NHS
Royal Papworth Hospital
NHS Foundation Trust

At the centre of heart and lung care

Strategy
2026 – 2031

Compassion
Excellence
Collaboration

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About this document

This document tells the story of where we are now in 2025, and where we want to be by 2031. It sets out:

➔ **what matters to us most** – our mission as an organisation

➔ **where we would like to be** – our six aims for the next five years

➔ **how we're going to get there** – our actions and next steps

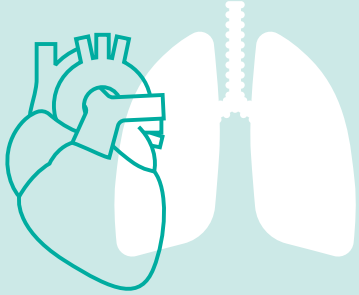
It is the result of hundreds of conversations with our people, our patients, our partners and our community. We are incredibly grateful to all of them for their contribution so far, and we look forward to working together to make these words a reality.

Summary

- Royal Papworth Hospital has been transforming what is possible for patients with heart and lung conditions for more than 100 years. As patients' needs change and new treatments and ways of working emerge, this strategy sets out how we will build on that proud history.
- By 2031, we want to be a centre for heart and lung care which is renowned for clinical excellence, innovative partnerships, and where every member of staff is valued, empowered and proud to work here.
- Our strategy is shaped by the voices of hundreds of staff, patients, and partners who told us what makes Royal Papworth special – exceptional care, world-leading expertise, and a deep sense of compassion – as well as where we must improve: tackling cultural challenges, reducing bureaucracy, empowering staff, and clarifying our role locally and nationally.
- We will focus on six aims: focusing on clinical excellence in our services; building our culture of innovation; team-working and learning; partnering locally and regionally to extend our impact; leading nationally and internationally in heart and lung care; ensuring all staff are valued and empowered; and getting the basics right.
- This is a strategy for action, built on what we've heard, and to be delivered together by building thriving teams that deliver outstanding care.
- All of this will be delivered consistently in line with our values of compassion, excellence and collaboration.

2031

Our mission is to transform what is possible for patients with heart and lung conditions. We deliver outstanding care by building thriving teams.



Where we are now

Our organisation was set up more than 100 years ago in order to give the best care we could for some of the most unwell people in the country.

Much has changed since 1918, and our beginnings as a colony for people with tuberculosis. But throughout we've kept our focus on finding new ways to provide excellent, person-centred care, caring for hundreds of thousands of patients and performing a number of treatments for the first time in the UK, or even the world.

As we look to our next five years, we will change again – and all to ensure we can provide and support **even better care** in the East of England, and across the UK.

The last decade has been one of the most momentous in our history. We have a new hospital, we continued through the Covid-19 pandemic, and we are now treating more people than ever before.

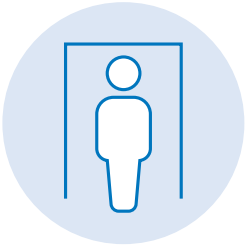
We are proud of successes – such as our CQC 'outstanding' rating and being recognised as **one of the top 100 hospitals in the world.** We particularly value the feedback we receive from those we care for. But we also know that many of our staff don't feel valued, our purpose has not always been clear, and that we have opportunities to do even better.

As part of the wider NHS, we also have a part to play in supporting 'Fit for the Future: 10 Year Health Plan for England' which was published in 2025 with a focus on three shifts in how care is provided: hospital to community, sickness to prevention, and analogue to digital.

Royal Papworth Hospital

6.4 million
(population of East of England)

