming a new acute provider collaborative. It will strengthen our collaborative decision-making and help us to make the best use of our collective resources across all our boroughs.

# The north west London acute provider collaborative

The north west London acute provider collaborative is a collaborative body between four NHS acute hospitals in our region:

- ▶ Chelsea and Westminster Hospital NHS Foundation Trust
- ▶ Imperial College Healthcare NHS Trust
- ▶ London North West University Healthcare NHS Trust
- ▶ The Hillingdon Hospitals NHS Foundation Trust

The collaborative aims to better equip the four trusts to face the challenges in our future, and to build an exceptional healthcare system.

We share seven collaborative principles:

1. a commitment to delivering a step change in quality and financial and operational performance across our system
2. a commitment to treat everyone fairly and inclusively
3. maximising the benefit of our collective resources by improving coordination and avoiding duplication
4. collective decision-making for the benefit of our patients, communities and staff
5. transparency of our data, information and decisions
6. a commitment to join up our strategies and planning
7. respect for the continuing statutory roles of our respective trust boards and councils of governors (in the case of foundation trusts).





## A new system

The North West London Integrated Care System (NWL ICS) changes how all our NHS services are funded, are organised, and how they work together. We will work as part of the NWL ICS as it develops its new strategic priorities and creates new connections and opportunities across health, social care, and the wider north west London community.

## Changing our strategy

Because of all this change, we've taken a dramatically different approach to the way we've produced our strategy in the past.

In particular, we have made crucial changes, including:

- ▶ expanding our definition of quality to include equity of access to care, sustainability and timeliness
- ▶ a greater focus on supporting our people, drawing on learning from the Covid-19 pandemic
- ▶ reflecting the feedback from our teams about the vital importance of non-clinical and administrative services running effectively and efficiently
- ▶ looking up and out from our own organisation to connect and collaborate more effectively with partners in our communities and work better together.

## Harnessing change

With so much rapid change in our recent past, it has become ever more important to set out a new strategy for our future. Our new vision and objectives will offer a guiding light in an ever-shifting world and help us harness change in the interests of our colleagues and communities.

## Co-creating our strategy

We put patient, community, partner and employee engagement at the heart of developing our strategy.

Over the six month process, we heard from:

- ▶ 2,314 employees
- ▶ 887 members of our local community
- ▶ 42 representatives of partner institutions.

We sought engagement from the very start of the process so that we could truly co-create our strategy, and we worked closely with our communities throughout the development and drafting process.

This engagement has taken place both face-to-face and online, including stakeholder forums, online workshops, and questionnaires available in seven languages.

The development of the strategy has been led and managed by eight employees seconded from roles right across the Trust, including doctors, nurses, allied health professionals, administrators, and management colleagues.

The process has been governed through a dedicated steering group including:

- ▶ operational, clinical, administrative, and corporate employee representatives
- ▶ leaders from partner organisations across our boroughs
- ▶ members of our local communities.





## Building our strategy

We built our strategy in three phases, following best practice:

- ▶ **Diagnosis:** identifying both the critical challenges facing our organisation and what strengths we can build upon
- ▶ **Focused response:** designing an approach that best overcomes the challenges we identified in our diagnosis
- ▶ **Actions:** defining the objectives that represent our focused response, and the actions we need to take to achieve them.

This strategy is therefore supported by:

- ▶ detailed analysis that describes the context in which LNWH works
- ▶ insights from our engagement
- ▶ detailed action plans supporting each of our objectives.

This analysis is available separately at [lnwh.nhs.uk/OurWayForward](https://lnwh.nhs.uk/OurWayForward).

Read more about building our strategy in **appendix III, page 70**.

## Forging a bright future

In Our Way Forward, we've considered our past, and the changes that are coming about as we write.

We've extensively researched the health and socio-economic reality of our communities and asked our patients and local people what they want most from us.

We've listened to our teams and colleagues on the issues that have a direct impact on their working lives and challenged them to work with us on exciting new answers.

Throughout, it embodies a belief and a promise: that by working together, we can forge a better future than we can working alone.





# Our diagnosis

We're proud to offer truly excellent services in many areas. But we also recognise that everyone should be entitled to the same high standards of care, employment and opportunities that we offer when we're at our best.

Our diagnosis shows us where we are right now and sets out the socio-economic context that inevitably impacts the way we work.

## Our communities

We serve about one million people, primarily in the boroughs of Brent, Ealing and Harrow.

Our communities are highly ethnically diverse: three in five people in our boroughs are from an ethnic minority background.

We also know that they experience health inequalities, both in outcomes and sometimes in service provision. These inequalities:

- ▶ are significant when compared with regional and national data
- ▶ affect our patients and people who may need our care in the future
- ▶ affect our 8,200 employees and their loved ones, many of whom live locally
- ▶ are not compatible with either the NHS's founding principles or our own HEART values, which include equity.

# Health needs

Our communities have different health needs to other parts of London and the UK.

They have the highest diabetes and childhood dental decay prevalence in England, and diabetes disproportionately affects our Asian and Asian British communities.

Cancer is the largest cause of preventable mortality across our local boroughs, followed by cardiovascular disease.

Although other long-term conditions such as hypertension, depression, dementia and stroke are still prevalent, their incidence is lower in our local communities than the London or national average.

## Health behaviours

Behaviours that influence health present several challenges for our local population: particularly obesity, alcohol and violence.

Ealing has the highest alcohol related hospital admissions in London, and Brent and Ealing have the highest hospital admissions per capita for violence, including sexual violence, in London and in the country.

While obesity incidence is below the London average, it remains prevalent in our local communities, with three in five adults and one in five ten-year-olds in Brent, Ealing and Harrow overweight or obese.

Fewer than one in twelve people smoke in Ealing and Harrow, while Brent is in line with the London and England average of one in nine people.

## Wider determinants

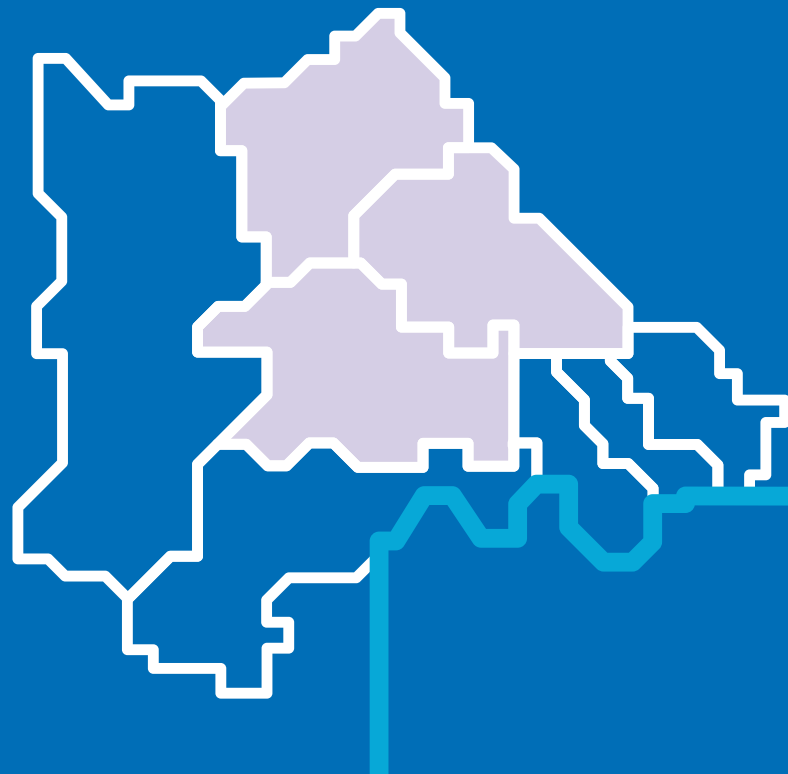
Our catchment area has some of the highest fuel poverty, homelessness and unemployment levels in the country.

In Brent, 17.3% of people experience fuel poverty, which is the sixth highest prevalence in London, while Ealing and Harrow are substantially above the national average.

Brent and Ealing have some of the highest prevalence of homelessness in London.

Three in ten people in Harrow and Brent are unemployed, with two of the highest unemployment levels in the country.

Data sourced from the Office for Health Improvement and Disparities Public Health Profiles<sup>[1]</sup>.



1: Office for Health Improvement and Disparities; Public Health Profiles. [online] Available at [fingertips.phe.org.uk](https://fingertips.phe.org.uk) [Accessed 10 July 2022]

## Our role

Our role is to provide acute care for our local communities. This includes working with local partners to support healthier, happier lives.

We must therefore prioritise the following areas:

- ▶ providing timely access to our services seven days a week
- ▶ sustaining core expertise and capacity in emergency care, diagnostics, paediatrics, maternity, and planned care, including cancer
- ▶ measuring and reducing inequities in our services.

Our pathways, and especially our emergency pathways, are a major touch point with our under-served communities, so we must work with partners to intervene and act on wider health determinants at these points.

