

Appendix 1 Progress Report Trust Strategy 2020 - 2025

Objective 1: Deliver Clinical Excellence			
We will build on our world-leading outcomes, investing in effort and resources in developing and implementing innovative models of care, growing expertise and extending the frontiers of clinical practice			
What will we do?	What we have delivered in 2020/21	Unplanned achievements	Changes to planned deliverables
Building on our 2019 CQC 'Outstanding' rating we will seek to move all remaining domains in all services from 'Good' to 'Outstanding'	<p>The role of Quality Compliance Officer (QCO) (as part of the Chief Nurse team) was introduced and has been in post since 05.08.2019. This role has been in post through 2020/21 and has been key in following up actions from the CQC 2019 inspection; and any internal CQC mock inspection. Reports of this activity are presented to the Fundamentals of Care Board.</p> <p>On 03/02/2020, an unannounced mock CQC inspection was undertaken at the Royal Papworth Hospital. Six teams of mock inspectors audited a range of core outpatient and inpatient services, including surgery, medical care, critical care, outpatients, diagnostic imaging and end of life care.</p> <p>Internal mock CQC Inspection (End of Life (EoL) and Supportive and Palliative Care Team (SPCT) focus) 26.10.2020.</p> <p>Internal mock CQC Inspection (EoL and SPCT focus) 08.07.2021. Action plan in place as required. Actions followed up through QCO and monitored through EoL</p>	<p>We have commenced a log of "outstanding practice" and this is maintained by the QCO for all teams and services across the Trust. The intention is to enable evidence of outstanding practice to be to hand (knowing that for RPH, this is often seen as our business as usual.</p>	

	<p>Steering Group.</p> <p>As a Trust we took part in a national DNACPR ReSPECT review Dec 2020.</p> <p>We can now look to focus on the areas of the Trust rated as "Good" in greater detail. This piece of work will be coordinated by the QCO.</p>		
Deliver the improvements set out by GIRFT reviews	<p>GIRFT reviews published in 2021 include Cardiology, Critical Care and Respiratory. Local implementation not yet commenced.</p> <p>Cardiology is linked to delivery of ICS Cardiovascular Disease Strategy which is currently progressing through ICS approvals</p>	Clinical Ethics Committee established in 2020.	
Continue to improve our morbidity and outcome measures	Continue to reduce bleeding post-surgery.	Designated emergency theatre established to reduce same day cancellations and expedite emergency activity.	Surgical Site Infection have increased - Working Group reviewing the increased SSI and mitigations.
Implement a way of working that encourages a constant cycle of improvement and learning whilst achieving core performance standards	Models for quality improvement are supported by the Clinical Governance team, but plans to launch a Quality Improvement road map across the organisation have been on hold due to the pandemic.		
Develop a frailty service to ensure that all interventions are tailored to the needs of all patients	Project currently on hold due to the pandemic and requirement for pump prime funding of the service.		
Develop new services that embrace new procedures, are less invasive and more accessible to patients with co-morbidities e.g. TAVI procedures.	Mitraclip- Percutaneous Mitral Valve Leaflet repair service - a new service which is less invasive with a shorter Length of Stay commenced in July 2020.		

	The first 10 procedures have been carried out. The next 6 have been agreed by the Trust whilst awaiting Commissioning a decision on future work.		
Develop and implement a national organ retrieval service for DCD (donation after cardiac death) hearts (adults and paediatric) in conjunction with NHSBT in 2020	<p>Surgery, Theatre and Anaesthetics covered an initial pilot with 50% retrieval service cover and maintained 100% cover even during pandemic.</p> <p>The mOrgan project is underway to get the device CE marked and significant progress has been made. The mOrgan should be CE marked and ready for national implementation by 2024.</p>	<p>NHSBT/BTS National award for DCD Heart retrieval in conjunction with GOSH Only service in the world that has full nurse support for the perfusion device management (normally surgeons and perfusionists).</p> <p>Collaboration with our Harefield surgical colleagues to scope a hybrid NORs team possibility.</p> <p>In-house teaching of DCPs and Senior staff nurses in DCD retrieval to assist with NORS team but also as a retention tool.</p> <p>Other centres approaching the Lead Nurse to seek advice on how they can replicate our structure.</p>	<p>Introduction of Hybrid NORs team to ensure that service continues. (centre covering 25% were unable to continue).</p> <p>RPH surgeons cover 50% of national rota.</p> <p>Nurses support 75% of national roster. Will need to reassess at the end of the pilot on what we can continue to support without additional backfill</p>
Deliver an integrated cardiology model in line with GIRFT recommendations.	Discussions commenced as part of the development of the ICS and the Cardiovascular Disease Strategy but slower than expected due to the pandemic.	Development of the ICS Cardiovascular Disease Strategy which is currently progressing through ICS approvals	
Ensure our practice and pathways meet all of the requirements of the NICE Optimal Lung Cancer Pathway by 2021.	Lung Oncology meets the national guidelines for their scope of practice and is fully compliant.		