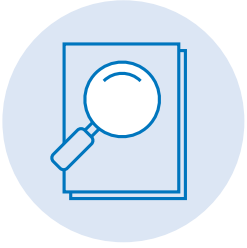
112,150
outpatient appointments



25,144
inpatients and day cases

2,469
employees

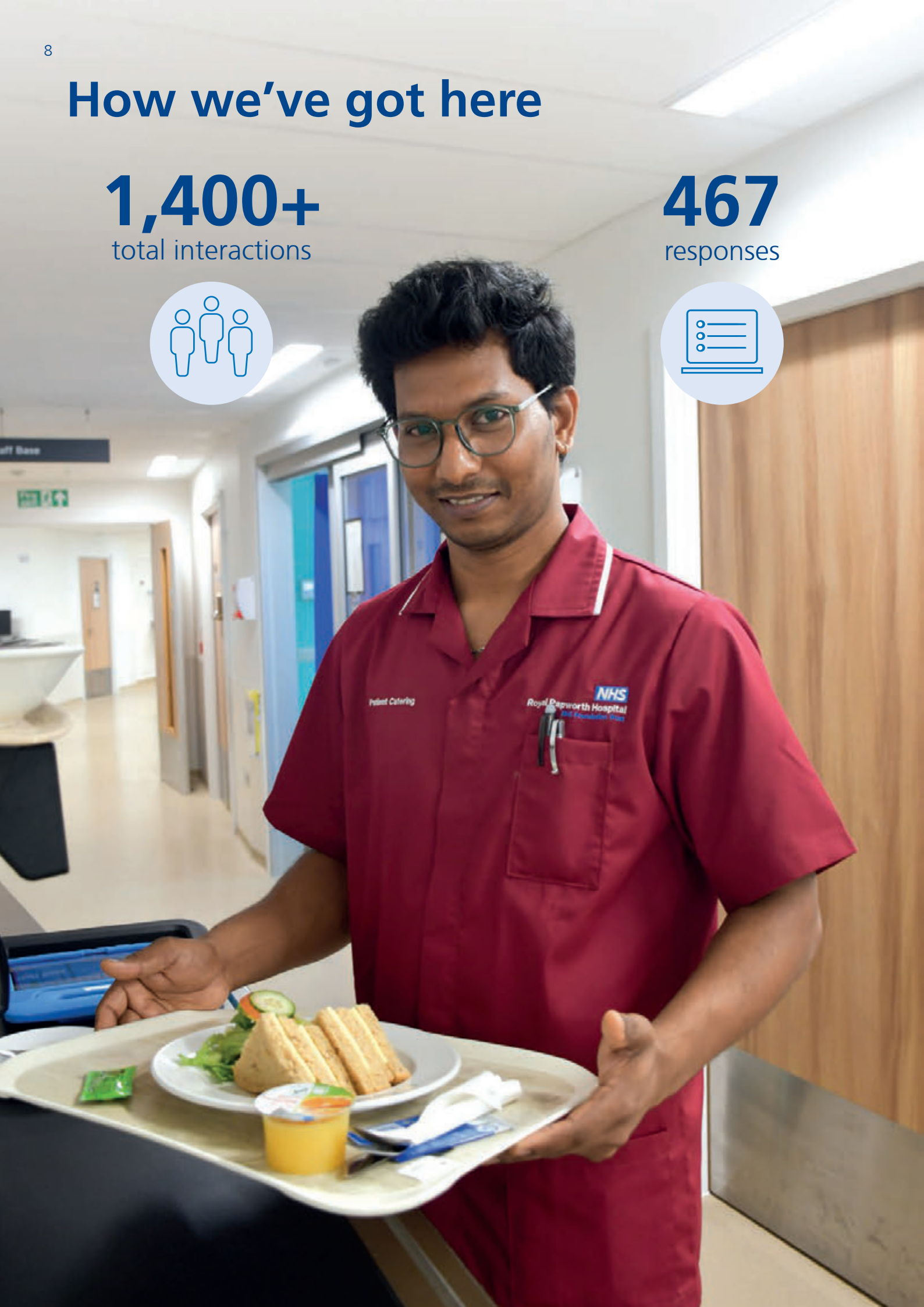
239
research papers



How we've got here

1,400+
total interactions

467
responses



Our process to engage, listen and inspire

To create this strategy, we engaged with hundreds of people between January and November 2025. We used a range of different ways to ensure we heard from staff, patients, communities, and partners across our health and care system.

Team 2031

Team 2031 was a diverse group of 12 staff members selected through an open expression of interest process. The group included representatives from a broad range of staff – from medical education fellows to healthcare scientists, critical care nurses to estates staff.

During eight weeks, Team 2031 had more than 500 interactions with people about the strategy. They worked through three subgroups:

- **Internal staff engagement** (using one-to-one discussions, focus groups, team meetings, and conversations around the hospital)
- **Patient and community engagement** (with patients in hospital, patient support groups, and community activities)
- **Learning from external organisations** (meeting stakeholders from various industries and sectors).

Wider engagement

We also ran a comprehensive online survey that received 467 responses from staff (273), patients and community (185), and partners (9). We used a "pairs discussions" approach where Board members and staff leaders met together with 29 partner organisations. Five fortnightly strategy webinars provided updates and gathered ongoing feedback. Targeted workshops with groups like our Consultant Doctors' Forum ensured we heard from specific stakeholder groups.

500+
face-to-face conversations

29
meetings with partner organisations

What we heard

Across these hundreds of conversations, a clear picture emerged. Despite the diversity of voices – from patients recovering from heart transplants to healthcare scientists developing new treatments, from community partners to administrative staff – there was striking alignment on both our greatest strengths and most urgent challenges.

Our golden thread

Two themes emerged consistently across every conversation as Royal Papworth's core identity:

- **Excellent quality of care and patient satisfaction.** Patients consistently described their experience in terms that went beyond satisfaction – "everything is perfect," "first class service," "true holistic care." What made this more significant was hearing staff across every department, from medical to administration, talk about patient care with the same pride and commitment. Patients said they felt "genuinely cared for" and wanted us to "share the expertise with other authorities."
- **Specialist excellence and innovation leadership as the UK's leading heart and lung hospital.** Staff spoke with pride about "saving lives that have previously not been treatable" and giving "hope to many." Community members recognised us as "the leading heart and lung hospital" with distinctive specialist skills that other hospitals cannot provide.

Key challenges

While our clinical excellence provides a strong foundation, our engagement revealed significant challenges that need urgent attention:

Culture is the key

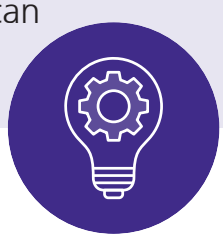
Across every theme – clinical excellence, staff experience, innovation, community engagement – organisational culture emerged as what will determine our success. We heard about areas of exceptional collaborative culture existing alongside reports of incivility, discrimination, and leadership disconnect.

Staff experience requires improvement

Despite almost universal pride in working here, we heard about practical frustrations and areas of disconnect between staff and senior leaders. We heard staff say "we're good at talking the talk but lack action to back up." Some departments had seen no response to previously raised concerns, whilst others celebrated tangible changes when they felt heard.