Our people, skills, facilities, and scale mean that we can contribute more than just acute care. We have influence as a major employer, educator, research hub, voluntary hub, and a voice in our communities.

## Our services

We must develop our services based on what our local population need and want. This means:

- ▶ offering timely access to diagnostics and planned treatments to reduce and eliminate long waiting times made worse by the Covid-19 pandemic
- ▶ supporting better prevention and management of long-term conditions, especially diabetes, dementia, chronic kidney disease, and respiratory and cardiovascular conditions
- ▶ supporting the diagnosis and treatment of cancers and cardiovascular diseases, which make up the leading causes of premature mortality in our communities
- ▶ developing effective pathways to support patients with mental health needs, both in an emergency and in the longer term, to address poorer physical health outcomes among people who have a mental health condition
- ▶ providing tailored access for communities that may be unregistered with other NHS services or are historically under-served
- ▶ meeting patient preferences for having access to the latest treatments and pathways, arranging follow-up appointments when patients need them, and organising tests and results during one visit wherever possible.



# Our starting point

## Our strengths

LNWH has many considerable strengths, and it is vital that we build upon these areas of excellence in determining how we can best contribute to our communities.

They include:

- ▶ the sheer volume of activity we deliver in caring for more than one million people every year
- ▶ some of the busiest emergency pathways nationally, as well as significantly sized planned care services with a range of complex specialist services
- ▶ the high quality of our care, along with the clinical skills and caring nature of our employees
- ▶ the significant diversity of our population and staff, offering deep connections with our communities
- ▶ an unusual breadth of skills, experiences, career and research opportunities
- ▶ our multiple sites, which allow us to tailor our services to reflect local community needs and develop centres of excellence
- ▶ our collection of nationally and regionally leading specialist services – notably St Mark's Hospital, which has an international profile
- ▶ our strong teamwork, and the ambition of our teams to provide exceptional care for our local communities
- ▶ local partnerships with our communities: we strengthened our partnerships during the Covid-19 pandemic, and they continue to grow in momentum
- ▶ closer working within the north west London acute provider collaborative, which will influence the way we design and provide our services
- ▶ our forthcoming adoption of the Cerner electronic patient record, which will mean that all four acute trusts in north west London share one record and are better able to coordinate patient care.





## Our challenges

Our employees most often cite workforce as our biggest challenge.

We know that:

- ▶ we have gaps in some specialist clinical and non-clinical skillsets among our employees that can affect our productivity and performance, and have affected the time we have available to make longer-term improvements
- ▶ we have ways of working, explaining decisions, digital systems, processes, and culture that can frustrate both patients and employees, and lead to weaknesses in how we can collect, analyse, and use the information we need
- ▶ our ability to recruit and retain colleagues and attract new people is affected by a range of factors, including burdensome ways of working and historic challenges to our reputation.

We must also be prepared to address other challenges, including:

- ▶ the legacy of Covid-19, with a triple impact of exhausted employees, many patients who have been waiting longer for care, and patients whose needs have become more complex
- ▶ historic challenges for our reputation, including our current CQC rating of requires improvement
- ▶ our financial deficit situation before the pandemic, including years of low capital investment. This has led to an aged estate and digital system limitations
- ▶ the need to strengthen the working relationships and collaborative systems outside of acute providers (such as primary care and community care)
- ▶ an exceptionally challenging environment: we expect no major increase in our resources, while at the same time facing the need to support pressures and associated health inequalities arising from climate change and the rising cost of living among our communities and our employees.

Many of these internal barriers are symptoms of a wider root cause. In the past, we have focussed on our strength in prioritising clinical care. We have, therefore, undervalued, and under-invested in supporting skills and systems that underpin modern healthcare. This leads to gaps in wider skills, inefficient processes, and the ineffective use of digital systems.

Extra investment is not enough. We need to change our culture to value these skills and processes in the same way that we celebrate clinical care, from high data quality, to booking and administration, to effective communication.





# Our vision, values, and objectives

Our vision is **quality at our HEART** ♥

## Quality...

Delivering quality means consistently meeting requirements and exceeding expectations.

We strive to deliver quality in everything we do – from the clinical care we provide to the support services and systems that underpin our care.

And in delivering high-quality clinical care, we mean services that are safe, effective, offer a good patient experience, are timely, equitable, and sustainable.

## ...at our HEART

By placing **quality at our heart**, everything we do as an organisation should further our ability to deliver quality.

This includes the people we hire, the skills our employees develop, the behaviours we celebrate, how we think and act, the investments we make, our systems and processes, and our organisational values.

Our vision also encompasses our HEART values, which were shaped and developed in 2017 by more than 2,500 employees as well as many patients.

### Our HEART values are:

- ♥ **Honesty:** we're truthful, we're open, and we speak up
- ♥ **Equity:** we're kind and caring, we act with fairness, and we're understanding
- ♥ **Accountability:** we're professional, we strive for excellence, and we improve
- ♥ **Respect:** we're attentive and helpful, we're appreciative, and we act with empathy
- ♥ **Teamwork:** we involve others, we support our colleagues, and we set clear goals.



# Our objectives

Our objectives set out how we plan to realise our vision. They offer our employees, partners and our communities clarity about what we will do.

We will provide high-quality, timely and equitable care in a sustainable way

We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

**Quality at our HEART**









## Objective 1:

# We will provide high-quality, timely and equitable care in a sustainable way

Improving quality is the core focus of Our Way Forward. We define quality through six attributes.

- 1. Safe:** we will avoid harming patients when providing the care intended to help them.
- 2. Effective:** we will achieve leading clinical outcomes by providing services based on scientific knowledge to everyone who could benefit from them and refraining from providing services to people who are unlikely to benefit (avoiding underuse, misuse, and unwarranted variation).
- 3. Patient-centred:** we will respect and respond to individual patient preferences, needs, and values and ensure that patient values guide all our clinical decisions.
- 4. Timely:** we will reduce waits and sometimes harmful delays for those who receive care.
- 5. Equitable:** we will provide care that is consistent in quality regardless of personal characteristics such as gender, ethnicity, disability status, geographic location, and socioeconomic status.
- 6. Sustainable:** we will avoid waste, including waste of equipment, supplies, ideas, time, talent, resources, money, and energy.



### Our definition of high quality care

- **Safe, effective, and patient-centred** are taken from our previous definition of quality.
- **Timely, sustainable, and equitable** have been added to form our expanded definition of quality.

# What we'll do

## Digital care record

We will use our digital patient care records and systems to transform the quality of care we provide.

We will proactively lay the foundations for our services to thrive when the new electronic patient care record goes live in August 2023. After its launch, we will use our shared domain to develop innovative pathways across the acute hospitals in north west London with resulting benefits to quality and productivity.

## Our pathways

We will make our planned care, cancer and emergency pathways work as efficiently and effectively as possible and strive for consistency across the north west London acute provider collaborative.

Caring for patients who need a hospital admission is at the core of what we do: we will provide this care in a patient-centred, safe, timely and effective way.

As one of the largest providers of emergency care in the NHS, we will build on our track record of innovation and continuous quality improvement. We will further develop our emergency pathways so that we can help people go home both swiftly and safely. This will include expanding triage and signposting services, same day emergency care

and virtual wards as appropriate alternatives to a hospital stay.

We will improve the speed with which our patients can access planned care and save them time with a smoother experience. We will do this by expanding:

- ▶ one-stop shops for cancer pathways, where patients can have several investigations and appointments at one time and in one place
- ▶ patient-initiated follow-up appointments, so patients with certain long-term conditions can access care when they need it, rather than an arbitrary scheduled point
- ▶ virtual ward early supported discharge, so patients who are well enough can recover at home sooner and more comfortably, while remaining under the care of our clinical teams.

We will also work with our partners to improve the quality of incoming referrals and discharge processes and support those of our acute patients who need mental health care.

## Quality improvement

We will empower our employees to continuously improve our services and invest in comfortable, safe environments. We will build new ways for our employees to help us choose the quality priorities we focus on each year and create structures so that we are consistently using our resources to deliver these priorities.







## Our sites

We must use all our sites to their full potential.

### We will:

- ▶ make our emergency pathway at Northwick Park Hospital more resilient by expanding and building a new critical care unit
- ▶ further increase the amount of low complexity planned care that we provide at Central Middlesex Hospital and offer better facilities for patients and employees
- ▶ refresh our site strategy for Ealing Hospital so we can improve its use by:
  - ▷ creating gynaecology and general surgery centres of excellence
  - ▷ expanding and re-configuring its emergency department
  - ▷ building strong links with the community diagnostic centre.

## Combating inequity

We are committed to reducing the inequities that exist within our services. We will improve how we measure and identify them.

As this aim is shared by the other members of the north west London acute provider collaborative, we will explore ideas that we can develop in common. One example is exploring the creation of a Chief Equity Officer to define and put in place policies and ways of working that reduce inequities in all our services.

We will also support our local partner organisations in delivering their broader health priorities, as described later in this strategy.