<p>Strengthen the national Balloon Pulmonary Angioplasty service by 2021.</p>	<p>To support this service the newly appointed Consultant within Cardiology has been trained to undertake the procedure.</p>		
<p>Enhance further new ways of working to bring specialist care closer to patients' homes e.g. Cystic Fibrosis home monitoring and CPAP home service both supported by telephone and virtual appointments.</p>	<p>Attend Anywhere: Video link Consultant service went live in the CF and Lung defence clinics on the 1st June 2020.</p> <p>Patient Aide: Smartphone, tablet and PC based portal with Clinical and Appointment information plus results and medications. First project is being developed with RSSC to facilitate remote monitoring of patients of CPAP. Went live in Q3 2020/21.</p> <p>Home Monitoring: Home spirometry currently in place for CF and forward planning for ILD. This will be integrated with Patient Aide.</p> <p>Refer a patient: Funding approved for a new referral system for non-elective transfers to RSSC</p> <p>Population Health Management: Progress is being made with the Trusts analytics approach to clinical data. This will enable us to identify patients with Chronic disease who are deteriorating at home based on home monitoring and symptoms questionnaires.</p>		
<p>Continue to increase the use of online appointments to deliver outpatient services maximising efficiency but not compromising quality.</p>	<p>Virtual have now been embedded in all services for groups of patients that need regular reviews without bringing patients to the Trust.</p>		

<p>Continue to develop initiatives to ensure that we provide the most appropriate anesthetic techniques for our patient cohorts in critical care and theatres.</p>	<p>Development of Novel anaesthetic techniques such as opioid free anaesthesia for thoracic surgery has potential contributed to decrease in length of stay.</p>		
<p>Further expand the specialist rapid pathways beyond Rapid NSTEMI. Rapid pacing service (2021), Rapid TAVI pathway (2022) and Rapid Testing Pathway (2023)</p> <p>Geography of Rapid NSTEMI pathway extended to other local areas.</p>	<p>Continue to strengthen links with Ambulance Services – education piece in progress to increase appropriate and timely referrals for Rapid NSTEMI cases.</p> <p>Geography of Rapid NSTEMI – work in progress to formalise pathways with West Suffolk.</p>		<p>Due to Pandemic Rapid Pacing has been put on hold.</p>
<p>Utilise radiology guided techniques in thoracic cancer surgery.</p>	<p>The lead CT radiologist is currently working on a microwave ablation service which would use a CT guided technique to target and reduce lung nodules. Currently a business case is being developed by the CT lead. Other potential areas for development are CT guided wire localisations, in conjunction with surgical colleagues.</p>		

Objective 2: Grow Pathways With Partners			
We will seek to develop services with partners and patients in local, regional, national and international networks so that our specialist expertise is available more readily and appropriately in the patient pathway			
What will we do?	What we have delivered in 2020/21	Unplanned achievements	Changes to planned deliverables
Working with CUHFT deliver new respiratory pathways of care and reducing duplication in our services by end 2021	The Bronchoscopy service have treated two patients through the CUH/RPH Bronchoscopy Collaborative, with a view of running 6 patients per week once we have administration in place, with a go live date in December 2020.	RPH and NWAFT collaborative: To improve care for chronic /complex lung infections. Looking to employ a joint Consultant appointment with specialist interest in infections. This will improve access to inpatient treatment. Regional MDT to discuss complex cases, and using digital advances to avoid need for travelling. Recruitment in progress.	Working collaboratively is now not restricted to CUHFT alone and we are working with all partners within the ICS.
Building on the success of our ECMO service, develop a national transfer service for critical care patients by 2025.		Supported EoE region and NHSE with ECMO service expansion during the pandemic, transfer and load levelling for critically ill patients as well as a patient transfer service.	Development of a national transfer service for critical care patients by 2025 – Decision made to withdraw from the tender process as service model were not aligned with RPH specialist skills.
Share our expertise with local and national colleagues in a more structured way by providing specialist advice, assessment and guidance.	Cardiology continues to develop its local, regional and national relationships by formalising partnership working within the ICS and the East of England Cardiac Network. Papworth Cardiology Consultants take leading roles in both forums helping to shape and develop best practice and sharing their pathways and policies for service development outside their geographical sphere. Collaborative discussions with Glenfield and Basildon sharing on call rota – for acute aortic team.	Clinical Decision Cell established in 2020 in response to the COVID-19 pandemic. Shared ECHO protocols and remote monitoring process for Pacing patients with the NWAFT team so support a local drive to maximise diagnostic capacity.	In House Urgent demand is increasing across the country placing pressure on services.