Innovation barriers are holding us back

Though we aspire to be research-strong and innovative, staff described bureaucratic processes that separate those with good ideas from those with power to implement them. Staff feel that innovation gets stuck in committees whilst frontline improvements that could help both patients and staff struggle to reach decision-makers who can make them happen.



Questions about our role

We heard different views about our ideal reach and role. Staff want to focus on specialist expertise, whilst community groups see opportunities for us to expand our local role through prevention programmes and health education.

Our mission, vision and values

Our mission is to transform what is possible for patients with heart and lung conditions. We deliver outstanding care by building thriving teams.

Our vision is to be a centre for heart and lung care which is renowned for clinical excellence, innovative partnerships, and where every member of staff is valued, empowered and proud to work here.

All of this will be delivered consistently in line with **our values** of compassion, excellence and collaboration.

Our hospital primarily serves the East of England. Providing specialist services for our region, along with our remarkable research, education and innovation, will always be at the core of what we do as an organisation. Yet we have additional roles locally in Cambridgeshire, nationally across the UK, and internationally.

We are already making a difference to so many lives. Our challenge now is to make an even greater difference. We will do this by being much clearer as to the importance of all of these roles – providing care in our hospital, undertaking research, being a leader in education and sharing of knowledge, and working with others elsewhere.

As such, we see a future where –

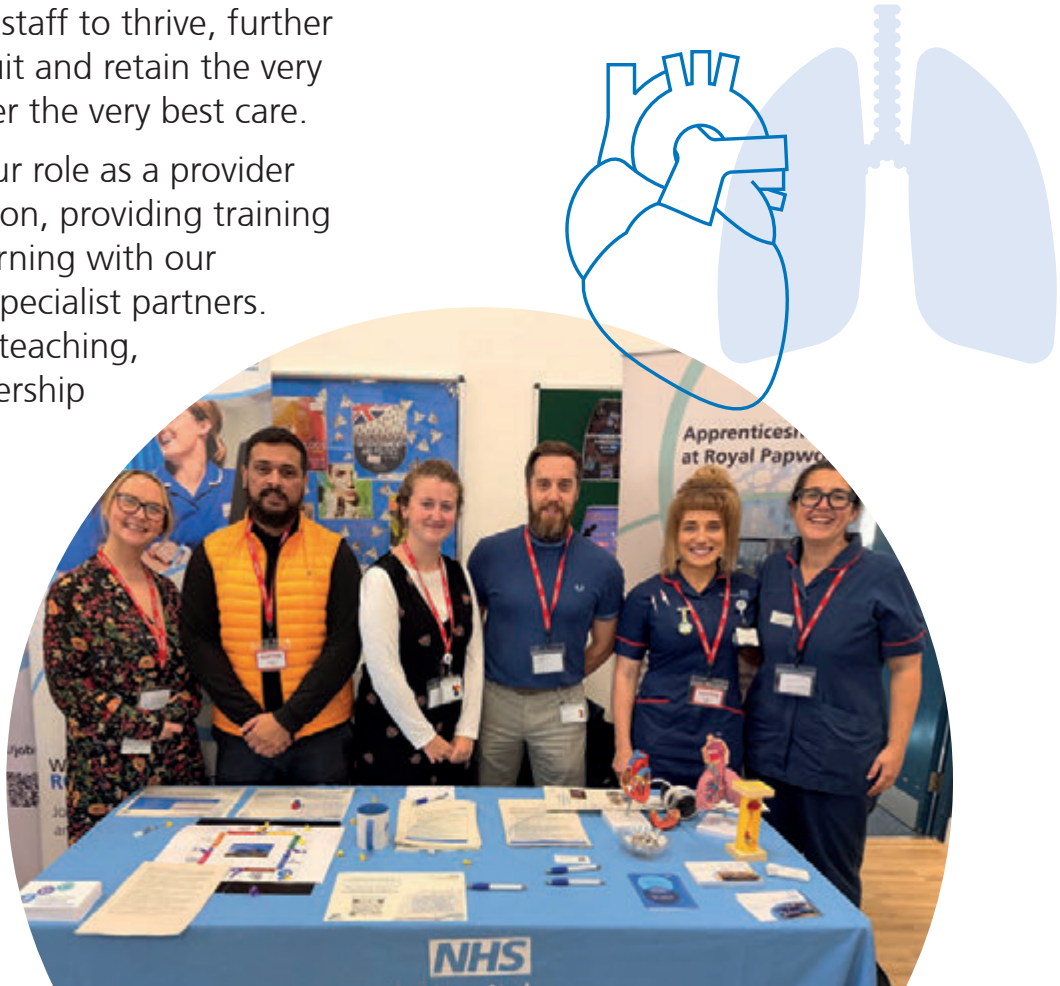
Our hospital retains and builds on its world-class reputation for specialist clinical excellence and patient experience

We build on this by becoming renowned not just for the care we give, but the way we enable our staff to thrive, further enabling us to recruit and retain the very best staff and deliver the very best care.

We seek to grow our role as a provider of specialist education, providing training and sharing our learning with our specialist and non-specialist partners. We value research, teaching, education and leadership as fundamental to our identity as a specialist centre.

We remain committed to cutting-edge research and pioneering treatments

- We build on this through exceptional team-working that connects teams inside and outside the hospital, enabling us to innovate rapidly and bring new treatments to patients faster.
- We develop a new 'life-cycle' model for our services whereby we always seek to use our facilities at Royal Papworth for what is needed to provide the cutting-edge treatments of tomorrow, seeking to be an early adopter of new treatments. At the same time we work with and support other providers to take on the treatments of today.
- Focusing on how we best use our specialist expertise, and working with our partners, we review all of our clinical services as to whether they need to happen on the Royal Papworth site, or whether there are alternative clinical models which can enhance patient outcomes and experience.



