

Progress key:	Embedded as Business as Usual
	On track / complete
	Behind schedule but mitigations in progress and being tracked
	Deadline delayed / not started
	Date is currently TBC or 'on going' therefore cannot measure status

Strategy Goal	What we will do	Responsible Division/Corpor	Original/Ne w Initiative	Progress	Progress Update	Key Performance Indicator to be achieved by the end of the Strategy Period (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.						
Overall RAG Assessment = GREEN						
Clinical Excellence	Building on our 2019 CQC 'Outstanding' rating we will seek to move all remaining domains from 'Good' to 'Outstanding'	Nursing/Clinical Governance	Original		To ensure that we maintain our CQC 'Outstanding' rating and move remaining domains from 'Good' to 'Outstanding' we have refreshed our approach to the Fundamentals of Care and provided skills support to staff to be able to undertake peer reviews of services. Following peer review (undertaken in August 2023) report for Regulation 10 –Dignity and Respect moved from good to outstanding rating at FoC Board on 13.09.23	1. Retain CQC 'Outstanding' rating at next inspection (Date TBC) 2. Moving 'Good' domains to 'Outstanding' at next inspection
Clinical Excellence	Deliver the improvements set out by GIRFT reviews	Cardiology	Original		Cardiology GIRFT implementation is incorporated in the ICS Cardiovascular Disease Strategy, the development of which was led by the Trust and approved in summer 2022. The ICB are leading on the implementation of the CVD Strategy, with the establishment of a steering group chaired by Paddy Calvert, and supported by a number of delivery groups. Resources have also been identified to support	Implementation of the CVD Strategy
Clinical Excellence	Deliver the improvements set out by GIRFT reviews	Respiratory	Original		Many of the Lung Cancer GIRFT (2021) improvements have been implemented notably improvement in PET CT turnaround times, Somerset roll out there is still more work to do on follow ups, benchmarking and surgical readmissions. GIRFT recommended a review of service infrastructures to ensure that they align with guidance within the national specifications. It covered Complex Home Ventilation and Weaning (i.e. RSSC service) and Interstitial Lung Disease. Areas where the RSSC service does not meet current guidance include (i) no formal structure for patient home visits, considered a key part of service delivery and (ii) suboptimal capture of essential patient data (devices, device history, diagnoses) via a combination of insufficient staff and an old database. The Thoracic team are progressing the establishment of a home visit service; with active work to produce SOP and staffing model, the staffing model being worked up as business case (Oct 23). Database and staffing - concerns raised about database to digital team - belief is that the system works well, issues may relate more to staffing, further work underway. For ILD, referrals to service grew from Oct 2021 following national approval for new drug(s). Service was already not meeting national guidance in terms of nursing staffing. Work ongoing on business case to help service to expand, plus efficiency strategies to optimise patient throughput. Work also in progress to assess improved hub and spoke working between centres.	Implementation of all recommendations
Clinical Excellence	Continue to improve our morbidity and outcome measures	All	Original		There is a continued focus on morbidity and mortality with Board oversight through the Quality and Risk Committee. Reviews of surgical site infection rates have taken place internally and externally and improvement measures are in place through the SSI Group.	Continue to be the best in Morbidity outcomes nationally and in the upper decile of providers.
Clinical Excellence	Implement a way of working that encourages a constant cycle of improvement and learning whilst achieving core standards	Clinical Governance	Original		Options for developing a quality improvement and transformation methodology were considered in 2022/2023 and work continues to develop a Quality Improvement Strategy linking with the refresh of the Quality Strategy. In the interim 8 members of staff are attending the EAHSN Quality Improvement Training.	All leaders are trained in quality and service improvement methodology.
Clinical Excellence	Develop a frailty service to ensure that all interventions are tailored to the needs of all patients	Nursing	Original		The frailty service project remained on hold through the year with plans to reinvigorate this work in 2024/25 working with campus and ICS partners on service model development.	To be defined on commencement of project
Clinical Excellence	Develop new services that embrace new procedures, are less invasive and more accessible to patients with co-morbidities e.g. TAVI procedures.	Cardiology	Original		Mitraclip- Percutaneous Mitral Valve repair service was introduced and embedded in the organisation in July 2020. Other initiatives in this area include expanding the TAVI service to three days a week, facilitating more mTEER lists and introducing a tricuspid programme and expansion of the complex PCI service to provide alternative treatments to patients who may not be eligible for surgical interventions. These are both due for completion in Q4 2023/24.	
Clinical Excellence	Develop and implement a national organ retrieval service for DCD (donation after cardiac death) hearts (adults and paediatric) in conjunction with NHSBT in 2020	Surgery	Original		Funding has been secured to continue to provide the DCD national organ retrieval service for a further year.	Leading provider of national organ retrieval programme for DCD hearts
Clinical Excellence	Establish Lung Assessment and Recovery Centre (ARC) - Ex Vivo	Surgery	New		Discussed as part of 22/23 Strategic Choices work. Agreed that further work up of the proposal required, working with the Finance Team to engage with commissioners with a view to agreeing national funding for the financial year 2023/24.	Potential increase lung availability by 20% by increasing organ utilisation, particularly marginal donors, and donation after circulatory death (DCD) Extension of the ischemic time of the lungs by 6-8 additional hours facilitating better utilisation of resources and reduce logistic cancellation of ongoing elective and/or other emergency procedures.