	Electronic referral system for ECMO implemented, which has increased activity.		
Implement new ways of working for CPAP (Continuous Positive Airways Pressure) services within the STP using our expertise to bring care closer to GPs and the community.	CPAP team currently working on the Philips swap out program. CPAP training to be considered for the RPH school.	Provided specialist respiratory advice during the pandemic.	
Develop joint pathways for highly specialist interventions with partners for thoracic surgery. Support to CUHFT in place by end 2020, together with joint thoracic MDT.	Recommended discussions with CUHFT in Q3 2021.		
Working with local secondary care providers and clinical networks develop/devolve services as best fits the patient and their local provider. Specifically, establish new pathways for pacing follow up, valve surveillance services, symptom surveillance service and complex pacing devices by 2022.	Continue to strengthen and formalise relationships and working within the ICS and build mutually beneficial relationships with CUH and NWAFT. Joint Consultant appointments with NWAFT and Lister in development to support complex pacing and EP services. Programme for Remote follow up for pacing commenced and expansion planned.	Providing a COVID-19 vaccination service to ourselves and wider health and social care staff in 2021. Over 16,000 doses administered	
Develop stronger links with research and industry to nurture new technology to co-create pathways.	A review of the re-vascularisation pathway using expertise from Medtronic is planned to commence in Q3 2021.		
Maintain high levels of representation on national and international platforms to shape the development of cardiothoracic services in the future.	Cardiology Consultants have continued to contribute to and (virtually) attend national and international events and conferences to share knowledge, innovation and excellence.		

	<p>The surgical teams continue to have representation on the SCTS Executive Committee and the SAC Training Committee.</p> <p>Close working continues with NHSBT.</p> <p>Critical Care Anaesthetist is the chief editor for the AGBI society.</p>		
<p>Develop and test novel approaches to excellent care with commercial partners using new technologies.</p>	<p>Royal Papworth Hospital has been working with Philips UK&I to explore the opportunities presented by new technologies to improve the clinical offer at Royal Papworth. These are :</p> <ul style="list-style-type: none"> • Maximising the potential of the hybrid theatre through use of cone beam CT and exploring newly-developed procedures for endobronchial biopsy, ablation and iVATS: • A new research study using the new Dreamkits device, technology designed to improve the diagnostic accuracy for Sleep Disordered Breathing in a simplified community pathway. This study is due to start in the next couple of months; • In electrophysiology, looking to trial Philips' KODEX-EPD cardiac imaging and mapping system; and • Developing a trial of Intravascular Ultrasound (IVUS) 		

	<p>technology which promises to offer improved imaging in patients with atherosclerotic plaque.</p>		
<p>Working with clinical reference groups, royal colleges and other national and international bodies using our expertise to influence the shape and development of future cardiothoracic services.</p>	<p>Representation on the Cardiac CRG and Critical Care Committee to support and influence the cardiothoracic surgery</p> <p>STA Clinical Director is the National lead for ECMO service.</p> <p>Continue to support and represent to influence national policy within STA.</p>		
<p>Develop joint pathways with CUHFT that utilises capacity across both sites.</p>	<p>Developments in Bronchoscopy mean that CUHFT patients can be treated at Royal Papworth.</p> <p>As part of COVID recovery the radiology team completed the imaging of C. 200 backlog cardiac CT examinations on behalf of CUHFT.</p> <p>Improved collaboration with clinical teams at CUH for the treatment of complex thoracic surgery, trauma, cancer patients and multi-organ transplantation with increasing numbers being treated/operated on at RPH.</p>		<p>Work in progress to support the CUH Trauma Centre to provide specialist intervention and seen by the right clinician at the right time.</p>
<p>Establish a regional reference centre for cardiothoracic imaging and share expertise regionally and nationally.</p>	<p>RPH Radiology as a tertiary referral centre act as a specialist reference centre for local, regional and national colleagues. Advice is sought and formal second opinions given on imaging transferred to the department. With the development of imaging networks, there</p>		