## Out of hours care

The care we provide outside core working hours is not always consistent, and this is referred to as unwarranted variation.

Our ambition to achieve seven days working is hard to achieve, given the current pressure on our colleagues and our financial constraints.

Therefore, we will lay the foundations for targeted seven days working by:

- ▶ identifying areas where the quality of care we provide varies out of hours
- ▶ proactively aligning local policies with seven-day working models.

We will deliver targeted seven day working in our services where the benefits to quality offer positive returns.

## Sustainability

We will manage our money so that our services are financially sustainable. We will do this by:

- ▶ making our work more consistent and removing variation that doesn't have a justifiable cause
- ▶ continuing to make local efficiency savings by transforming our services and improving our use of resources
- ▶ delivering efficiencies of scale through the north west London acute provider collaborative for both clinical and non-clinical areas.

We will also improve the environmentally sustainability of our services through our Green Plan.



# Goals and priority actions

## Goal 1.1: We will make the most of our new digital care record (Cerner) to get the best from our services

### We will:

- ▶ provide resources to ensure that both clinical and non-clinical services are prepared and engaged ahead of our Cerner launch
- ▶ deliver our Cerner implementation plan, with a launch in Autumn 2023, after which we will embed its use and make use of its long-term benefits
- ▶ make the best use of our shared electronic patient record to improve care and efficiency across the acute collaborative (see goal 4.2, page 52)
- ▶ advocate for Cerner capabilities that align with our definition of quality, including equity.

## Goal 1.2: We will make our emergency and planned pathways work as effectively as possible, both locally and across the acute collaborative

### We will:

- ▶ develop pathways that get people home as quickly and safely as possible, focusing on optimal triaging, same day emergency care, and using virtual wards as an appropriate alternative to admission
- ▶ create and enhance planned care pathways that improve our productivity, such as advice and guidance, targeted support for frailty, cancer one-stop shop services, and patient-initiated follow up appointments
- ▶ work with colleagues across the acute collaborative to standardise and consolidate pathways
- ▶ work with community partners to improve the quality of incoming referrals, discharge processes, and support mental health (see objective 4, page 49).

## Goal 1.3: We will make best use of our estates to improve quality

### We will:

- ▶ invest in rolling refurbishment so our facilities are safe and comfortable
- ▶ make our emergency pathway at Northwick Park Hospital more resilient by expanding and building a new critical care unit
- ▶ develop Central Middlesex Hospital as a low complexity hub for planned care
- ▶ improve use of Ealing Hospital by creating gynaecology and general surgery centres of excellence, renovating its emergency department, and creating close connections with its local community diagnostic centre.

## Goal 1.4: We will improve how we deliver continuous quality improvement and transform services

### We will:

- ▶ create ways for employees to help choose our annual quality thematic priorities, and build processes to align and focus our resources on these priorities
- ▶ establish a quality management system (see [goal 3.3, page 45](#))
- ▶ empower our employees to deliver quality and transform services (see [goal 2.5, page 37](#)).

## Goal 1.5: We will create tools, policies, and governance structures to reduce inequities in our services

### We will:

- ▶ measure how the quality of our care varies by patient characteristics and make it easier to analyse across our data systems
- ▶ review how we identify and code patient characteristics such as learning difficulties and check that these processes are matched to best practice
- ▶ explore the creation of a Chief Equity Officer
- ▶ support our partners' broader health priorities (see [goal 4.3, page 53](#)).

## Goal 1.6: We will reduce unwarranted variation in services out of hours

### We will:

- ▶ analyse and highlight differences in quality out of hours – for example, for length of stay, readmissions, incidents, and patient experience
- ▶ including advocating for local payment variations
- ▶ make our local and system policies consistent with targeted seven day working, including advocating for local payment variations
- ▶ put in place targeted seven day working or hospital at night services, based on areas of greatest quality benefit.

## Goal 1.7: We will achieve sustainability by delivering local and partner-working efficiencies

### We will:

- ▶ support the north west London acute provider collaborative in standardising, automating, or consolidating support services across north west London (see [goal 3.3, page 45](#))
- ▶ our services and by making our pathways more efficient both locally and with our partners
- ▶ deliver financial sustainability through continuously improving and transforming our services and by making our pathways more efficient both locally and with our partners
- ▶ provide resources to deliver our Green Plan, prioritising actions which offer the highest combination of impact and feasibility.





# Why we chose this objective

We chose this objective because:

- ▶ employees and patients both highlighted access to latest treatments and highest quality of care as being most important to them
- ▶ although we offer areas of real excellence, such as having some of the lowest mortality in the country, we are not consistent in the quality of care we provide
- ▶ despite recent quality improvements, our CQC rating remains requires improvement
- ▶ variable equity in our services unfairly affects our highly diverse population.

## What it means for our patients and carers, partners and employees

### Patients and carers

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- ▶ Our patients will receive high-quality care when they need it, no matter what background they come from, what characteristics they have, or what day of the week they need our help
- ▶ Our patients may sometimes travel further as we create centres of excellence between our sites, but they will receive better quality of care.

### Partners

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- ▶ We will work with our partners to help patients access other kinds of support suitable for their needs when they come into contact with our services
- ▶ We will work more smoothly with colleagues in other acute trusts because of sharing one Cerner domain.

### Employees

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- ▶ Our employees will have access to improved information helping them to deliver the highest quality care and identify opportunities for improvements
- ▶ Our employees working at nights and on weekends will be better supported to deliver high quality care.

## What it means for our pathways and sites

### Our pathways

- ▶ **Emergency pathways:** we will get people home as quickly and safely as possible and provide excellent care when they need an admission by strengthening high-quality and responsive interventions
- ▶ **Planned care pathways:** we will see patients sooner due to high levels of productivity in our centres of excellence and through improved coordination of care
- ▶ **Maternity:** we will offer local people safe, personal, and high-quality maternity care
- ▶ **Specialist services:** we will maintain our existing specialist commissioned services, such as St. Mark's Hospital, and will invest in their continuous improvement as with other services.

### Our digital services

- ▶ **Cerner:** we will make the most of the north west London Cerner electronic patient record both locally and through harnessing transformation across the north west London acute provider collaborative
- ▶ **Digital pathways:** we will expand our existing digital pathways, including outpatients and virtual wards, to deliver high-quality care in our patients' homes where safe and appropriate.

### Our sites

#### Central Middlesex Hospital

- ▶ Sector hub for planned care, including the North West London Elective Orthopaedic Centre and other high-volume specialties like ophthalmology
- ▶ Continued investment as the home of St Mark's Hospital
- ▶ Focused site culture on timely, efficient, and exceptional planned care experience
- ▶ Outpatient activity aligned to planned surgical activity.

#### Ealing Hospital

- ▶ Better use of the site, including A&E, same day emergency care, and operating theatres
- ▶ Gynaecology and upper GI general surgery centres of excellence
- ▶ Shared pathways for mental health and homelessness
- ▶ Strong links to community diagnostic centre.

#### Northwick Park Hospital

- ▶ Major hub for emergency and critical care, cancer and specialist surgery
- ▶ Our main maternity and paediatrics centre
- ▶ Centres for excellence supporting shorter waiting times via one stop models
- ▶ Shared pathways with partners, such as for mental health and long-term conditions.





## Objective 2:

We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

Our employees are our greatest strength. Without them, nothing in this strategy is possible.

All our work depends on having enough people who have the right skills and are empowered to apply them effectively.

We are deeply committed to improving our quality as an employer, something we must do urgently both to improve our colleagues' working lives and to support them in delivering high-quality services to our patients and communities.

All our people should feel a sense of belonging to Team LNWH and be empowered to grow their skills and careers throughout their time with us.

Because our employees are so important, issues with retention and recruitment are one of the biggest threats to improving quality. A survey among our teams and an analysis of employee exit reports revealed that the main causes of poor retention and recruitment issues were unrealistic work expectations, poor leadership, limited support in developing skills and careers, and bullying and uncivil behaviours.



# What we'll do

## Workforce planning

We will take active steps to mitigate the impact of NHS-wide workforce challenges on our employees. We will do this by developing a local workforce plan to set out both current and future staffing requirements for each of our services. We will use this plan for targeted planning purposes.

## Wellbeing and support

We will improve our support services and make them more focussed on users, thus reducing avoidable demands on our employees.

We will also strengthen our existing wellbeing provision by delivering more evidence-based interventions and improving the environment in which we work.

## Leadership

We will improve leadership at all levels of LNWH by establishing a leadership competency framework, aligned to a leadership development programme and a performance management framework.

We will explore creating a wellness budget mechanism, with the aspiration that team wellness is as well tracked and governed as a financial budget. We will also make it easier for leaders and managers to recognise and reward their teams and colleagues.

## Development

We will offer stronger development for our employees and attract those that share our values. We will create a learning academy to coordinate and deliver high-quality professional development and talent management.

We will expand our apprenticeships for employees and partner with further education in our local communities. We will use apprentices to support our workforce planning.