Clinical Excellence	Ensure our practice and pathways meet all of the requirements of the National Optimal Lung Cancer Pathway by 2021.	Thoracic	Original		We are compliant with the pathway and performance against the standards are being regularly monitored as part of BAU.	Pathway compliance Improvement in lung cancer patient outcomes
Clinical Excellence	Strengthen the national Balloon Pulmonary Angioplasty service by 2021.	Thoracic	Original		The Balloon Pulmonary Angioplasty service is now more resilient with a full consultant establishment in post.	Successful process and outcomes measures reported via annual national audit for Balloon Pulmonary Angioplasty (BPA) services.
Clinical Excellence	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.	All	Original		Building on the success of the electronic referral system for ECMO, this has been extended to the heart failure service streamlining referrals from any other hospital centres. The Cardiac Physiologist team have reduced the detection time of arrhythmias such as Atrial Fibrillation (AF) which could put a patient at risk of stroke through the use of remote monitoring. The detection time was reduced from 137days to 90days for new AF diagnosis. 93% of patients accepted remote monitoring, and the failure rate to attend appointments fell from 9.6% to 8%. Additionally, having a remote box transmit data to the hospital gives equality to those patients who are carers, house bound or cannot afford to drive to the hospital. The CPAP service has established outreach clinics run by specialist nurses to bring the service closer to patients homes. 3N have also set up home visits for MND patients with a tracheostomy as patients were reporting an overall poor patient experience coming to the hospital including transport. Virtual CPAP follow ups and Attend Anywhere video consultations have been embedded within Thoracic Medicine in to BAU process.	Increase number of avoidable admissions to local hospitals and Royal Papworth through earlier recognition and treatment in particular for Cystic Fibrosis and CPAP patients.
Clinical Excellence	Continue to increase the use of online appointments to deliver outpatient services maximising efficiency but not compromising quality.	Thoracic	Original		We have now embedded virtual clinics into BAU. Work is ongoing to optimise the booking processes and patient pathways to ensure that we deliver good patient experience. There are current areas of concern but plans in place to improve. Workstreams are being established to oversee new national initiatives (e.g. Patient Initiated Follow Up (PIFU) and how they might work for our patient populations.	

Clinical Excellence	Continue to develop initiatives to ensure that we provide the most appropriate anaesthetic techniques for our patient cohorts in critical care and theatres.	STA	Original		Developments include novel anaesthetic techniques such as opioid free anaesthesia for thoracic surgery.	
Clinical Excellence	Further expand the specialist rapid pathways beyond Rapid NSTEMI. Rapid pacing service (2021), Rapid TAVI pathway (2022) and Rapid Testing Pathway (2023) Geography of Rapid NSTEMI pathway extended to other local areas.	Cardiology	Original		There has been slower than anticipated development of rapid specialist pathways e.g., Rapid TAVI and pacing, due to the need to balance activity recovery and reduction in waiting lists.	Geography of the Rapid NSTEMI pathway extended to other local areas e.g. Norfolk.
Clinical Excellence	Utilise radiology guided techniques in thoracic cancer surgery.	Radiology	Original		This is linked to the use of the Cone Beam CT in theatre 6. Currently behind plan.	
Clinical Excellence	Implementation of a surgical Robot within Thoracic surgery	Surgery	New		Following entering in to partnership with CMR in April 2023, the thoracic robot has been installed and to date 50 cases have been undertaken and all relevant staff been trained. Other thoracic centres have visited to see how it is working for us. The aim of the robot is to increase the % of minimal invasive procedures for the patient cohort within the Trust. Success will be reviewed after the 100th cases has been performed to compare patient outcomes with VATS performed on same patient cohort. If outcomes are good then the services will look to be extended to more complicated patient cohort.	
Clinical Excellence	Developed new ways of providing and managing PPE equipment	Nursing	New		The PPE decontamination team established this service during COVID-19 have been established as a permanent service within the hospital and continue to support the safe reuse of PPE, in particular masks and hood. This is now incorporated in to DN821 Policy for the Management of PPE Station with oversight by the Health & Safety Committee.	Establishment of a reusable PPE service on a permanent basis.