	<p>will eventually be easier transfer of patient data to facilitate the sharing of our expertise locally and regionally. There are aspirations to work as part of the ICS to scope out potential solutions including a cloud based system to achieve this collaboration in the future.</p>		
<p>Closer integration with secondary and community heart failure services across the eastern region so patients requiring specialist care are seen at Royal Papworth and where more appropriate seen locally.</p>	<p>Work continues to tighten the links between RPH and secondary and community heart failure services to ensure the most appropriate treatment for patients dependent on location and disease stage. This work has been supported by the East of England Cardiac Network that has a specific focus Heart Failure care provision across the region.</p>		

Objective 3: Offer Positive Staff Experience			
We will seek to offer the best staff experience in the NHS, enabling staff to fulfil their potential by providing a working environment where they can feel valued for what they bring to the Trust, achieve a work life balance, and feel engaged in their work			
What will we do?	What we have delivered in 2020/21	Unplanned achievements	Changes to planned deliverables
Develop and implement a new people strategy in 2020 that aligns to the new NHS People Plan.	The intention is to develop the People Plan to be presented to the February 2022 Board for approval.		
Exposing and addressing existing and deep rooted inequality within the workforce. By having equality, diversity and inclusivity at the heart of our People Strategy we will ensure that we have access to the widest talent pool and build strong staff engagement.	<p>Appointed a full time permanent Head of EDI to lead the agenda.</p> <p>Delivered multiple EDI awareness seminars and workshops to highlight diversity issues such as overcoming Covid-19 vaccine hesitancy, civility in the workplace, and anti-racism, acknowledging and addressing micro-aggression.</p> <p>Delivered one cohort of cultural competence training with a further two more cohorts approved and training will start in Jan 2022.</p> <p>Commissioned SignLive for the organisation, the programme will make sure that our deaf and hard of hearing patients will have formal support. This includes recognition, that barriers are not only physical; they are also socially constructed through practice and policy.</p> <p>Staff Network Development Programme,</p>		

	<p>for the Network Chairs and Co-chairs provided, which will help build confidence and develop skills with the Network Chairs.</p> <p>Training on macroaggression and incivility commenced 29th June 2021, and still continues.</p> <p>HRD and HoEDI part of the Regional and System work and launch of the anti-racism strategy.</p> <p>HRD part of the Regional and System work on di-biasing the recruitment process. "No Tick Boxes"</p> <p>Various Inclusion events held that touch on several protected characteristics, where intersectionality may occur, (Vaccination, Values launch, National Inclusion week, Pride week, Black History Month)</p> <p>Creation and Launch of another staff Network (Women's Network).</p> <p>Cultural Ambassadors Programme training to commence December 2021.</p> <p>Trans awareness training commissioned and carried out between August 2021-October 2021.</p>		
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<p>Demonstrate compassionate and inclusive leadership (CCL) that drives an open and inclusive working environment, where <u>all</u> staff (including PFI partner staff) can enjoy innovative and rewarding careers, where their voice counts and where they feel they have permission to act and fulfil their potential.</p>	<p>Significant movement in this area during the year.</p> <p>Values and Behaviours framework launched and Team appointed to roll out training and line management training.</p> <p>CCL Programme Group implemented to oversee the programme of work which includes training, Health & Wellbeing Policy development, induction, resourcing.</p>	<p>The Estates Team has continued to work with the PFI partners to ensure joined up working, particularly during the heights of the pandemic. Collaborative working to find solutions to short and long term issues both pandemic and non-pandemic related were implemented with unprecedented speed to ensure measures were in place for work to continue as appropriate.</p>	<p>The Estates and PFI teams plan to develop a “Team Royal Papworth” for the in house Estates and PFI provider teams to assist in a joined-up approach across the teams, and develop the culture of collaborative working further. Workshops and a combined event to embed these behaviours have now been set.</p>
<p>Make the most of available resources by maximising the opportunities to work flexibly and remotely and exploiting technologies that enable new and efficient ways of working.</p>	<p>Extensive support of staff to work flexibly throughout the pandemic and staff equipped with technology to enable this.</p> <p>Teams meeting platform introduced to allow face to face contact and has become the norm.</p> <p>Fund in place to support staff to purchase furniture to help them work effectively and safely at home.</p> <p>New Flexible Working policy and support documentation for staff and managers in draft.</p>		
<p>Develop and deliver a programme aimed at supporting the overall wellbeing, both physical and mental, of our staff, ensuring staff are safe and healthy and investing in their physical and mental health.</p>	<p>Health & Wellbeing Programme project was launched in summer 2021. New intranet site collating everything on offer has been launched.</p> <p>Health & Wellbeing facilitators in place across the Trust.</p>		