## Inclusivity and anti-racism

We will build an inclusive, anti-racist workplace. To do this, we will launch a culture change programme to better identify and combat racism, bullying and harassment at work. We will increase the resources available to deliver action plans from annual equality audits.

We will support collaboration between our staff groups to enhance actions around intersectionality (how race, disability status, class, gender, and other individual characteristics overlap and interact with one another).

We will follow best practices to eliminate bias in our recruitment and career progression processes.

## Empowerment and values

We will empower our people to deliver quality and live our values. To achieve this, we will introduce a probation support programme, refresh the programme we offer to our new starters, and expand our quality improvement training. We will continue to embed our HEART values.



London Ambulance Service  
NHS Trust

CAITRIONA

# Goals and priority actions

## Goal 2.1: We will support our employees' wellbeing

### We will:

- develop our workforce plan to identify and deliver the right level of staffing for our services
- improve supporting processes and services to reduce avoidable demands for our people (see objective 3, page 41)
- refresh our wellbeing provision to offer more evidence-based opportunities and better support the wellbeing and health of our employees
- invest in environments that support wellbeing as part of our estates plan, such as team rest areas.

## Goal 2.2: We will build high-quality leadership at all levels

### We will:

- put in place a leadership competency framework that includes compassionate, inclusive, and anti-racist leadership, and align it to a new leadership development programme and leadership performance management framework, including improving succession planning
- create a mechanism to track our teams' wellness with associated reporting and governance, known as a team wellness budget
- create processes and ringfence funding for managers to recognise and reward their teams.

## Goal 2.3: We will develop our employees and attract quality people who share our values into new and existing roles

### We will:

- develop LNWH learning academy linked to a north west London education and professional development network (see goal 4.2, page 52) to coordinate and deliver high-quality professional development, digital skills training and talent management
- expand our apprenticeships for employees and partner with local communities to support workforce planning
- provide resource for a role redesign programme to embed and expand new roles.

## Goal 2.4: We will build an inclusive, anti-racist workplace

### We will:

- ▶ launch a culture change programme to better identify and combat racism, bullying and harassment at work and to improve our environment
- ▶ deliver improvement action plans from the workforce disability equality standard, workforce race equality standard, gender pay gap and ethnicity pay gap annual audits and to adopt recommendations from the NHS London Race Strategy
- ▶ foster collaborations between staffside, employee networks and groups, and freedom to speak up guardians and champions, supporting joint working and enhancing actions around intersectionality
- ▶ review and update our hiring processes and career development processes and policies to ensure that all the NHS London Race Strategy recommendations for eliminating bias in recruitment and selection are in place.

## Goal 2.5: We will engage with and empower our employees to deliver quality and live our values

### We will:

- ▶ create a probation support programme for new starters, with a training plan and supervisory support and guidance
- ▶ refresh the programme we offer to new starters, including induction and IT onboarding, to help people feel a sense of belonging from day one
- ▶ expand our quality improvement training offer to enable and foster the understanding and conviction of our employees to deliver quality and engage them in service changes
- ▶ take a multi-channel approach to embedding our updated HEART values and roll out HEART values commitment pledges.





## Why we chose this objective

We chose this objective because:

- ▶ our people deserve to have an excellent employer
- ▶ healthcare is a people business: investing in our employees is a vital part of improving quality
- ▶ our teams identified recruitment and retention as our biggest weakness and threat
- ▶ our people told us that education and training was their joint second highest preferred area for us to focus our work
- ▶ NHS-wide recruitment and retention challenges mean that we must commit resources and make bigger moves to offset this trend.



## What it means for our patients and carers, partners and employees

### Patients and carers

- ▶ We will offer improved quality of care, driven by happier employees who are empowered to improve services
- ▶ We will support our local communities by supporting our employees, who are mostly from our local population.

### Partners

- ▶ We will work with local education providers and job centres to raise awareness of our apprenticeship opportunities
- ▶ We will lead work to expand career and development opportunities for staff within the north west London acute provider collaborative.

### Employees

- ▶ Improved opportunities to grow their careers and skills
- ▶ Improved wellbeing and job satisfaction
- ▶ Improved sense of belonging due to reduction in discriminatory behaviour and reduced turnover.

## What it means for our pathways and sites

### Our pathways

- ▶ Our care will be provided by teams with greater continuity of service, belonging and empowerment, supporting continuous quality improvement
- ▶ Our workforce will include novel clinical roles and advanced clinical expertise
- ▶ Our employees will reflect and be drawn from our local communities, helping advance the connection and links with our patients and our partners.

### Our digital services

- ▶ Digital tools will support seamless support processes, such as induction
- ▶ Our employees will be trained and supported to expand their digital skills and knowledge.

### Our sites

- ▶ All our sites will offer high-quality facilities for our teams
- ▶ We will enhance our education and training facilities, so we can support training for new roles and multidisciplinary training.







## Objective 3:

# We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

Both our patients and our teams rely upon non-clinical and administrative services, which are essential to providing the best clinical care.

These services range from human resources to estates. When they work well, they underpin high-quality care. When they don't, they can cause inefficiency, frustrate both colleagues and patients, and even result in clinical risk.

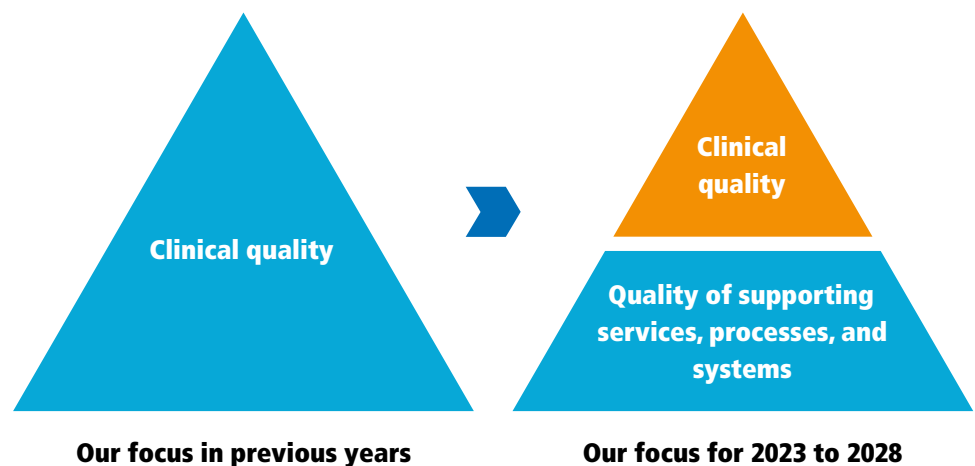
We frequently heard from employees that our supporting services often hinder rather than help.

In the past, we have under-invested in supporting services, skills and systems. Our diagnostic found that ineffective supporting services were a root cause for many of the issues we identified. In particular, they can create unnecessary work that:

- ▶ contributes to the pressures on our colleagues,
- ▶ limits the time that our senior team members can commit to leadership
- ▶ disempowers employees from improving their services.

We are committed to improving the services and tools that support our employees to deliver high-quality care.

Our supporting services and systems will be highly responsive, proactive, user-centred, and efficient. Our employees will make better decisions due to improvements in the availability and integration of data.





# What we'll do

## Processes and standardisation

We will invest in improving the basics of our non-clinical and administrative systems so that teams feel fully supported by them. We will do this by aligning support service performance measures to the things that matter most to our employees.

We will standardise our support service processes, making our supporting services more accessible, transparent, and predictable. We will also connect our support service employees more closely to front line colleagues, highlighting their essential role in providing high-quality care.

## Data and analytics

We will use data to drive decision-making, improving our ability to make decisions that improve quality. We will continue to provide self-service dashboards and offer custom analytics requests through a team of analysts. To improve our dashboards' operational use, we will develop a performance analytical framework which we will use to align and simplify our self-service dashboards.

We will add our full staffing establishment to our electronic staff record, improving the accuracy of our staffing data.

Finally, we will create a matrix structure so that teams across the organisation have access to a centralised analytical support hub in corporate services. This will improve consistency of messaging, reduce duplication, and support continued professional development.

## Pooling resources

We will pool our resources with partners across the acute collaborative to improve high-volume transactional support services and specialist support services. By doing so, we can standardise best practices, reduce duplication and pool expertise to invest in enhanced support service systems and automation.

To achieve this, we will support a programme of reviews for supporting services to identify those that stand to gain the most benefit from standardisation, automation, or consolidation across the acute collaborative. We will build on North West London Procurement Services and explore further opportunities including recruitment, shared waiting lists, one access centre, and a single quality management system across the acute provider collaborative.



# Goals and priority actions

## Goal 3.1: We will fix the basics and support continuous improvement for support services

### We will:

- ▶ provide resource to complete a supporting service performance management review programme, checking that KPIs are aligned with the needs of our users, and that effective feedback, governance, and escalation processes are in place
- ▶ run a programme of sequential support service reviews to define, embed and communicate responsibilities, improve user journeys, and standardise work practices
- ▶ establish ways to make it easier for patients to communicate with our administrative staff about the administration of their outpatient care, such as appointment cancellations.