Clinical Excellence	Implementation of Brainomix for earlier stroke diagnosis	Radiology	New		Brainomix is a radiological aid that will reduce time to diagnosis acute large vessel occlusion on CT angiogram and reduce time for transfer of images to our two hub centres for mechanical thrombectomy i.e. Cambridge University hospital (CUH) and Royal London hospital (RLH), providing faster time to diagnosis and treatment reducing long term morbidity and mortality from acute stroke for patients. Investment Group approved funding of system in June 2023 and work underway to implement the new system	
Clinical Excellence	Embedding PMVR service	Surgery	New		Commissioners agreed to fund the Percutaneous Mitral Valve Repair (PMVR) service in Q1 2022/23, which was previously funded by the Trust. Building on this success the cardiology service has submitted a proposal to Commissioners to develop a less invasive Left Atrial Appendage Occlusion service.	

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.

Overall RAG Assessment = GREEN

Working with our Partners	Working with CUHFT deliver new respiratory pathways of care and reducing duplication in our services by end 2021	Respiratory	Original		Service reviews to reduce duplication have taken place and streamlined where appropriate. For example, COPD is now treated at CUH and ILD services are focussed at RPH, with a hub and spoke model at CUH.	Develop a cohesive Cambridge Respiratory Service with CUHFT by end of 2021.
Working with our Partners	Building on the success of our ECMO service, develop a national transfer service for critical care patients by 2025.	Critical Care	Original		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.	N/A
Working with our Partners	Share our expertise with local and national colleagues in a more structured way by providing specialist advice, assessment and guidance.	Cross Clinical	Original		Examples include: 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. Electronic referral system for ECMO implemented, which has increased activity.	
Working with our Partners	Development of a Clinical Decisions Cell	Cross Clinical	New		We have continued to share our expertise with local and national colleagues in a more structured way by providing specialist advice, assessment and guidance. The Clinical Decision Cell established during the first waves of COVID-19 continued to meet through subsequent waves and then weekly to support new ways of working, new clinical opportunities and support clinical risk management, both within the Trust and within the ICS.	
Working with our Partners	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.	Thoracic	Original		We are in the process of re-establishing a pilot Outreach clinic in Harlow. And when established we will expand to other areas of high patient demand.	
Working with our Partners	Develop joint pathways for highly specialist interventions with partners for thoracic surgery. Support to CUH in place by end 2020, together with joint thoracic MDT.	Surgery	Original		Under review as part of Joint CEO commissioned partnership review (see below)	
Working with our Partners	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.	Cardiology	Original		Linked with the delivery of the CVD Strategy. Other work underway includes: Embedding the aortic valve pathway with referrers from across the EoE via a single route or referral to enable patients to be seen seamlessly in the most appropriate setting. Working with referrers to establish virtual ward assessments for acute patients removing the need for treat and return assessments. Working with NWAFT to support and establish a complex pacing service at the Peterborough site creating workforce resilience through attractive recruitment and retention of consultant roles and providing care to patients closer to home.	
Working with our Partners	Develop stronger links with research and industry to nurture new technology to co-create pathways.	Cardiology	Original		The team are currently working with industry partners to establish RPH as a centre of excellence within the clinical field of cardiology and its sub-specialities e.g. Ventricular Tachycardia Service.	

Working with our Partners	Maintain high levels of representation on national and international platforms to shape the development of cardiothoracic services in the future.	Cross Clinical	Original		We have maintained high levels of representation on national and international platforms, clinical reference groups, royal colleges including at SCTS Executive Committee, NHSBT and in examples include: <ul style="list-style-type: none"> •Professor Rintoul is Chair of the Clinical Advisory Group of the UK Lung Cancer Coalition and a member of the Royal Castle (formerly NHSE) Clinical Expert Group for Lung Cancer. •Critical Care & ECMO Nurse Consultant is a member of UK Intensive Care Society Nurse Advisory Group (elected by peers) responsible for providing advice and expertise in matters relating to their profession to the Intensive Care Society Council. •New appointed Chief Allied Health Professional participates in the ICS AHP Council and East of England AHP Board, working in collaboration with system and regional leads across a range of issues and sharing best practice. •Co-Chair of International committee developing joint guidelines with SCCM and ELSO on ECMO for respiratory failure in adults. •One of the Cardiothoracic consultants is President of Society for Cardiothoracic Surgery in Great Britain & Ireland (from 30th September 2022). •Deputy Medical Director is President of the Intensive Care Society. •STA Clinical Director is the national lead for the ECMO service. •AHP representatives also attended conferences including the Intensive Care Society and Society for Cardiothoracic Surgery with poster presentations sharing their work here at the Trust. 	Continue to be an influencing organisation nationally and internationally.
Working with our Partners	Develop and test novel approaches to excellent care with commercial partners using new technologies.	Cross Clinical	Original		We have continued to develop and test novel approaches to excellent care with commercial partners in the following ways: <ul style="list-style-type: none"> • The Trust has entered a strategic partnership with Cambridge Medical Robotics which led to the installation of a surgical robot for thoracic surgery in March/April 2023. This led to the Trust becoming the first in the UK to undertake thoracic surgery using a robot. The development is expected to improve outcomes and recovery times for patients across the region and reduce their length of stay in hospital • The Trust has established a partnership with Amazon Web Services (AWS) to develop the new version of Laudit. The two organisations will continue to work together to roll out Laudit to other organisations and the first Laudit purchase by an external organisation was made this year. Laudit has played a significant role in creating a culture where success and innovation are rewarded. The Laudit project was recognised by the HSJ Partnership Awards 2023, with the collaboration receiving the Workforce and Wellbeing Initiative of the Year. 	