We transform how we work in collaboration with partners

We maximise the local impact we can have through a wide range of partnerships on our campus and across the East of England, where we listen, engage and work together in a new way. We will use our specialist expertise and role in the local economy to support the communities who live closest to us.

Our role in working with and supporting care with fellow partners in the East of England is greatly strengthened, with a greatly increased model of access for others to bring in our specialist experience where needed, and for us to learn from them.

We work with partners across the UK and beyond, including industry and academic partners, contributing to national and international debates and developments in heart and lung care and health.

This new role goes beyond being a hospital – a single building in one place. When we describe Royal Papworth as a centre for heart and lung care, we mean acting as a hub of expertise, partnership, and learning that reaches far beyond our walls.

Being a centre means:

- **For patients**, access to world-leading care, whether delivered here in Cambridge or closer to home through our partners.
- **For staff**, being part of a thriving community of clinicians, scientists, educators, and innovators who shape national and international standards in heart and lung care.
- **For partners**, a trusted collaborator that shares knowledge, supports service improvement, and helps strengthen specialist care across the East of England and beyond.
- **For learners and researchers**, a place where discovery and education sit alongside care – turning new ideas into better outcomes for patients everywhere.

By 2031, we will measure our success not only by what happens inside our hospital, but by the wider difference we make – to the communities in better health, the professionals we support, and the future treatments we help create.

Introduction to strategic aims

Getting to our vision – to be a centre for heart and lung care renowned for clinical excellence, innovative partnerships and staff experience – will require changes across everything we do as an organisation. This includes work on six specific areas: our strategic aims.

By 2031 we want to be a centre for heart and lung care which is renowned for…

Strategic aims

Clinical excellence

- Focusing on clinical excellence in our services
- Creating a culture of innovation, team-working and learning

Innovative partnerships

- Partnering locally and regionally to extend our impact
- Leading nationally and internationally in heart and lung care

Where every member of staff is valued, empowered and proud to work here

- Ensuring all staff are valued and empowered
- Getting the basics right

Focusing on clinical excellence in our services

By 2031, we want to be recognised as a leading centre for heart and lung care, always ensuring our facilities enable us to deliver the cutting-edge treatments of tomorrow whilst helping others provide the treatments of today. We will be a centre where patients know they will receive world-class specialist care, and where other health providers come to learn and collaborate with us.

Why do we need to focus on this?

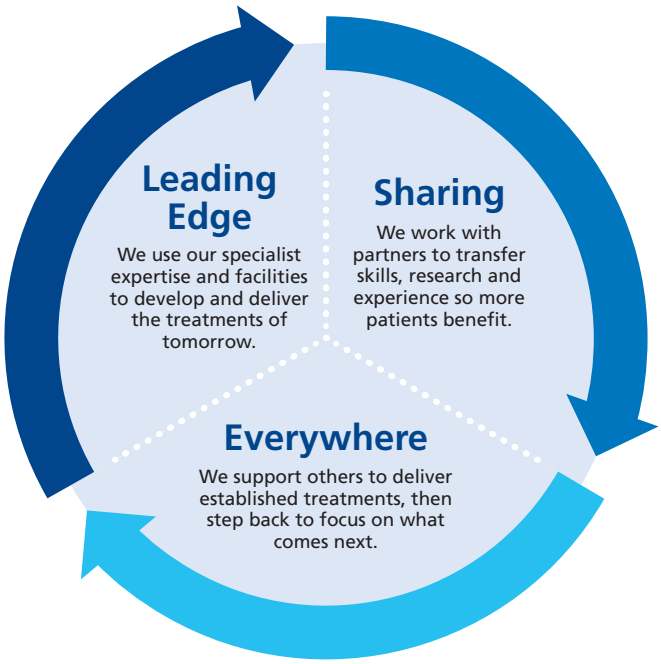
Clinical excellence in specialist heart and lung care is our golden thread – what staff, patients, and partners consistently identify as our greatest strength and essential foundation for everything else we do. Staff expressed profound pride in our specialist capabilities and our position as a national and international referral centre.

Patients consistently described their experience as going beyond excellent care – they spoke about feeling genuinely cared for and receiving first-class service that transforms and saves lives. Partners recognise us as a specialist centre of international renown, with some saying we provide world-class transplant services which give hope to many people.

However, we face important choices about which services we provide directly and which we support others to deliver. Staff emphasised the importance of not becoming a jack of all trades, whilst patients want the same outstanding skill without long waits. We heard about capacity challenges and questions about whether all our current services need to happen on our site. We know that, while some of our services are as good as any in the world, this is not true for everything we do. Even for those areas where we do lead the world, we need to be continuously pushing to improve what we do.

This means we will develop a new 'life-cycle' (see fig. 1) model for our services whereby we always seek to use our facilities at Royal Papworth for what is needed to provide the cutting-edge treatments of tomorrow, while supporting other providers to take on the treatments of today. This supports the approach set out in the NHS 10 Year Health Plan to move more services from hospitals into the community, while also focusing on prevention and digital innovation.