## Goal 3.2: We will use data-driven decision-making to support quality

### We will:

- ▶ provide resources for a programme of work to fully capture our staff establishment in our electronic staffing record, therefore bringing together our staffing and financial data
- ▶ create a quality reporting framework with a logical flow of sub-drivers and align existing or new self-service data dashboards along this logical flow
- ▶ review our analytics organisational network and structure, connecting analysts into a centralised data and analytics hub that aligns skills, ways of working, and quality assurance
- ▶ integrate basic data, numeracy, and computer skills into our education and training programme, providing formal training to employees, and empowering our analysts to coach while offering support.





### **Goal 3.3: We will build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist activities**

#### **We will:**

- ▶ support the acute provider collaborative in putting in place a plan to standardise, automate or consolidate a set of high-volume or transaction activities and highly specialist activities within support services across north west London
- ▶ engage with Imperial College Healthcare NHS Trust on adapting their management and improvement system and implementing both at LNWH and across the acute provider collaborative
- ▶ advocate for and support the creation of a shared patient access centre and waiting list across acute collaborative organisations with a centralised administration, tracking, validation and booking.





# Why we chose this objective

We chose this objective because:

- ▶ our diagnostic process identified under-investment in supporting services as a root cause for many of our challenges
- ▶ our employees consider LNWH's systems and processes to be one of its biggest weaknesses, with our support systems frustrating rather than supporting our clinical care
- ▶ teams told us that clinical time was wasted in compensating for or addressing issues in our non-clinical and supporting services. By fixing these issues, we release colleagues to spend more time providing and leading care
- ▶ currently, we have limited joined up information and data about our performance, which inhibits our ability to improve our own services.



## What it means for our patients and carers, partners and employees

### Patients and carers

- ▶ Better clinical care, supported by improved systems and processes, and better data and analysis
- ▶ Better administration, leading to reduced frustration and confusion about appointment timing and location.

### Partners

- ▶ Pooled resource and investments, improving supporting services across the acute collaborative
- ▶ More accurate public health information available for our partners.

### Employees

- ▶ Reduction of administrative requirements on clinical colleagues, leaving them to focus on patients
- ▶ Reductions in frustration by improving access and proactivity, leading to a better working day and improved employee retention.

## What it means for our pathways and sites

### Our pathways

- ▶ Multidisciplinary teams will include valued non-clinical colleagues with everyone working to provide holistic high-quality care
- ▶ Our clinical teams have the rights tools and more time to provide high-quality care, resulting from seamless support.

### Our digital services

- ▶ Processes will generate high-quality data which we can integrate, analyse and make available to inform improved decision-making by our employees
- ▶ Our digital helpdesk will offer an all-week service of responsive support, so that our systems run smoothly and help us offer high-quality care.

### Our sites

- ▶ We will invest in excellent connectivity and digital infrastructure across all our sites
- ▶ Our sites will offer flexible working and collaboration spaces so employees can easily work closest to where they are most needed on any given day.







## Objective 4:

We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

We cannot deliver high-quality care by working as an island. It's estimated that hospital care contributes to only between 15% and 43% of the health of our communities <sup>[1] [2]</sup>.

Instead, health is influenced more by social and environmental factors and health-influencing behaviours. These factors therefore drive demand for our services.

Many organisations work to deliver health and social care, including general practice, opticians, pharmacies, councils, mental health and community NHS trusts, and charities (see **appendix I, page 68** for a more detailed list). To provide joined-up support and care, we need to work and collaborate in partnership with these organisations. So, when we say partners, we mean all these organisations.

Building effective and purposeful working relationships to improve the health of our communities is the right thing to do. As an anchor institution and one of the largest local employers, we will share our expertise and create opportunities for our local population. These partnerships have the additional benefit of helping us deliver high-quality care by reducing avoidable pressures on our services.

We are committed to further strengthening relationships with our partners and to making best use of the increasing integration of care driven by our integrated care system and our board in common.

1: J. P. Bunker, H. S. Frazier, and F. Mosteller, "Improving health: measuring effects of medical care.," *Milbank Q*, vol. 72, no. 2, pp. 225–58, 1994

2: J. M. McGinnis, P. Williams-Russo, and J. R. Knickman, "The Case For More Active Policy Attention To Health Promotion," *Health Aff*, vol. 21, no. 2, pp. 78–93, Mar. 2002, doi: 10.1377/hlthaff.21.2.78



# What we'll do

## Clinical networks and hubs

We will deliver efficient, standardised, evidence-based care by sharing and aligning our resources with our colleagues in north west London. We will do this by encouraging our clinical networks to align and standardise care pathways across the north west London acute provider collaborative.

We will support the launch of a series of speciality-specific, high-volume, low-complexity surgical hubs across the acute provider collaborative, in line with the collaborative's aspirations, and in partnership with its members.

## Community and primary care partners

We will work with our partners in community and primary care to make care transitions work as effectively as possible.

To do this, we will expand ways to share our acute expertise with primary care, improving the quality of referrals. This will include using advice and guidance more extensively, expanding our use of cross-organisational training opportunities, and exploring consultant-attended integrated neighbourhood referral review meetings.

We will also work with our partners to strengthen and align our discharge processes, including discharge advice, and to strengthen the way we support those in our care who have mental health needs.





# Goals and priority actions

## Goal 4.1: We will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs

### We will:

- ▶ expand ways to share our specialist expertise with primary care, supporting and improving the quality of referrals
- ▶ improve and align our discharge processes (including discharge advice) with partners to improve hospital flow and reduce readmission and reattendance
- ▶ build integrated pathways between the local community diagnostics centre at Ealing, our acute services and back into the community
- ▶ advocate for the co-creation of a rapid access support team for mental health morbidities, including delirium and dementia, with local mental health trust and community partners.

## Goal 4.2: We will support the standardisation of best practice support services, training, care pathways and specialist services across the north west London acute provider collaborative

### We will:

- ▶ support the integrated care board in establishing high volume, low complexity surgical hubs within north west London, including the North West London Elective Orthopaedic Centre
- ▶ commit resources to standardising best practice clinical pathways across the north west London acute collaborative, making best use of the collaborative's shared electronic patient record, research, clinical innovations, and life science partnerships
- ▶ create a north west London clinical, technical, scientific, and non-clinical education and professional development network to align and share training and education resources (see [goal 2.3, page 36](#)),
- ▶ commit resources to the north west London specialist services review programme, and implement resulting recommendations
- ▶ build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist non-clinical activities (see [goal 3.3, page 45](#)).



### Goal 4.3: We will support our partners to deliver their neighbourhood and place-based health priorities

#### We will:

- ▶ commit employees with delegated decision-making powers to attending place-based board and team meetings
- ▶ improve how we co-ordinate integrated care projects across LNWH with a dedicated project management function
- ▶ Advocate for and work with our integrated care system to create mechanisms to better integrate money, people and data as we deliver place-based priorities.

### Goal 4.4: We will explore and create mechanisms to communicate our quality of care to our local population

#### We will:

- ▶ run regular quality communications campaigns in our local communities to inform them about the ways we are improving or have improved quality
- ▶ deepen our engagement with our patients and communities, including co-design and co-production
- ▶ empower and enable our employees to represent LNWH at community events.





# Why we chose this objective

## We chose this objective because:

- ▶ In the past, we have not always had a good reputation. While we've made some significant improvements in recent years, we must continue to work with our partners and community to improve how we're perceived by them
- ▶ Our communities experience significant health inequalities when compared with regional and national data. We can only provide so much support to address these issues in our role as an acute trust, so we must work with partners to combat health inequality across our health and social care system
- ▶ Our emergency pathway is a key touchpoint for the most deprived people in our communities. Partnership working presents a key opportunity to connect them with more support in the community.
- ▶ Partnership working has a causal relationship to how effective our discharge processes are, making it vital to work collaboratively across organisations to improve the flow of patients through our hospitals
- ▶ One of our biggest challenges in working effectively is our level of emergency activity: we must work collaboratively to address systemic issues that we cannot resolve alone.



## What it means for our patients and carers, partners and employees

### Patients and carers

- ▶ Improved continuity of care and smoother transitions, allowing people to go home sooner and have a better experience
- ▶ Reduction in unnecessary hospital visits
- ▶ Better support in hospital for people with mental health needs.

### Partners

- ▶ Improved clarity in our working relationships
- ▶ Improved access to our specialist expertise
- ▶ New levers and opportunities to improve the care of our communities
- ▶ Improved signposting to community services.

### Employees

- ▶ Opportunities to explore careers across care-setting boundaries
- ▶ Opportunities to improve working relationships with colleagues at partner organisations.

## What it means for our pathways and sites

### Primary care

- ▶ Greater access to acute care specialist input for complex cases
- ▶ Increased confidence in making (or not making) acute referrals and thus fewer referral rejections
- ▶ Discharge letters arriving more swiftly.