Working with our Partners	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.	Cross Clinical	Original		We have sustained our work with local secondary care providers and clinical networks to develop/devolve services that best fits the patient and their local provider as follows: <ul style="list-style-type: none"> •One of the Consultant Radiologists is the Clinical Lead for the Eastern Diagnostic and Imaging Network which is part of a national programme of developing imaging networks. •The Respiratory Physiologists commenced work developing a first line investigative and testing pathway within the East Cambridgeshire & Fenland Community Diagnostic Centre to be based in Ely and Wisbeach (Hub and Spoke model). •The Principal Cardiac Physiologist shared the remote monitoring experience with cardiology operational managers, cardiologists, and lead cardiac physiologists in the ICS. This was a fantastic opportunity for shared learning and promotion of protocols and systems that could be adopted across system partners to ensure equality of up to 14,000 patients care. In addition, this shone a spotlight on the potential for unique job role opportunities. •The cardiothoracic surgical team have provided mentoring support to Essex and Basildon to support the development of an acute emergency aortic service locally. 	
Working with our Partners	Develop joint pathways with CUH that utilises capacity across both sites.	All	Original		The second bronchoscopy room has been open during the last year and whilst we have been working closely with CUH to utilise this capacity to reduce their patients waiting times, regular use of the capacity has not yet taken place, We have continued to provide mutual aid to CUH across all divisions. Further joint pathway developments are tied up with the Joint CEO partnership review and discussions underway at Executive level as to priorities for the next two years.	
Working with our Partners	Establish a regional reference centre for cardiothoracic imaging and share expertise regionally and nationally.	Radiology	Original			
Working with our Partners	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.	Cardiology	Original		Building on the successful development of the Cardiovascular Disease Strategy we have worked closely with secondary and community heart failure services across the ICS and region to ensure that patients are seen in the most appropriate setting.	Linked to implementation of the ICB CVD Strategy
Working with our Partners	Review of strategic partnership working with CUH	All	New		In year the CEO's jointly commissioned exploration piece of work regarding potential areas for partnership working across clinical pathways and services, corporate services, and research & development. The outcome document has been shared at both Trusts. This progresses the shared high-level ambition for effective collaboration for the benefit of our patients that was prioritised as part of the Strategic Choices Board session that took place in January 2023. Consideration is being given to the top priorities for collaboration for clinical pathways, workforce, operations and corporate at Executive level and in principle the approach to the monthly joint partnership has been developed. The next steps include a Board-to-Board session and an inaugural new format Executive partnership meeting in November.	TBC
Working with our Partners	Development of proposal for Total Body PET	Radiology	New		Joint working with University of Cambridge Clinical School & CUH to develop a proposal for the provision of a total body PET service within the currently vacant PET space within RPH. This was a research based proposal to the Medical Research Council and was submitted in Q1 2023/24. Final outcome awaited.	If implemented opportunity to undertake PET scanning for cancer patient on site
Working with our Partners	Working with CUH to utilise our spare capacity over Q4 2022/23 to provide inpatient beds to support CUH flow and winter bed management (nested Ward)	Cross Clinical & Non Clinical	New		Joint initiative implemented in Q4 2022/23, using 4NE (19 beds) operated and clinically managed by CUH team, with support services and digital enablement provided by RPH. In total 288 patients were cared for in the ward over the period, with very positive feedback from staff and patients.	Ward opening on time. Positive patient feedback
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.						
Overall RAG Assessment = AMBER						
Staff Experience	Develop and implement a new people strategy in 2020 that aligns to the new NHS People Plan.	Workforce	Original		The Workforce Strategy including an annual plan and metrics has been approved and published in year.	The metrics for measuring delivery of the workforce strategy are set out in the embedded document below:

Staff Experience	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.	Workforce	Original		EDI objectives set out in the Workforce Strategy. EDI Improvement Plan assessment undertaken. Staff Network 5 year Strategy 2022 - 2027 developed and approved. Equality, Diversity and Inclusion has continued to be front and centre in the delivery of this goal. The Trusts Transformational Reciprocal Mentoring Programme commenced in June 2022 and a second cohort commenced September 2023. An EDI Network and Compliance Officer post has been recruited to, to support the EDI work programme. A programme of events has taken place through the year to create a sense of belonging include Black History Month, Pride, Eid and more recently Diwali. Additionally, 12 Cultural Ambassadors have been trained to engage in the HR processes such as employee relations, disciplinary process to ensure fairness and bring their expertise to these processes. Trans Awareness Training has continued through the year. Development of the staff networks has continued in this year, with a skills development programme for leads taking place to support them in this role. Awareness of the networks has increased, and each network is well attended and running awareness events through the year, either online or in the hospital atrium. Equality Delivery System review in progress in line with requirements. Board development session to take place in December 2023 on culture and EDI approach and action plan to critically review progress and identify gaps/future workplan.