	<p>Psychological wellbeing support provided on site.</p> <p>COVID-19 and Flu Vaccine programme provided in 2020 and 2021.</p>		
Train and support and empower line managers to deliver the challenges of this strategy.	Line management development programme launched as part of Collaborative and Collective Leadership programme.		
Continue our focus on recruitment and retention, building on recent successes and the momentum of the renewed interest in NHS careers.	The Trust vacancy rate has reduced over the last 12 months and we continue to focus on all opportunities to promote RPH as an employer of choice. The CCL Programme is the vehicle for improving staff retention.		
Working with STP partners promote the NHS as the place to have a fulfilling and rewarding career and to develop new employment routes into healthcare professions.	Whilst Covid-19 has increased awareness of careers in the NHS it has disrupted our and our partners ability to engage and work with the public and schools etc. We are working with our ICS partners to resume this workstream.	An SLA has been developed with CUH for management and administration of apprenticeship programmes. This is re-energising the apprenticeship steering group to ensure best utilisation of Levy allocation and access to programs and providers.	
Ensure robust workforce supply by effectively marketing the Trust as the employer of choice and by working with STP partners to utilise educational and recruitment supply routes to meet projected demand.	We continue to use all opportunities to promote the Trust as an employer of Trust and work with ICS partners to share best practice.		
Establish clear career and development pathways supported by a talent management system for all roles that allow staff to progress within the Trust if they wish to do so.	This has been affected by Covid-19 activity and will not be progressed until 22/23.		
Through the Royal Papworth School	The Royal Papworth School (RPS)		

<p>create a focus for all training and education activities that supports the development of all staff and enables the Trust to “grow its own” staff.</p>	<p>business case progress has slowed due to COVID activity, however not stopped and the business case is near completion.</p> <p>Work has started on progressing a virtual learning environment (VLE), which will be the main digital platform for RPS (staff and all users of the RPS)</p> <p>A prospectus which lists all the courses available from RPH currently have been developed ready for a RPS soft launch from April 2022.</p>		
<p>Ensure that all staff have regular performance reviews that supports them in being effective in their jobs by providing feedback and setting objectives and in developing their careers.</p>	<p>This is not making satisfactory progress. We paused IPRs during the two covid surges in activity. Departments are struggling to catch up on the backlog and keep with with IPRs falling due as a result of the increased planned and unplanned leave over the summer and early autumn and the need to recover activity levels. The IPR Policy is being reviewed to reflect the Trust’s values and behaviour framework.</p>		
<p>Looking to the future through accurate and detailed workforce planning that aligns to medium and long term organisational plans, effective succession planning and talent management. Key to this is to provide accurate and timely workforce information to support decision making</p>	<p>The Trust’s approach to operational planning ensures that workforce planning is integrated with financial and service planning. The development of the ICS places a focus on system level planning which is in the early stages of development. We have not progressed work on improving succession planning and talent management. This is unlikely to be progressed until 2022/23.</p>		