### Community and social care

- ▶ Better alignment across referral processes resulting in higher quality referrals and transfers of care.

### Acute hospitals

- ▶ Improved collaboration and consistency of pathways
- ▶ Greater efficiencies from collaborating on non-clinical services.

### Mental health trusts

- ▶ Better collaboration and joint working
- ▶ New pathways between trusts and within acute trusts.

### Local authorities

- ▶ Increased acute presence in place-based and neighbourhood team meetings
- ▶ More access to acute resource to drive local authority health priorities.

### Third sector

- ▶ Better collaboration through increased acute presence in place-based and neighbourhood team meetings.







# Making our strategy happen

Our strategy will guide our priorities, actions and behaviours.

Our vision and objectives have been developed through extensive engagement with employees, patients and partners. They will guide our decision making and behaviours every day without the need for an elaborate governance system. If in doubt, we can ask if a decision or action puts **quality at our HEART**.

However, it's important that we move forward with our objectives, and in some cases, this requires some new ways of working.

We will use the strategy to inform our annual operating plans, starting with 2023-24. Its objectives, timeline and progress will, over time, contribute to an ongoing series of projects and changes. It will give direction to enabling strategies in areas including estates, research, digital and cancer.

In addition, we will adopt a better management and improvement system that is consistent with that used across the north west London acute collaborative.

Through this system, we will define and monitor which roles are supporting our priorities, what methods we use to improve, and how we check progress from board to ward.

## We will:

- ▶ Embed responsibility for specific actions through our organisational structure. They will feature in divisional plans, before feeding into service plans (including for support services such as digital services and estates). Ultimately, they will inform the contribution we need from individual colleagues by contributing to annual appraisal objectives.
- ▶ Use our bi-monthly Strategy Management Group to review progress of the milestones and outcomes linked to each objective, and any issues that have arisen. Each year we will test our diagnostic assumptions, assess emerging risks and update our indicator trajectories. In doing so, we recognise that we are operating in an uncertain environment, which may well require us to amend our original plan.
- ▶ Discuss critical updates at our Trust Executive Group and through the board committees as appropriate
- ▶ Test and support progress within our services. For clinical divisions, this will occur at our monthly divisional review meetings. For support services, it will take place at our Infrastructure Group
- ▶ Task a Head of Strategy with responsibility for coordinating the implementation of the plan through our organisation, leading some of the specific projects required including updating enabling strategies, and expanding the engagement momentum built through the development of the strategy.



# Timeline

We will deliver Our Way Forward over five years. Our strategy sets out many actions that we want to achieve over the next five years. We cannot do everything at once, so our timeline sets out the way in which we will use our resources to achieve as much as possible.

## Objective 1: We will provide high-quality, timely and equitable care in a sustainable way

**Goal 1.1:** We will make the most of our new electronic patient record (Cerner) to get the best from our services

📅 2023 to mid-2025

2023

2024

2025

2026

2027

**Goal 1.2:** We will make our emergency and elective pathways work as effectively as possible, both locally and across the acute collaborative

📅 2023 to mid-2026

2023

2024

2025

2026

2027

**Goal 1.3:** We will make best use of our estates to improve quality

📅 2024 to 2026

2023

2024

2025

2026

2027

**Goal 1.4:** We will improve how we deliver continuous quality improvement

📅 2026 to 2027

2023

2024

2025

2026

2027

**Goal 1.5:** We will create tools, policies, and governance structures to reduce inequities in our services

📅 2024 to 2025

2023

2024

2025

2026

2027

**Goal 1.6:** We will reduce unwarranted variation in services out of hours

📅 mid-2025 to 2027

2023

2024

2025

2026

2027

**Goal 1.7:** We will achieve sustainability by delivering local and partner-working efficiencies

📅 2023 to 2027

2023

2024

2025

2026

2027

## Objective 2: We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

**Goal 2.1:** We will support our employees' wellbeing

📅 2023 to 2024

2023

2024

2025

2026

2027

**Goal 2.2:** We will build high-quality leadership at all levels

📅 2024 to 2025

2023

2024

2025

2026

2027

**Goal 2.3:** We will develop our employees and attract quality people who share our values

📅 2025 to 2027

2023

2024

2025

2026

2027

**Objective 2 continued: We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers**

**Goal 2.4:** We will build an inclusive, anti-racist workplace

📅 2023 to 2026



**Goal 2.5:** We will empower our employees to deliver quality and live our values

📅 2023 to mid-2024



**Objective 3: We will base our care on high-quality, responsive, and seamless non-clinical and administrative services**

**Goal 3.1:** We will fix the basics and support continuous improvement for support services

📅 2023 to 2024



**Goal 3.2:** We will use data-driven decision-making to support quality

📅 2025 to mid-2026



**Goal 3.3:** We will build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist activities

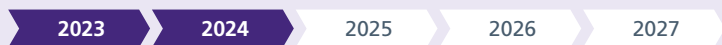
📅 2025 to 2027



**Objective 4: We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities**

**Goal 4.1:** We will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs

📅 2023 to 2024



**Goal 4.2:** We will advocate for and support the standardisation of support services, care pathways and specialist services across the north west London acute collaborative

📅 2025 to 2027



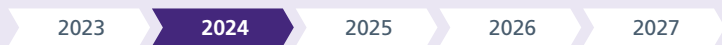
**Goal 4.3:** We will support our partners to deliver their neighbourhood and place-based health priorities

📅 2023



**Goal 4.4:** We will explore and create mechanisms to communicate our quality of care to our local population

📅 2024



Note: the timeline indicates the implementation period for the change until the actions become our business as usual.

# Affordability

## Affordability

Our strategy is based on an important assumption: that many service improvements can and will be achieved by making better use of the resources we already have. This reflects our diagnosis where we expected no major increase in our resources and benchmarking insights that found opportunities to improve our productivity when comparing our performance to other leading organisations.

Some new schemes will need to be funded through improvements in our productivity or justified through return on investment. The estimated revenue impact of these new cost items was less than half a percentage of our current expenditure. Financial modelling shows that these schemes can be afforded if we improve our benchmark productivity level (cost per weighted activity unit) from the lower third quartile up to the median. The most significant capital investment is a new, dedicated critical care unit at Northwick Park Hospital. We will work with our partners to justify external investment funding because of the benefits this capacity will support within our hospital and across the north west London integrated care system.



## Changing our mindsets and our behaviours

We recognise that the success of our strategy depends on our people thinking and acting differently to always put **quality at our HEART**. This requires us to change our culture.

Firstly, we must foster understanding and belief in the changes set out in Our Way Forward. We have laid the foundations for this work in the significant engagement with patients, employees and partners that directly informed this strategy.

But more is required. We will develop and resource a launch plan for our strategy. This will include:

- ▶ pre-launch workshops for our senior leaders so they are empowered to share information with their teams about why these changes matter and how they will personally support them
- ▶ a launch phase with events inside and outside our organisation
- ▶ on-going commitments to continue conversations and momentum built during the development of Our Way Forward, including through forums such as our patient and carer participation panel, staff listening events, and events with partners within our communities.

We must take other actions to sustain culture change. We will amend reinforcing structures and incentives such as governance processes, reward and recognition systems and the indicators we analyse to encourage new behaviours. We must provide our employees with the skills to think and act differently. We must encourage and celebrate people to be active role models for change. These supporting actions have been incorporated across our goals and priorities.





## How we will measure our progress

We have chosen twelve indicators to assess what progress we are making against our strategic priorities. Over the next five years, we want to be in the top quartile when compared to our peers, becoming a demonstrably high-quality organisation.

Currently, the Care Quality Commission rates us as requires improvement. In five years, we will be on a path to outstanding, with all our services achieving at least good. Providing consistently high-quality care is central to putting our vision of **quality at our HEART** into action.

In the meantime, year-on-year improvements in our twelve indicators will indicate that we are successfully putting our strategy into action.

Where indicators do not currently exist or do not meet our requirements, such as quality-of-care equity measurements, we will need to design a way to capture them. We will do this because we want to measure what matters most, rather than only what is available today.

### We will:

- ▶ publish annual targets for these indicators
- ▶ assess our performance against these targets each year and maintain a trajectory towards top quartile performance, while simultaneously considering our changing environment and challenges
- ▶ introduce a regular employee survey to gather feedback from our employees, supplementing the annual staff survey
- ▶ introduce a regular partner survey to measure our progress in building trusted ways of working
- ▶ develop an index to track progress in improving the equity of our services across multiple communities.