Staff Experience	Demonstrate compassionate and inclusive leadership (CCL) that drives an open and inclusive working environment, where all 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.	Workforce	Original		The Trusts Values and Behaviour Workshops were launched in Q4 2021/2022 and at the end of September 2023 69% of employees had attended the sessions. Targeted supplementary work has taken place in Critical Care, with the roll out of Civility Workshops for all CCA staff as part of the Critical Care Transformation Programme and then Civility and MicroAgressions sessions across the Trust in 2023. The CCL Line Managers Programme and Induction both commenced in 2022. Workforce Policies and Procedures are being update to incorporate the Values and Behaviours.
Staff Experience	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.	Workforce	Original		We have continued to maximise the opportunity for flexible and remote working alongside the recovery plan following the winter 2022 COVID 19 wave. The Flexible Working Procedure is being revised to incorporate remote working and the latest best practice and will be relaunched in Q3 23/24.
Staff Experience	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.	Workforce	Original		Initiatives aimed at supporting the overall wellbeing of staff this year include the appointment of a Psychological Wellbeing Practitioner, trained Mental Health First Aiders and we provided Health and Wellbeing training for Healthcare Support Workers. A Health and Wellbeing Management Group has been established and a self-assessment against the NICE Mental Health and Wellbeing guidelines highlighted that we meet 35 of the 57 recommendations and actions plans have been developed to address the remaining 22 recommendations. There is now a dedicated intranet page for Health and Wellbeing and a Health and Wellbeing Project Officer is now in post. Our offer for staff extends to services outside of the Trust linking to provision in the ICS, popular courses include Tai Chi and Art classes. The financial welfare scheme has continued into year 2 and the COVID and Flu vaccination programme planned for Autumn 2022.
Staff Experience	Train and support and empower line managers to deliver the challenges of this strategy.	Education	Original		The CCL Line Managers Programme commenced in 2022. The triumvirate development programme has been scoped with an initial diagnostic undertaken with a plan to roll out the programme in Q4 23/24.
Staff Experience	Continue our focus on recruitment and retention, building on recent successes and the momentum of the renewed interest in NHS careers.	Workforce	Original		We have continued our focus on recruitment and retention, albeit in the context of a more challenging local labour market, low unemployment, and wage competition: Use of international recruitment has continued and extended to radiographers and is being explored for ODPs and Pharmacists The AHP team have opened up recruitment with return to practice posts advertised and successfully recruited. The apprenticeship scheme has been extended to AHP staff, including physio, OT and social work and plans are to extend this to dietitians and radiographers. This is open to existing and new staff and provides staff with further career and development opportunities. There have been significant improvements in vacancy rates in Cardiac Physiology as a result of a programme for improving staff recruitment, retention and health, and wellbeing with the team. A Resourcing and Retention Programme has been established to identify and share good practice and pilot initiatives. We have implemented a new electronic recruitment system in order to improve time to hire and the experience of candidates and recruiting managers. There continues to be hot spots where vacancies and/or turnover continue at high levels in particular SCP roles, ODPs and pharmacy. We have worked with ICS partners on joint recruitment initiatives and jobs promotion events, utilised social media promotion of vacancies and worked with schools and colleges to promote the Trust and the NHS as an employer of choice. It has been recognised that there is more work to do within recruitment and retention and a diagnostic of our processes has been undertaken in year with a plan to launch a transformation programme in 2023. We have worked with ICS partners on joint recruitment initiatives and jobs promotion events, utilised social media promotion of vacancies and worked with schools and colleges to promote the Trust and the NHS as an employer of choice.
Staff Experience	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.	Workforce	Original		We continue to work with system partners through a number of working groups on a range of initiatives such as recruitment events and promoting NHS careers. We work closely with CUH on widening access to the NHS via schemes such as the Princes Trust and work experience opportunities.
Staff Experience	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.	Workforce	Original		Through close working between the communication and workforce team all opportunities are taken to promote the Trust as an employer of choice. The Trust's careers pages on the website has been redesigned to promote the range of opportunities available. There is a full programme of attendance at external recruitment events and regular recruitment events held in the hospital. We have worked with ARU to offer students the opportunity to register on our bank and work as a HCSW with the aim of building strong bonds.
Staff Experience	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.	Workforce	Original		An approach to this is in planning but is not yet commenced. It is scheduled to commence in Q4 23/24.
Staff Experience	Through the Royal Papworth School 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.	Workforce	Original		Scoping continues and progress/direction of travel is being overseen by the Special Projects Committee. See objective 67,
Staff Experience	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.	Workforce	Original		The Appraisal Procedure was substantially reviewed and relaunched in December 2022 to incorporate not just a review of performance but also behaviours, a review of wellbeing and a career development conversation. Skills training for line managers was implemented to support the relaunched procedure. The Divisions have developed plans to improve compliance with the KPI of 90% of staff having an annual appraisal.