Fig. 1 The Royal Papworth Life-Cycle Model



Working with our partners, we will regularly review all of our clinical services as to whether they need to happen on the Royal Papworth site, or whether there are alternative clinical models which can enhance patient outcomes whilst freeing our capacity for the most advanced specialist treatments. If this requires us to stop providing some services directly at Royal Papworth when partners can deliver them more effectively for patients, we will do so with utmost compassion and care both for our patients and our staff.

What will we start by doing?	How will we measure our success?
• Establish continuous improvement processes in every clinical area with staff ownership and clear learning mechanisms, celebrating quality improvement work undertaken in the last year and setting plans for the year ahead • Invest in education and training infrastructure to formalise role as specialist training centre • Optimise use of technology to enhance clinical care delivery and patient monitoring • Initiate service-by-service reviews using the "life-cycle" model to determine optimal delivery location and model • Add questions to Friends and Family feedback to capture patient-reported experience measures • Baseline current accreditations, celebrate existing achievements, and plan for growth in recognition standards	• Sustained excellence in clinical outcome measures (mortality, morbidity, harm reduction) • Patient experience scores, including use of patient-reported experience measures (PREMs) • Quicker, smoother care pathways and fewer differences in outcomes between communities • Increased capacity for cutting-edge treatments, supported by successful implementation of service "life-cycle" reviews • Independent reviews and national standards confirm the quality of our care and the strength of our teams

Building our culture of innovation, team-working and learning

By 2031, we want to be recognised for exceptional team-working where innovation happens at every level. Teams are empowered and trusted to make improvements themselves, with the autonomy to experiment, learn, and drive change. We are a learning organisation where knowledge is shared openly and everyone contributes to continuous improvement.

Why do we need to focus on this?

Our engagement revealed both areas of exceptional collaborative culture, and significant barriers to innovation and team-working across the organisation. Staff described good ideas struggling to reach decision-makers who can act on them, with many feeling their ideas are blocked by bureaucratic processes. However, the solution isn't creating better pathways to approval committees – it's trusting and empowering teams to innovate themselves.

Exceptional team-working requires trust, an ability to work through conflict, commitment to find solutions to the problems our communities face, ownership of accountability, and collective ownership of the results of our actions from which we learn. Building a culture of innovation means fundamentally shifting power and decision-making closer to frontline teams. Staff want genuine autonomy to make improvements in their areas without needing multiple approvals. They want to be trusted to understand the problems they see daily and to design solutions.

We saw examples of this working well – teams that felt empowered to make changes celebrated tangible improvements, showing what's possible when hierarchical barriers are removed and teams are trusted to lead. We want to replicate this across the organisation, enabling high-performing teams that work across boundaries – both within Royal Papworth and with our partners – to directly impact patient care. Staff particularly want to focus innovation efforts on digital transformation and AI integration, research-to-practice translation (turning "bench to bedside" research into improved patient pathways), and technology-driven operational

improvements that enhance both patient care and staff experience.

Teams need the tools to rapidly assess the changes they make and their impact, and psychological safety where they can experiment, learn from both successes and failures, and share knowledge openly without fear of blame. We will build this by ensuring our teams have access to the information they need to understand the problems our communities face, supporting them to manage conflict in ways that are in line with our values, and providing clear accountability frameworks that support decision-making closer to the frontline.

To support this transformation, we will bring together a single improvement support team who will provide the practical tools teams need to drive change and clarify decision-making responsibilities. Where governance is genuinely needed, decision-making must be streamlined with clear boundaries about what teams can decide themselves.

Creating this culture of team-working, innovation, and learning makes work more fulfilling and gives everyone genuine agency to improve how we deliver care. As a major provider of specialist education and as a research institution, building a strong learning culture internally also strengthens our ability to teach and inspire others externally.

What will we start by doing?	How will we measure our success?
• Establish clear pathways for staff ideas to reach decision-makers, with transparent tracking and defined approval timelines • Collect baseline data on committee returns and resource-neutral proposal blockages to identify and address bureaucratic bottlenecks • Review and streamline decision-making governance to increase team autonomy within clear boundaries • Formalise and resource education delivery as core strategic function, not supplementary activity	• Increase in number of staff-generated innovations successfully implemented, with reduced time from idea to implementation • Staff reporting increased autonomy and empowerment to make improvements in their areas

Partnering locally and regionally to extend our impact

By 2031, we will work in partnership to extend the reach of specialist heart and lung expertise across the East of England. Through collaboration with community organisations, GPs, and local hospitals, learning from each other, more people will benefit from prevention, earlier diagnosis, and better access to specialist knowledge closer to home.

Why do we need to focus on this?

Our primary role is to directly deliver healthcare to our patients, typically in the East of England region. However this is not the only way we can have impact; over the next five years we want to expand the difference we can make to patients' lives, reaching from the local communities who live close to our hospital, through to patients across the world who can benefit from our research and innovations.

This requires different ways of working to those we are used to. We will not be directly leading many of these partnerships, nor do we expect to be establishing new sites to provide care badged as Royal Papworth Hospital. Instead, we want to do this in partnership, supporting others to deliver for their populations and patients.

For example, while our core expertise is treating illness, we recognise that preventing heart and lung disease is just as important as treating it. Many conditions can be prevented or managed better in the community by organisations already embedded and trusted in their local areas. Our role is not to lead this work directly – that's not where our specialist expertise lies - but to support and strengthen what others are already doing well whilst learning from their expertise about what approaches work best locally.