Objective 4: Share and Educate			
We will establish a Royal Papworth School, enabling us to grow and develop not only our own staff but also share our expertise and learning for the benefit of national and international networks as well as our local stakeholders			
What will we do?	What we have delivered in 2020/21	Unplanned achievements	Changes to planned deliverables
Develop business case for Royal Papworth School launching in 2020	The Royal Papworth School (RPS) business case progress has slowed due to COVID activity, however not stopped and the business case is near completion.		Aim is for soft launch of RPS in April 2022 in line with opening of HLRI.
Provide multidisciplinary focused educational provision under the School umbrella	The current education offering is multidisciplinary and this will continue under the RPS. The school structure has been drafted which also continues to recognise the multidisciplinary focus.		
Establish the School within the HLRI when it opens in early 2022	On track as planned. Within the HLRI planning meetings, space in the ground floor area has been provisionally allocated for RPS. Consideration of appointment to business manager function in process to assure delivery and sustainability.		
Develop academic partnership with a University by 2021	Informal discussions have been held with University of East Anglia (UEA) and Anglia Ruskin University (ARU). This needs to be progressed more formally.		
Develop formal academic links with professional bodies e.g. royal colleges.	The Trust already has good relationships with professional bodies and the Royal Colleges. Once the School is opened, these links will be developed further.		
Establish accredited post graduate training under the umbrella of the RPH School and extend this to include all disciplines by 2021.	The Trust already has accredited post graduate training. The current offering will be included in the Royal Papworth School (RPS) Prospectus and then this		

	will continue to grow as RPS grows.		
Extend the current alumni scheme to encompass all areas of training and teaching provision by 2020	The alumni programme was looking to be launched in conjunction with Royal Papworth School so is delayed until this has been established. However, terms of reference for a nurse's association have been drafted and would sit under the wider RPH alumni programme once established.		
Develop training offering that supports the need to "grow our own" and then offer this to the wider system and partners.	As part of the planning for Royal Papworth School (RPS), a Prospectus is being written that will document all the current education and training available at RPH. This will be the immediate offering for RPS (from the soft launch from April 2022). This already includes "grow our own" initiatives (such as nursing apprenticeships). These will be extended as the portfolio of RPS extends (for example, the growth of NHS Cadets in partnership with NHS England and St John Ambulance). The portfolio will become available to others, outside of RPH and opening up of this will be phased through the soft launch of the RPS from April 2022.		
In light of COVID-19 increase the utilisation of virtual learning and use of e-learning platforms and focus face to face training where this is educationally appropriate.	Multiformat presenting already in use as consequence of pandemic. Migration of numerous core training elements into predominantly digital platform, including inductions, mandatory training and PPD conferencing. Further aspirational and innovative work commenced in pilot including live streaming from theatres and virtual reality skills training. Existing		

	VLE platform (Learnzone) contract extended with concurrent Trust wide VLE solution project plan commenced. Options paper supported at HLRI Project Board for development of streaming and broadcasting of theatres/Cath labs (Inc. into HLRI).		
Continue to provide nationally and internationally recognised specialist courses e.g. ECMO, CALs.	The pandemic has had a huge impact on these services with external delegates unable to travel or attend the hospital. These courses have continued to be run for internal staff only.	An online learning platform in under development to be able to offer certain courses remotely.	
Use the talent pool in the organisation to enhance staff retention.	This is not something that we have yet progressed. Will be seeking to progress this in 22/23.		
Pursue award of Royal Crest building on the Trust Royal status and reputation and assign this to the School in 2020	The hospital petitioned the College of Arms for a full coat of arms following the granting of its 'Royal' honorific. In 2020 the Garter of the King of Arms and the Norfolk Herald Extraordinary approved Royal Papworth's petition and the process of designing the Coat of Arms was undertaken in liaison with the Windsor Herald and his team. The final design was completed in September 2021 and will be presented to Royal Papworth in November 2021. Digital copies of the design and badge are currently being finalised. The next steps for the project include completing implementation and brand guidelines for the Arms and planning an unveiling ceremony.		

Objective 5: Research and Innovate			
We will continue to develop the Trust as a centre for research and development, fully nurturing our expertise and creativity in a structured way for the benefit of patients			
What will we do?	What we have delivered in 2020/21	Unplanned achievements	Changes to planned deliverables
Develop a Trust Cardiorespiratory Research Strategy in 2020 and ensure that this is incorporated into the wider Cambridge Cardiorespiratory Strategy.			A Trust Research Strategy was drafted in 2019, but due to COVID was never fully implemented. The Strategy now needs refreshing and updating will be ready for release in Q1 2022. The development of the Cambridge Cardiorespiratory Strategy has stalled and there does not seem the same appetite for it. Consideration being given of an HLRI Cardiorespiratory Research Strategy.
Maximise the utilisation of the HLRI for research and development opportunities.	The HLRI building remains on plan to open in April 2022. A Commissioning Group has been set-up and activities are on track. Work has begun with commercial partners on the campus to discuss opportunities for collaboration. A Clinical Director has been appointed for the CRF in the HLRI. Further marketing of the CRF is required to maximise opportunities.	A Joint NIHR Infrastructure bid has been submitted to the NIHR with CUH, the outcome of which will be heard in January 2022.	
Foster a research environment that encourages all staff groups to participate in and lead research activities.	The new Innovation Fund has been designed to encourage applications from all staff groups. A new group has been established to encourage and mentor researchers from non-medical groups		