Staff Experience	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	Workforce	Original		Workforce planning is integrated into the Operational Planning Process. The approach and guidance has been strengthened for the 24/25 planning round. A Trustwide approach is being taken to the planning for nurse apprenticeships.	
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. Overall RAG Assessment = AMBER						
Share & Educate	Develop business case for Royal Papworth School launching in 2020	Education	Original		An number of challenges in achieving/maintaining BAU within the membership of the School Management Group has meant progress towards a School business case has been slower than planned. A critical assessment of the 'road to delivery' for the School is in process. The physical move in to the HLRI has brought together the clinical education, workforce education and the Papworth Professional Development teams in to one location, improving communication and joint working. A concept paper setting out the vision and direction of travel for the School was developed and then agreed in Q4 2021/2022. The concept paper also outlined the operating model and approach to the school and establishment of the School Management Group took place in July 2022, bringing together all elements of education provision in to one management group. The School Management Group feeds into the Quality and Risk Committee.	Business case approved in 2020
Share & Educate	Provide multidisciplinary focused educational provision under the School umbrella	Education	Original		Embedded practice under the umbrella of the School Management Group.	Evidenced multidisciplinary provision
Share & Educate	Establish the School within the HLRI when it opens in early 2022	Education	Original		This has been impacted by clinical education team having to relocate throughout the year causing disruption. Review and options for future being developed with presentation to SPC pending October 23.	The Royal Papworth School is established and operating in a virtual form in 2021 and then operating form within the HLRI in 2022.
Share & Educate	Develop academic partnership with a University by 2021	Education	Original		Established with good links and communication.	University partnership in place by 2021.
Share & Educate	Develop formal academic links with professional bodies e.g. royal colleges.	Education	Original		No 'formal' link has been established with professional bodies to e.g. 'underwrite' the delivery of the share and educate element of the Trust strategy, however where opportunities exist and shared pieces of work are established, appropriate professional bodies have been engaged, e.g. RCP for delivery of Human Factors training to medical staff. Whilst these are standalone projects, often with a start/finish approach as opposed to long term 'partnership' they demonstrate the engagement the Trust has with its professional and regulatory bodies working collaboratively where appropriate. There remains ambition to develop this further to establish programs or series of educational opportunity.	
Share & Educate	Establish accredited post graduate training under the umbrella of the RPH School and extend this to include all disciplines by 2021.	Education	Original		The Trust already has accredited post graduate training but there has been delays in extending this to other disciplines but will be a key goal in the future strategy. We have received reaccreditation for the training of Cardiac Scientists from School of Science at Health Education England this year. Further development of university partnerships need capacity and capability - not resourced currently.	Achieve accreditation through an affiliation with Higher Education Institution.
Share & Educate	Extend the current alumni scheme to encompass all areas of training and teaching provision by 2020	Business Services	Original		Delivery impacted by COVID-19.	Alumni extended to include all multidisciplinary course attendees by 2020.
Share & Educate	Develop training offering that supports the need to "grow our own "and then offer this to the wider system and partners.	Education	Original		We continue to support and expand training apprenticeships within the Trust. SLA established with CUH to deliver Apprenticeship schemes with a strong portfolio of offerings and high level use of the Apprenticeship Levy. Partnership working with regional Trusts in the UoC medical student circuit to ensure curriculum delivery. The AHP team have expanded their student capacity and are accepting students from more local universities, increasing the awareness of the Trust and supporting future recruitment in the services. In addition, the Respiratory Physiology team train healthcare sciences workforce through Health Education England (HEE) and provide external courses through their national body, locally and internationally. The team also provide spirometry courses in the community to support the reintroduction of this service. In addition, work is developing with Anglia Ruskin University (ARU) to develop a specialist perfusion programme and ECHO physiologist apprenticeship which would support recruitment to these disciplines.	The Royal Papworth School is self-sustaining by Year 2 of its operation and is reinvesting in the learning and development of our staff.
Share & Educate	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.	Education	Original		On line platforms continue to used and developed to provide training easy access, such as Learn Zone and the breadth of training offered had expanded. Learnzone strongly embedded as BAU support wide range of induction and mandatory training content. Supplements wider learning opportunity and links with eLfh and local ESR. The need for a fully functioning Virtual Learning Environment remains.	Incorporation of virtual learning in the current and future education portfolio.