We also recognise that access to specialist care is not equal across our region. Patients living further from Cambridge, those in more deprived communities, and those from certain ethnic backgrounds face greater barriers to accessing our services. Through our partnerships, we want to address these inequalities by bringing specialist expertise closer to where people live, improving

pathways for timely referral, and ensuring our services are accessible to all who need them.

Local hospitals and GPs care for many more patients with heart and lung conditions than we are able to see. We want to make it easier for GPs managing patients with heart and lung conditions to draw on our specialist expertise when helpful. We will explore establishing educational forums with primary care, sharing best practice, and developing clearer pathways for seeking advice and support. This partnership approach directly supports the NHS 10 Year Health Plan's shift from hospital to community and from sickness to prevention.

The impact we can have goes beyond health and healthcare. As one of the area's largest employers and a key part of the Cambridge Biomedical Campus, we have responsibilities as an 'anchor institution' – using our economic presence to support local communities through training opportunities, local supply chains, and inspiring the next generation of healthcare professionals.

What will we start by doing?

- Map existing partnerships and identify gaps, with clear definition of what "true partnership" means for Royal Papworth Hospital
- Establish mechanisms for partners to easily access our specialist expertise (consultation, training, pathways)
- Develop community health education programmes in collaboration with local organisations, leveraging Royal Papworth Hospital's trusted voice
- Create formal anchor institution strategy addressing employment, procurement, and community investment

How will we measure our success?

- Number and quality of active partnerships with measurable impact on community health outcomes and patient pathway improvements
- Reach metrics showing expanded access to Royal Papworth Hospital expertise across the region through remote consultation, training, and shared pathways
- Community health indicators (smoking rates, cardiac rehabilitation participation, earlier diagnosis) in partnership areas
- Anchor institution impact metrics (local employment, training opportunities, supply chain investment)

Leading nationally and internationally in heart and lung care

By 2031, we want to be a leading voice in heart and lung care nationally and internationally. Through innovative partnerships with NHS organisations, research institutions, industry, charities and beyond, we will help raise standards everywhere. We will grow our impact through education, contributing to national guidelines and policy, and translating our research into improvements that benefit patients far beyond the East of England.

Why do we need to focus on this?

Transforming what is possible for patients with heart and lung conditions means helping raise standards everywhere, not just in the East of England. Staff expressed pride in our position as a national and international referral centre, recognising that we have a duty to treat the sickest people who lack access to specialist care elsewhere. System partners told us they want organisations like us to help address health inequalities, including inequalities in access based on geography, deprivation, and ethnicity, through shared knowledge, technology, and remote support rather than expecting all patients to travel to Cambridge.

Research is fundamental to achieving national and international impact, yet our engagement revealed that our research capacity needs strengthening to match our ambitions. We need to strengthen our research output, translate discoveries into practice faster, and ensure our research contributes to national guidelines and international standards. When we do this well, we multiply our impact far beyond the patients we treat directly.

As a specialist centre, we can contribute to national conversations about heart and lung health alongside other leading organisations. By sharing our research, participating in guideline development, and supporting policy discussions, we can help ensure the latest evidence and innovations reach frontline care.

Beyond research, we can lead through education and knowledge-sharing. Royal Papworth is already a major provider of specialist education and training. Staff, partners, and patients all emphasised that education should be central to our identity as a specialist centre. We train medical students, nurses, allied health professionals, and specialists from across the UK and internationally.

Our education role connects directly to our partnership ambitions – by training others, we multiply our impact far beyond the patients we treat directly. We will grow our role as a provider of specialist education, sharing our expertise through formal education programmes, exploring innovative models like shared consultant posts with acute hospitals, and ensuring education is properly recognised.

What will we start by doing?	How will we measure our success?
• Map current national contributions and identify strategic opportunities to increase impact • Explore shared consultant posts with acute hospitals to support recruitment and spread expertise • Maximise Cambridge Biomedical Campus partnerships for pioneering research and innovation • Establish clear pathways for translating research findings into improved national practice standards • Ensure workforce planning supports the full range of activities required to be a national centre of excellence	• Growth in national and international education delivery, training programmes, and knowledge-sharing activities • Contributions to national guidelines, standards, and policy development tracked and measured • Research output and translation metrics showing impact beyond direct patient care • Recognition through national benchmarking, peer review, and invitations to lead national initiatives • Growth in formal education and training delivery (number of trainees, programmes, external partnerships)

Ensuring all staff are valued and empowered

By 2031, we want to be known as an exemplary employer in specialist healthcare. Staff across all roles and levels feel genuinely valued, heard, and supported to do their best work. Our culture consistently extends the same compassion we show patients to our colleagues, creating an environment where everyone feels a sense of belonging and can thrive.

Why do we need to focus on this?

Our engagement revealed a paradox: almost universal staff pride in Royal Papworth alongside significant frustrations about working here. We heard about exceptional collaborative culture and family-like teamwork, with staff demonstrating genuine care for each other and shared commitment to excellent patient care. However, this isn't consistent across all areas.

Staff told us excellent patient care depends on supported, engaged staff. We heard concerns about feeling disconnected from senior leadership and frustrated when escalated issues don't result in change – with some departments reporting that previously raised concerns had seen no response, whilst others celebrated tangible improvements when they felt heard and supported.

Equally important, staff told us about their desire for fulfilling careers with clear development pathways, opportunities to grow their skills, and the ability to progress professionally while continuing to do work they find meaningful.