## Provide high-quality, timely, and equitable care in a sustainable way

Area	We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Safe	Staff who would recommend our services to friends or family	58.8%	74.2%	NHS Staff Survey (2021)
Patient-centric	Patients who would recommend our services to friends or family	91.9%	92.7%	Weighted average Friends and Family Test (September 2022) <sup>1</sup>
Timeley	Constitutional standard: RTT > 18 weeks	62.5%	≥92%	Integrated performance report (November 2022)
	Constitutional standard: Diagnostics	97.2%	≥93%	
	Constitutional standard: Cancer (first)	64.3%	≥85%	
	Constitutional standard: A&E (four hour wait)	66.5%	≥95%	
Sustainable	Our clinical efficiency relative to other acute trusts	£3,656	£3,470 <sup>2</sup>	Model Hospital (2022)
Effective	Summary hospital-level mortality indicator (SHMI) <sup>3</sup>	0.7931	0.7931	London SHMI (July 2021 to June 2022)
Equitable	Variation in quality between patient groups	TBC <sup>4</sup>	N/a	TBC

## Be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Staff who would recommend LNWH as a place to work	55.5%	64.7%	NHS Staff Survey (2021)
Average staff vacancies that we have	11.3%	N/a	Staff record (September 2022)
How long our employees work for LNWH (median)	4.3 years	N/a	
NHS Staff Survey score for diversity and equality	7.6 out of 10	8.3 out of 10	NHS Staff Survey (2021)

## Base our care on high-quality, responsive, and seamless non-clinical administrative services

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Employees who would recommend our non-clinical and supporting services to other colleagues	TBC <sup>4</sup>	N/a	New support service feedback survey

## Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Partners who would recommend working with LNWH to other partners	TBC <sup>4</sup>	N/a	New partner interaction feedback survey

1: Made by aggregating Friends and Family result and weighting the average score across A&E, inpatient, and outpatients against eligible number of patients

2: Median value is presented. As we sit in lower quartile (Q3), median (Q2) is an appropriate target for this measure. Top quartile (Q1) is £3,293.

3: We would not expect significant improvements in our SHMI value, as it's already one of the best in the country.

4: KPI does not currently exist in our Trust, so we will need a way to capture this

# Risks

Our environment is highly uncertain and changing fast. This inevitably leads to risks, which for this strategy fall within one of two categories:

- ▶ Risks associated with the plan itself
- ▶ Risks outside our organisation that could affect the plan.

We have identified the most critical risks and planned actions to mitigate them.

## ▶ We lose strategic focus because there is either too much to deliver or issues occur in critical projects like Cerner

### Impact

- ▶ Strategic tasks are delivered late or not delivered at all
- ▶ We do not overcome the key challenges or obstacles identified in the diagnosis phase

### Actions

- ▶ We have designed all the actions to reinforce the central vision
- ▶ We have staggered our main concentration of effort over time so that we are not trying to balance too many areas at once
- ▶ We have minimised actions around the Cerner go-live date
- ▶ We have defined a governance framework to track and adjust the delivery of the strategy

## ▶ We do not have enough money to deliver on the ambitious investments in this strategy

### Impact

- ▶ Supporting systems and processes continue to burden our employees
- ▶ Estates do not consistently meet the needs of our employees and patients
- ▶ Loosely integrated digital systems reduce our ability to make data-informed decisions
- ▶ Unable to promote productivity, risking our financial sustainability

### Actions

- ▶ Plan to pool resources and procurement power with the NWL acute collaborative
- ▶ Seek agreement across the NWL acute collaborative on collective investments that most benefit our patients, communities and employees
- ▶ Build a continuous culture improvement first, so we can improve what we already have with limited capital spend

### » Limited buy-in to the strategy from our employees hinders delivery of the strategy

#### Impact

- ▶ Limited resource reallocation or behaviour change towards strategic priorities
- ▶ Employees do not take initiative along strategic priorities

#### Actions

- ▶ Strategy has been built through extensive engagement with our employees
- ▶ Create a strategy engagement plan and adequately resource governance to drive alignment and progress

### » A challenging political and economic environment makes it more difficult to fund improvements and creates additional demand on our services

#### Impact

- ▶ Static government expenditure on health may make it more difficult to obtain funding for investments
- ▶ Economic issues may increase inequity locally, increasing year-round pressures on the Trust
- ▶ Inflation increases cost pressures in the Trust, so we may see expenditure rise and staff turnover increase

#### Actions

- ▶ Plan to pool resources with the acute collaborative so bids for funding are more attractive
- ▶ LNWH pays well for the area, so focusing on recruiting staff from our local communities
- ▶ Quality offer attracts staff to work for the Trust
- ▶ Core strategic aim is to improve efficiency, which might help offset additional demands on our services and inflation cost pressures

### » Climate change and environmental issues increase demands on our services

#### Impact

- ▶ Increased respiratory and cardiovascular disease related to air pollution, increasing year-round pressures on the Trust
- ▶ Inequity increases in our local population as people living in deprived areas are more likely to experience adverse effects of climate change

#### Actions

- ▶ One of our strategic options is to deliver the top priorities in the LNWH Green Plan, which include adapting to climate change
- ▶ Core strategic aim is to improve efficiency, which might help offset some of the additional demands on our services







# Conclusion

Our Way Forward sets out a clear vision: to set **quality at the heart** of every decision and action we take for the next five years.

## **We cannot do this alone.**

From our employees to our partners and our communities, our vision will stand only if we work together in accordance with our values. We have made extraordinary progress, with the Covid-19 pandemic necessitating an unprecedented amount of collaboration.

Our success with research during the pandemic has highlighted the enormous benefits of working closely with such a diverse local population: we must harness this inspiring opportunity in the future.

The co-creation of this strategy itself is a sign of how far we have come, and we express our enormous gratitude to the thousands of people who were involved in its design. It is now our task to put it into action with as much collaboration as went into its development.

If our vision requires us to work together, our objectives show us how. They articulate the actions and priorities that will set us on a path to excellence in the years to come. We do not dismiss our challenges; in fact, they have informed large sections of this strategy. But we are committed to tackling them head on, with a clear, communicable plan of action that moves us onward – whether that is through a strong focus on education, harnessing our research capability with our local communities, or by instilling digital confidence among our people.

Through doing so, we are committed to becoming an exemplar both as a provider of healthcare and as an employer.

We hope that you will join us on our way forward, as we truly seek to put **quality at our HEART**.

# Appendix I:

## Our north west London partners

Many organisations deliver health and social care, including general practice, opticians, councils, hospitals, and charities.

To deliver joined-up support and care, we need to work and collaborate in partnership with these organisations. When we say partners, we're referring to all these organisations. We can access many of our partners all at once through several network organisations:

Geographical Level	Network Organisation Type	Local Network Organisations	Participating Organisations
<b>System</b> Usually covers a population of 1-2 million	Integrated Care System	NWL Integrated Care System	<ul style="list-style-type: none"> <li>▶ Integrated Care Board</li> <li>▶ Local Authorities</li> <li>▶ Healthwatch</li> <li>▶ Other Partners</li> </ul>
	Provider Collaboratives	NWL Acute Collaboration	<ul style="list-style-type: none"> <li>▶ London North West University Healthcare Trust (LNWH)</li> <li>▶ Chelsea &amp; Westminster NHS Foundation Trust (ChelWest)</li> <li>▶ Imperial College Healthcare NHS Trust (Imperial)</li> <li>▶ The Hillingdon Hospitals NHS Foundation Trust (THHT)</li> </ul>
<b>Place</b> Usually covers a population of 250k – 500k	Borough Based Partnerships (BBP)	Brent BBP	<ul style="list-style-type: none"> <li>▶ Local Authorities</li> <li>▶ Healthwatch</li> <li>▶ Local Acute Providers</li> <li>▶ Voluntary Sector</li> <li>▶ Local Community Care Providers</li> </ul>
		Ealing BBP	
Harrow BBP			
<b>Neighbourhood</b> Usually covers a population of 30k to 50k	Integrated Neighbourhood Teams (INT)	Brent INT	<ul style="list-style-type: none"> <li>▶ Primary Care Network Teams</li> <li>▶ Social Care and Local Authority Teams</li> <li>▶ Mental Health Teams</li> <li>▶ Community Teams</li> </ul>
		Ealing INT	
		Harrow INT	
	Primary Care Networks	Numerous	<ul style="list-style-type: none"> <li>▶ General Practice</li> <li>▶ Community pharmacy</li> <li>▶ Dentistry</li> <li>▶ Opticians</li> </ul>