Share & Educate	Continue to provide nationally and internationally recognised specialist courses e.g. ECMO, CALs.	Business Services	Original		The Papworth Professional Development team continue to provide specialist courses both face to face and using its learning platform (launched in 2022).	Evidence of continued provision of courses
Share & Educate	Use the talent pool in the organisation to enhance staff retention.	Workforce	Original		Incorporated within new Workforce Strategy and Recruitment and Retention improvement project and embedded in the new Workforce Strategy	
Share & Educate	Pursue award of Royal Crest building on the Trust Royal status and reputation and assign this to the School in 2020	Business Services	Original		The Royal Crest was approved in 2020 and the final crest design was installed in the main atrium of the hospital in 2022. The development of Royal Papworth School is covered in separate objectives above and it is proposed that this objective is now marked as full complete.	Achieve Royal Crest in 2020.
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. Overall RAG Assessment = AMBER						
Research & Innovate	Develop a Trust Cardiorespiratory Research Strategy in 2020 and ensure that this is incorporated into the wider Cambridge Cardiorespiratory Strategy	R&D	Original		The Trusts Five Year Research and Development Strategy was approved at the December 2022 Board and sets out the priorities for research and innovation, embodied within 11 objectives for the next five years. Investment in the implementation of the Strategy was approved in July 2023 and programme of recruitment to posts commenced.	Trust strategy fully complementary with Cambridge Cardiorespiratory Research Strategy.

Research & Innovate	Maximise the utilisation of the HLRI for research and development opportunities.	R&D	Original		The Heart and Lung Research Institute, opened in April 2022 with the Trust's Research and Development Team and Education team moving in, in that month, followed by the University's research teams. Benefits from closer working and collaboration are expected to realise from this colocation in 2023/24. A key component of the HLRI is the development of the Clinical Research Facility, a joint venture between the Trust and the University, which fully opened in March 2023. The CRF now has a portfolio of studies which it is supporting and interest in using the CRF continues to grow.	HLRI facilities are fully utilised to support increase in research activity.
Research & Innovate	Foster a research environment that encourages all staff groups to participate in and lead research activities.	R&D	Original		Work continues but at a slower pace than anticipated, to foster an environment that encourages all staff groups to participate in and lead research activities. A Non-medics Steering Group to encourage and mentor non-medical staff has been set-up with representation from a wide number of clinical specialities and is developing its workplan for the next year. Terms of reference have been established. An exemplar post is giving a matron a day a week of dedicated research time to look at research capacity within the area. Plans are in place to have link nurses between the wards and R&D. In 2024 it is intended to open a Green shoots award where staff members (medics and non-medics) who do not currently have research time in their job plan will be able to apply for 1 day a week funded time to support the development of research ideas and grant	
Research & Innovate	Include involvement in research and development activities in all staff job descriptions by 2021.	R&D	Original		Work to include research activities in all job descriptions and to ensure that a research representative is part of the consultant recruitment process continues together with expanding the Research Fellowship Programme to include other staff groups. Following a presentation at Investment Committee in July 2023, the Trust have approved funding a number of posts. These include five 50:50 posts (of which at least one will be a non-medic). There have been a number of meetings with the University of Cambridge to facilitate the advertising and employment of these individuals and it is expected that at least one of these posts will be going out to advert in this financial year. The application also covered a number of R&D Infrastructure posts to enable the department to support the new investigators as well as existing researchers and the recruitment for these is underway.	
Research & Innovate	Introduce an innovation fund to pump prime new ideas and support development of research projects.	R&D	Original		The Innovation Fund was launched in 2021 from Charity funding, and three funding rounds have allocated £360,000 to ten applications. This includes two projects from non-medics and cover a wide range of specialities in the Trust from Clinical Education, sleep medicine, critical care, cardiology and cystic fibrosis. The fund continues to attract high quality applications.	Introduction of the Innovation Fund from 2021.
Research & Innovate	Foster and expand the Research Fellowship Programme to include all other staff e.g. AHPs, nursing staff.	R&D	Original		The Charity will provide £2M in funding by 2027 to the Innovation Fund to pump-prime new ideas and support development. To date £375 has been allocated for the Innovation fund.	10% of Research Fellowships will be non-medical posts.
Research & Innovate	Strengthen support for innovators in the commercialisation of ideas and inventions.	R&D	Original		The Trust is investing in a Quality Management System provided by Earnst & Young to support the regulatory approvals for novel medical devices. Work continues on supporting the development of the mOrgan device and the Euroscore 3 project which is an international data collection exercise to recalibrate the Euroscore 2 algorithm which is used worldwide to assess mortality risk following cardiac surgery. The expertise the Trust gains in supporting these two projects will enable development of further innovations.	
Research & Innovate	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.	R&D	Original		There is now a process in place that invites our researchers to apply to. The affiliated titles allow researchers to supervise students for higher degrees and apply for grants with the UoC badge. Several consultants have been awarded Associate and Assistant affiliations with the University of Cambridge and is one result of the continued collaboration between the two organisations.	
Research & Innovate	Develop closer link between research and education/cross fertilise e.g. grand rounds.	R&D	Original		The R&D Department is restarting the 2 day Research Skills Course in November 2023 (last held in 2018). Initial meetings between R&D and Education are planned early in 2024 to identify how best to facilitate the further development of these links.	