Include involvement in research and development activities in all staff job descriptions by 2021.	Initial conversations have been started between R&D and Workforce teams.		
Introduce an innovation fund to pump prime new ideas and support development of research projects.	The Innovation Fund has been launched, and the first round of applicants has been shortlisted with a committee review panel planned for November 2021.		
Foster and expand the Research Fellowship Programme to include all other staff e.g. AHPs, nursing staff.			There is no separate Research Fellow scheme. At present investigators seek funding from Grants or via commercial research. The Innovation Fund will support Research Fellows on merit irrespective of staff group. There are a number of non-medical health professionals undertaking research incorporated into professional higher degrees. A stocktake of all fellows will be commissioned in the next 2 months. .
Strengthen support for innovators in the commercialisation of ideas and inventions.	A new group to facilitate commercialisation has been established which draws on expertise from Finance, The Charity and R&D. There are a number projects in progress. The 'flagship' project is developing the mOrgan Device to support DCD transplantation and learning from this will strengthen the expertise in the Trust to push forward on other projects in planning.		
Work with universities to set up a process to allow clinical researchers to secure university affiliations to be able to access grant funding in their own right.			No work has yet been done on this work stream.



Develop closer link between research and education/cross fertilise e.g. grand rounds.			Due to COVID no work has been done on this as yet, but there are plans to start some events once the HLRI opens, starting with a 'Get to know you' event in May 2022.
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Objective 6: Achieve Sustainability			
We will establish a sustainable operational and financial position to ensure that we are making the most of Royal Papworth and applying all our resources in the most effective and efficient manner			
What will we do?	What we have delivered in 2020/21	Unplanned achievements	Changes to planned deliverables
Deliver the Financial Strategy by:			
<ul style="list-style-type: none"> Delivering year-on-year service and cost improvement programmes 	<p>2020/21 was a year in which the whole NHS's core focus was rightly on the health and care response to the Covid-19 pandemic. Against this background Royal Papworth delivered its CIP programme and continued to innovate in terms of service delivery (e.g. the Morgan)</p>		
<ul style="list-style-type: none"> Using the new hospital capacity to its full potential and improving flow. 	<p>Continued surgical activity including cancer patients & in house urgent patients during the pandemic subsequent waves.</p> <p>Management of the increase in emergency activity in transplant, cardiology and cardiac surgical pathways.</p>	<p>As a result of COVID-19, space in the atrium and outside the building was re-purposed to support staff rest and well-being.</p> <p>Existing cath labs, theatres, wards and critical care capacity were segregated into green purple and blue COVID capacity to ensure the safety of our staff, patients and visitors and maintain staffed capacity without the risk of closure due to COVID outbreaks.</p> <p>During the second wave response the Day Ward was effectively re-purposed as a critical care facility to allow rapid expansion of critical care.</p> <p>A large proportion of Out-patient appointments were delivered as virtual through phone or video conferencing so as to reduce footfall in the hospital and reduce the need for patients to travel.</p>	<p>It was never envisaged that the staff support accommodation would need to be supplemented prior to the opening of the HLRI. This was a whole new ask that Estates and Facility team mobilised very efficiently.</p> <p>Maintaining infection control safety across the hospital was pivotal supporting the confidence of our patients and staff so both attended site when it was necessary. This has minimised the backlogs in patient elective care and supported recovery.</p> <p>The expansion of critical care and rapid mobilisation of our Acute Respiratory Care Unit (ARCU) formed a material component of the Biomedical Campus response and as one of two regional surge centres.</p>