## Appendix II: Our acute collaborative partners

### LNWH

1. Central Middlesex Hospital
2. Ealing Hospital
3. Northwick Park Hospital

### ChelWest

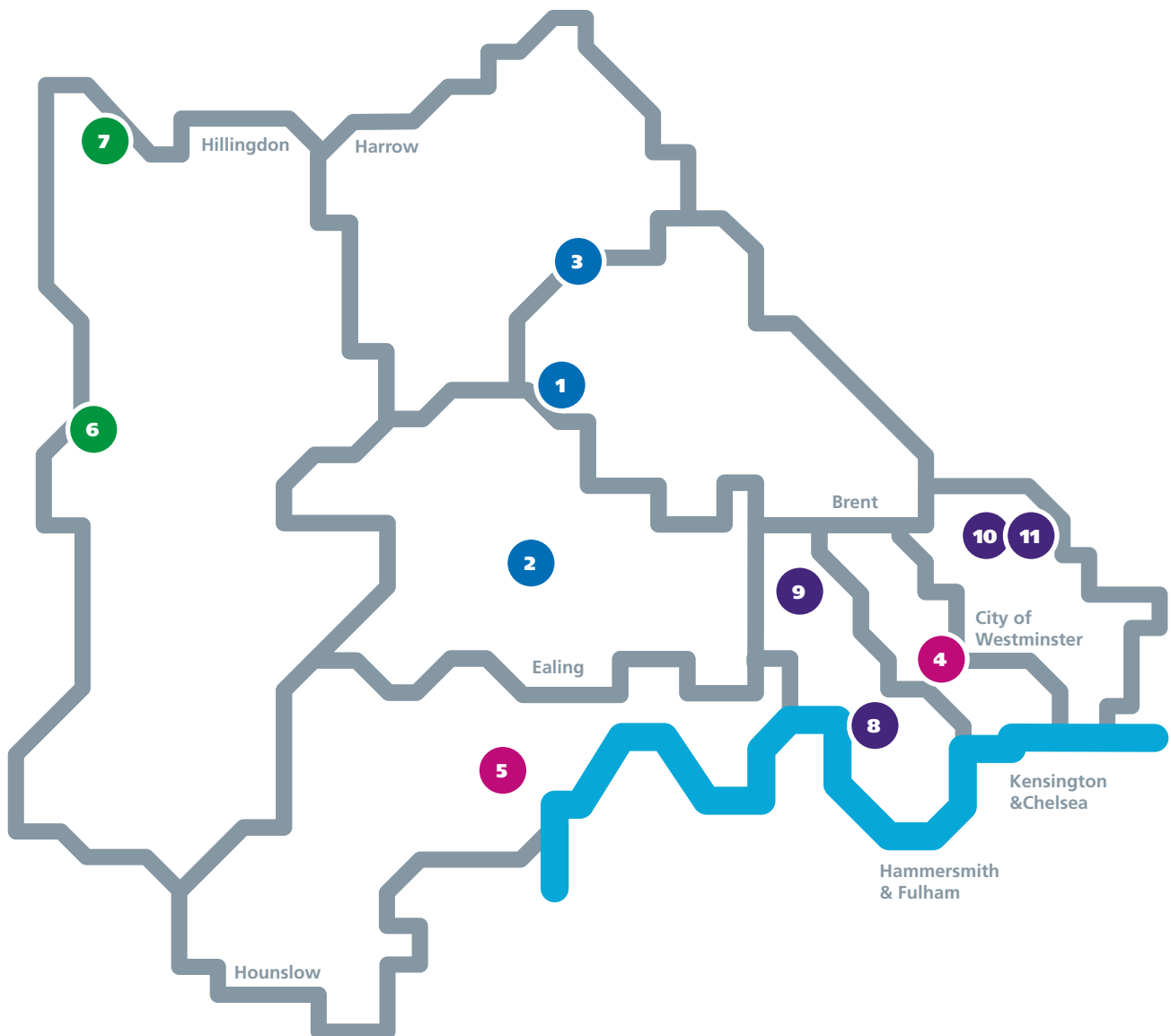
4. Chelsea and Westminster Hospital
5. West Middlesex Hospital

### THHT

6. Hillingdon Hospital
7. Mount Vernon Hospital

### Imperial

8. Charing Cross Hospital
9. Hammersmith Hospital and Queen Charlotte's Hospital
10. St. Mary's Hospital
11. Western Eye Hospital





# Appendix III:

## Co-creation and engagement

Our strategy was developed during the summer and autumn of 2022.

We undertook extensive engagement with our employees and our communities, as well as considerable research and analysis.

### A best-practice approach

Following best practice, we followed a three-phase approach to develop our strategy:

- ▶ **Diagnose:** identify the critical challenges facing our organisation and the strengths we could build upon
- ▶ **Focused response:** design an approach that best overcomes the challenges highlighted in the diagnosis
- ▶ **Action plan:** define the objectives and actions to achieve our focused response.

### Governance

We established a steering group to support the delivery of the project through deliberation, decision-making, support, and action.

Our Deputy Chief Executive Officer chaired the steering group, made up of a diverse set of stakeholders, including:

- ▶ Operational, clinical, and corporate leaders and staff representatives
- ▶ Leaders from the North West London Integrated Care Board and our integrated borough partnerships
- ▶ Members of our local communities.

### Co-designed through extensive engagement

This strategy has been co-developed through extensive engagement throughout the spring and summer of 2022 with our employees, partner organisations, and members of the community (see **Researching Our Way Forward: our audiences and channels**, page 72).

#### Our community

We received 781 responses to our community survey, which asked about the care preferences of our residents and their perceptions of LNWH.

The survey was shared using social media, supermarket visits, radio, and posters in hospital waiting rooms and local GP practices.

It was available in seven languages: English, Polish, Romanian, Gujrati, Punjabi, Somali and Arabic.

As part of the survey, we collected demographic information, such as ethnicity, age, and postcode district, to investigate how the results varied between population groups.

We also gathered feedback from 85 people during several community events

#### Our employees

We heard from 2,314 employees, or more than 28% of our staff.

This involved using a combination of one-to-one interviews, surveys, on-the-ground engagement, and online workshops.

We collected demographic and job role information to investigate how the results varied by staff group.



# Researching Our Way Forward: our audiences and channels



► Case for change: 1,565

► Choices for the future: 653

► TeamLNWH forum attendees: 64

► TeamLNWH interviews: 32

► Community surveys: 781

► Community event attendees: 85

► Community stakeholder forum attendees: 21

► Partner stakeholder forum attendees: 31

► Partner interviews: 11



## Our partners

We directly interviewed eleven senior leaders from our partner organisations, with 31 others offering input through our stakeholder forums.

## All stakeholders

We held stakeholder forums in community centres in Ealing, Brent, and Harrow.

These forums saw attendance from members of the community, our employees, and our partners.

During each event, attendees explored information posted around a room and then broke into groups for discussion. Parallel events were hosted online to increase opportunities for participation.

## Building the capability of our employees

One major aim of developing our strategy was to build capability. This extended beyond the immediate strategy project delivery team to people across LNWH.

### The project team

After an open application process, we seconded four employees from across LNWH to form a dedicated strategy project team. During this time, the team received extensive on-the-job training and formal teaching.

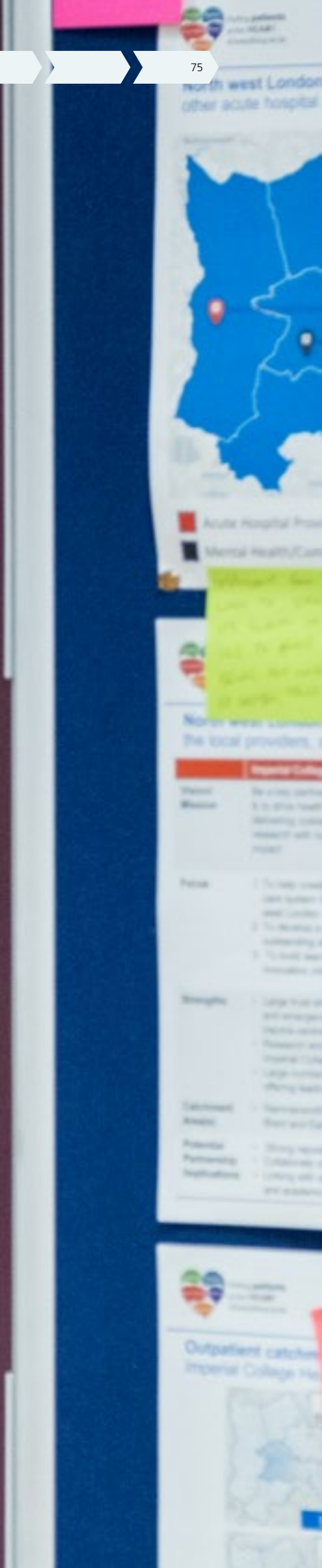
### The leadership team

We internally recruited a medical lead, a nursing lead, an allied health professional (AHP) lead, and a transformation lead to help direct and support the project team.

### The wider Trust

Four guest speakers with extensive experience in public and private sector leadership came to speak employees across the organisation about what makes good strategy. In total, 354 employees attended these sessions.





North west London other acute hospital

Acute Hospital Provider

Mental Health/Care

North west London The local providers

Service	Local Provider
Acute	Imperial College Healthcare
Mental Health	Imperial College Healthcare

Strengths

- Large trust with strong emergency services
- Research and innovation
- Large patient offering base

Challenges

- Integration with local providers

Partnership

- Strong regional relationships
- Collaborative working
- Working with local providers

Outpatient catches

Imperial College Healthcare



## Quality at our HEART



Scan to find out more about Our Way Forward  
or visit [lnwh.nhs.uk/OurWayForward](https://lnwh.nhs.uk/OurWayForward)  
Join us on social media at [linktr.ee/lnwh\\_nhs](https://linktr.ee/lnwh_nhs)  
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