Staff reported burnout affecting patient care due to excessive workloads and limited wellbeing support. We heard staff say 'we're good at talking the talk but lack action to back up' and concerns that colleagues are considering leaving because issues raised with senior leadership are not being addressed. Staff want to feel that their voices matter and that feedback leads to meaningful change, not just acknowledgment.

This means we must address the cultural issues around leadership response to feedback and creating consistent experiences of respect and inclusion across all departments and levels of the organisation.

Our vision for leadership is that inclusion and belonging is felt by every staff member, no matter their background or race, in an organisation where everyone contributes, everyone matters, and everyone deserves and receives respect. Leadership and personal conduct which nurtures inclusion and belonging is clinical excellence.

This requires leaders and managers at every level to model the behaviours we expect, have difficult conversations when needed, and follow through on commitments. It also requires personal accountability from everyone for how we 'show up' to work – how we treat colleagues and contribute to our team culture under both personal and professional codes of conduct. Importantly, this is not about creating new programmes or initiatives, but about fundamentally changing how we all engage with each other and how we respond to the feedback we receive.

What will we start by doing?

- Improve the mechanisms for staff to raise concerns so that they are transparent and streamlined with clear timelines for response and visible action tracking (addressing the 'we're good at talking but lack action' feedback)
- Create ways to recognise, celebrate and build team excellence and collaborative behaviour, not just individual clinical achievements
- Implement inclusive leadership development focused on creating psychological safety and responding effectively to staff feedback
- Review and strengthen career development pathways across all staff groups, ensuring clear opportunities for progression and professional growth

How will we measure our success?

- Significant improvement in NHS Staff Survey scores on staff engagement, feeling valued, and psychological safety, with specific focus on reducing the gap between best and worst performing areas
- Increased staff satisfaction with career development opportunities and progression pathways, with particular focus on ensuring equitable access across all staff groups and roles
- Measurable increase in staff reporting that their concerns are acted upon and feedback leads to tangible change
- Improved equity metrics showing consistent positive experiences across all staff groups, roles, and sites

Getting the basics right

By 2031, our facilities, digital systems, and processes work reliably and efficiently. Staff have experience of systems that support rather than hinder their work, freeing their time and energy for excellent patient care and innovation. Getting the fundamentals right creates the foundation for everything else we want to achieve.

Why do we need to focus on this?

Excellence in specialist care and pioneering innovation can only rest on brilliant basics. During our engagement, staff were clear that ambitious aspirations for the future must be grounded in fixing fundamental operational issues that affect their daily work. Getting the basics right means both the interpersonal fundamentals – listening, caring for colleagues, treating each other with respect – and the operational fundamentals: facilities, digital systems, and processes that work reliably. This aim focuses on the operational basics.

We heard about facilities where basic amenities and working conditions aren't consistently met. While we have made progress in our digital maturity, staff described frustration when systems don't work reliably or when digital literacy gaps create workarounds that add administrative burden. Staff described spending excessive time on workarounds when systems don't function reliably, innovation being hampered by lack of investment in digital basics, and time taken away from patient care by inefficient processes.

Addressing this requires both reliable infrastructure and investment in enabling all staff to use digital systems effectively through training, support, and sustained commitment to continuous improvement.

The impact of poor basics extends beyond daily frustrations. When systems don't

work reliably, staff experience unnecessary stress and burnout. When digital infrastructure is inadequate, we cannot innovate effectively or work seamlessly with partners. When facilities don't meet basic needs, it affects staff wellbeing and our ability to recruit and retain the best people. In a financially constrained NHS, operational inefficiency also means wasted resources that could be invested in patient care or staff development.

Getting the basics right directly enables every other strategic aim. Staff cannot thrive when basic systems don't work. Innovation cannot flourish when infrastructure is inadequate. Clinical excellence requires reliable operational foundations. And we cannot credibly lead nationally if our own operations aren't exemplary. This isn't about lowering ambition – it's about building the foundation that makes excellence sustainable.

What will we start by doing?	How will we measure our success?
• Conduct rapid assessment of highest-impact basic failures (IT systems, facilities, processes) and create a prioritised action plan • Invest in digital infrastructure basics before pursuing advanced innovation projects • Establish clear service standards for facilities and IT with visible accountability when standards aren't met • Systematically resource dedicated operational improvement capacity to address inefficiencies systematically • Fix basic infrastructure issues that signal neglect of staff needs (meeting spaces, drinking water access, working conditions)	• Reduction in the time staff spend on system workarounds and administrative burden through efficiency metrics • Measurable improvements in facilities standards (meeting spaces, amenities, working conditions) tracked through regular audits • Staff satisfaction scores specifically on digital systems, IT reliability, and operational processes • Quantified reduction in complaints about basic operational issues

Implications for specific functions

Delivering our strategic aims will require coordinated action across all our organisational functions. While each aim has its specific focus, success depends on how well our core enabling functions work together to support our transformation. In addition, we will work with all of our divisions to translate this strategy into specific clinical visions for their services.

Communications and engagement

Effective communication will sustain the cultural transformation required for our strategy. We will continue the transparent and honest conversations with staff about progress and challenges, build strong relationships with community and regional partners, establish our national profile and influence, and ensure all stakeholders understand their role in our transformation journey.

Digital

Digital transformation is fundamental to achieving our strategic aims, guided by our current "Beyond Value" digital and data strategy. We are committed to becoming a digital and data first organisation, moving from analogue to digital while ensuring resilience and security. This includes responsible AI adoption, NHS App integration, and building interoperable systems that connect seamlessly with our partners. Our digital infrastructure, including our new electronic patient record, will support team-working and innovation by giving frontline teams the tools, data, and autonomy they need to make decisions and drive improvements themselves. We will always use technology as a way to solve real problems and support continuous improvement rather than as an end in itself.