<ul style="list-style-type: none"> Growing private patient net income every year 	<p>Private patients have been prioritised in line with NHS patients, based on clinical need and income for 2020/21 has increased slightly</p>	<p>Private care exceeds income despite COVID -19 challenges.</p>	
<ul style="list-style-type: none"> Working with Commissioners and NHSI&E to secure appropriate levels of income for our work. 	<p>The financial architecture of the NHS is in the process of radical change. We are at the heart of those national, regional and local discussions (e.g. by Chairing the Federation of Specialist Hospitals Finance Group). The future financial position of the hospital will be undoubtedly challenging, however 2020/21 has provided a strong base from which to build over the coming years.</p>		
<p>Optimising all of the hospital facilities by:</p>			
<ul style="list-style-type: none"> Improving access to pre-assessment and same day admissions. 	<p>A review of pre-operative assessment capacity has commenced recently including, Oncology and private patients with a view to maximising access and utilisation.</p> <p>Some progress has been made through introduction of some same day admissions in cardiac surgery but further work is needed to roll this out to all of surgery.</p>		
<ul style="list-style-type: none"> Reviewing booking and admin processes. 	<p>Remain under continued review. Large piece of work undertaken on the thoracic/oncology/surgery pathway with a documented administration pathway throughout to improve patient experience and improve the patient journey. Work started on other specialties. Already documented pathways remain under</p>		

	<p>constant review.</p> <p>Booking processes have had to evolve to take into account COVID responses with clinics changing from Face to Face to Virtual or a hybrid model of both appointment types. This has required collaborative working across clinical administration, the operational & clinical teams and the Lorenzo team.</p>		
<ul style="list-style-type: none"> Maximising the utilisation of all of our clinical areas. 	<p>Two clinic room utilisation exercises undertaken to review rooms utilised by day, time, room, corridor & week with a view to improving utilisation of the out-patient area.</p>	<p>The resources and spaces, clinical and non-clinical were used flexibly throughout both COVID response and service restoration. Areas that were not fully utilised, such as ward areas during the height of the waves when staff were on re-deployment into critical care, were re-purposed to support staff wellbeing and to facilitate social distancing.</p>	<p>Many clinical areas were utilised at a much lower level than planned as staff were re-deployed to form the surge centre response.</p>
<ul style="list-style-type: none"> Improved staff rostering, matching demand and capacity. 	<p>Monthly rostering KPI meetings set up with each ward/dept. led by Chief Nurse and Director of workforce and OD.</p> <p>Monthly rostering report reviewed at CPAC</p> <p>Alignment of ledger, ESR and health roster following establishment reviews in progress and almost completed.</p>		
<p>Developing further our external supplier contract management processes.</p>	<p>The Trust continues to manage its most material contract (the PFI) in a strong and robust way, continuing to ensure value for money for the taxpayer. There continues to be scope for improvement in core contractual processes, which we are looking to take forward with our procurement partners SBS.</p>		

<p>Managing our PFI contract in a robust and effective way.</p>	<p>The Estates team continue to monitor the PFI contract on an ongoing basis, with additional support brought to site to increase capacity for monitoring within the Trust team. Monthly reporting, review and reports from provider services have aided the monitoring of contractual parameters, allowing the Trust to challenge issues robustly. A number of larger scale ongoing issues were highlighted during this period, many of which remain in place currently. Ongoing escalations of concerns are in place and will continue until an appropriate resolution has been achieved.</p> <p>The Trust is working to develop a collaborative approach to activity moving forward, seeking to improve and enhance relationships where appropriate, and to achieve mutually agreed solutions to the larger issues that have occurred on site since occupancy.</p>		
<p>Optimising our investments in digital infrastructure and systems.</p>	<p>Accelerated Virtual Clinic rollout because of Covid-19</p>		<p>Delays to development of hardware refresh program for desktop estate due to Covid-19</p>
<p>Minimising the risk of cyber-attacks.</p>	<p>Partial deployment of Back up as a service (BAAS) which will allow recovery in event of attack.</p>		
<p>Continue to build an integrated electronic patient record and seeking to integrate this with a regional electronic patient record by 2025.</p>	<p>The preferred supplier for Shared Care Record has been chosen and rollout planning underway, slightly delayed due to Covid-19 pressures.</p>	<p>Integration of Respiratory physiology and service requesting into EPR.</p>	



Exploiting benefits of being a Digital Exemplar for our patient record system Lorenzo.	Launch of patient portal through the LDE programme.		
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