Education

Education is fundamental to our identity as a specialist centre and directly supports our regional, national and international impact. To further this impact, we will seek opportunities to grow our role as a provider of specialist education, sharing our expertise through formal education programmes, exploring innovative models with other providers, and enabling us to multiply our impact far beyond the patients we treat directly.

Estates and facilities

While we are lucky to have a world-class estate, there is work for us to do to ensure it works for everyone. We will ensure facilities that support excellent clinical care and provide staff with the basic amenities and working conditions they deserve. We will explore whether we could offer flexible spaces for innovation and collaboration, welcome community partners, and project our reputation as a national centre. In addition, we are committed to lowering the carbon footprint of our estate, and will ensure alignment of this strategy with our environmental sustainability goals.

Financial sustainability

Our aims rest on our ability to be financially sustainable. In today's financially constrained NHS, we will ensure that our strategic aims are affordable and enable us to increase efficiency both as an organisation and across our system. Where we can, we will work to ensure that our funding models enable us to invest in clinical excellence and staff experience, support innovation and partnership development, demonstrate value from community engagement, and maintain resources needed to sustain our position as a national centre of excellence. We will direct resources where the return for patients and staff is clearest – investing in actions that improve care quality, safety, and experience while reducing waste and duplication. Every pound we spend should strengthen our people, our partnerships, or our ability to deliver outstanding outcomes. We will be transparent about costs and benefits, prioritise value over volume, and work collaboratively with system partners to make the best use of collective resources.

Research

Research, along with teaching and clinical leadership, are integral to everything we do and will connect our clinical work with our innovation ambitions. Our engagement revealed that our research capacity needs strengthening to match our ambitions. We will ensure research infrastructure that enhances patient outcomes, creates fulfilling career opportunities for staff, drives continuous improvement, supports evidence-based community health initiatives, and strengthens our reputation for advancing heart and lung care knowledge.

Workforce

Our people are central to delivering every strategic aim. Building on our significant work in this area, we will ensure we have comprehensive plans that support clinical excellence, create the conditions for staff to feel valued and heard, enable innovation and collaboration, build partnership capabilities, and establish us as an employer of choice that attracts national talent to our specialist services. We will explore how our planning and recognition systems can best support the breadth of work required to deliver these strategic aims.

From ambition to impact

This is where the hard work begins. Making this strategy work will take more than good intentions or a glossy document. Delivering on these ambitions will require clear leadership, investment, and courage, but also trust, teamwork, and humility.

At the start of this process, we asked staff "When we have achieved really successful change, how has this happened?" We heard that real change has always worked best when "it starts from staff upwards, not top down," when there is "clear leadership and shared direction," and when "frontline teams feel they own it." The move to the Biomedical Campus was successful because it was "planned with thorough engagement, driven internally," and "everyone pulled together under a common goal." They also warned that change fails when "everything is already decided by top management" or "buried under bureaucracy." This strategy will only succeed if we listen to those lessons: involve people early, cut red tape, and make staff ownership real.

"everyone pulled together under a common goal."

Our approach will focus on:

Clear accountability and responsibility

Every strategic aim will have a named executive lead, a delivery team, and clear milestones. We will share progress openly, celebrating success while being honest about where we are falling behind. Leaders will be expected to create the conditions for success and will be held accountable for results.

Prioritising skills and infrastructure

We will prioritise leadership development at every level, data and analytics to track progress, and project management expertise to turn ambition into action. We will focus resources where they make the biggest difference.

Integration into daily operations

We will weave this strategy into how we run the organisation. It will shape budgets, workforce planning, and everyday decisions. We will stop activities that do not align with our vision, freeing time and energy for innovation and high-value work.

Addressing cultural barriers

Staff feedback made it clear that collaboration, psychological safety, and feeling valued are the foundations of success. We will challenge behaviours that undermine trust but do so with compassion and support.

Systems for sustainability

We will create systems that make this strategy last, including a clear performance dashboard, regular reviews to adapt plans, and networks of change leaders across the organisation who can keep momentum going even as leaders change.

This transformation will not happen overnight and requires sustained effort from all of us. We have learned that change works best when it starts from the ground up, when people feel ownership of the solutions, and when leaders create conditions for success rather than trying to control every detail.

Next steps

This strategy marks a turning point for Royal Papworth. It draws on the voices of hundreds of staff, patients, and partners who told us what makes this organisation special – world-class clinical care, compassionate culture, and expertise that changes lives – as well as where we must improve: removing barriers to innovation, making staff feel valued, and being clearer about our role locally and nationally.

Over the next five years, we will build on our reputation as a centre of heart and lung excellence, while strengthening our partnerships to deliver care closer to home, lead national debates, and bring innovation to patients faster. We will invest in our people, adapt our facilities, and create a culture where everyone feels heard and proud to work here.

This document sets direction but does not pretend every answer is here. We know that some aims will need detailed plans, resources, and further engagement. The coming months will focus on early wins that show change is happening, while we put in place the systems, leadership, and skills to deliver sustained progress.

Our ambition is bold but rooted in who we are: a hospital with a century-long history of saving lives and a unique spirit of teamwork. By 2031, success will be measured not just by national recognition but by the experiences of every patient we care for, every colleague we support, and every community we serve.

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