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.
Overall RAG Assessment = GREEN

Sustainability	Delivering year-on-year service and cost improvement programmes	Operations	Original		The Trust continues to deliver on its service improvement and cost improvement programmes. These programmes are increasingly looking to external partners to deliver and scope and the Trust is working collaboratively with system partners on a number of themes across productivity, corporate services and use of resources. CIP and SIP is embedded as part of the Trust's business as usual activities.	Income aligned to costs of service delivery.
Sustainability	Using the new hospital capacity to its full potential and improving flow.	Operations	Original		In year 2, the Critical Care Transformation Programme delivered the opening of commissioned critical care bed base (36 beds) and increased occupancy of critical care beds. The Theatres programme commenced in August 2022 and has been superseded by the STA Improvement programme and has delivered consistent 5 - 5.5 theatres open and operating since Q2 2023/23 (noting the impact of industrial action). The Facilities Optimisation Programme was established in summer 2022 and this is a trust wide programme seeking to optimise use of current facilities to address several issues including lack of junior doctors mess, simulation training facilities as well improve clinical adjacencies of wards and ward based services such as CPAP. The Flow Programme to be launched in Q3 2023/24 will also contribute to the delivery of this objective.	The new hospital capacity of fully open and operational by 2022 (Original objective).
Sustainability	Growing private patient net income every year	Operations	Original		Private care continues to make a positive financial contribution to the Trust's financial position and income has recovered from the impact of the pandemic. This practice has grown organically, and the Trust is now looking to invest in the foundations of the service to deliver the growth ambition articulated in the Trust Strategy. A diagnostic piece of work was undertaken in Q3 22/23 and a number of development workshops have since been held to determine the ultimate operating model for the service. This is being considered at future SPC and Board meetings and the future achievement of this objective will be linked to this development.	A minimum contribution of £0.5m from additional private patient wok delivered by 2025.

Sustainability	Working with Commissioners and NHSI&E to secure appropriate levels of income for our work.	Finance	Original		The Trust has continued to experience benefits from the change in financial architecture since the start of the pandemic. These are driven partly by the national approach and partly by the significant work the Trust undertook with NHSI/E to ensure appropriate baseline remuneration for the Trust through the top-up arrangements, now subsumed into the national architecture. Through the legal transition to Integrated Care Boards (ICB) in July 2022, the Trust has continued to work in an open and collaborative manner with ICB partners and NHSI/E. We have provided thought leadership on the national delegation of specialised commissioning and continue this work through work with the Federation of Specialist Hospitals. The return of payment by results under a national currency has limited commissioner ability to agree local arrangements however despite these constraints the Trust continues to successfully negotiate positive funding settlements. This is actively being reviewed and monitored in the context of the delegation agenda (see BAF risks).	
Sustainability	Improving access to pre-assessment and same day admissions.	Operations	Original		As result of COVID-19 the teams worked to develop virtual and telephone clinics to provide service continuity. These have been reviewed in year with some remaining in place providing care closer to home for cohorts of patients. The Thoracic team have developed a proposal where the preassessment service would be extended to five days a week. The key to this is unlocking room availability and this will form part of the Flow Programme for the coming year.	
Sustainability	Reviewing booking and admin processes.	Clinical Administration	Original		Progress includes: Hybrid mail – The roll out of the use of hybrid mail will be across all outpatients (bookings) by the end of October 2023. This means all patients can chose how they wish to receive their communication. The patient receives SMS text giving details of their appointment, if this is not opened within 48 hours of receipt a letter is sent out first class. All leaflets for Outpatients appointments are now hybrid to include the flu leaflet (which gives an additional cost savings). The impact of hybrid mail overall has been savings on postage costs, time to make bookings and a decrease in DNA rates. The next step is to roll out hybrid mail to inpatients letters in November 2023. Bookings teams – all bookings staff have now been offered flexible working arrangements due to the move to Kingfisher House and we as a result we have been able to flex. extend the working day to enable the team to reach more patients. Each bookings team has now started/completed to cross train staff on both in and outpatients to ensure we have resilience across all teams for sickness/absence. All teams are focussing heavily on 6-4-2 booking process, prioritising filling weeks 1-2 first fully and this this is closely monitored at divisional/wider weekly 6-4-2 meeting. Full KPIs at are also presented and discussed at the weekly Access meeting including bookings/secretarial/outpatients' data and late cancellations/A&G/referrals not meeting turn around times. Corrective action is also agreed, implemented and monitored weekly as part of this process.	Timely access to treatment , reduced DNA's.
Sustainability	Maximising the utilisation of all of our clinical areas.	Operations	Original		In Year 3 the focus of work has been the Theatre and subsequent STA Improvement Programme focusing on increasing theatre capacity, cancellations as well as establishing a robust training programme for staff and reducing staff turnover. In addition, the Facilities Optimisation Programme was established. This is a trust wide programme seeking to optimise use of current facilities to address several issues including lack of junior doctors mess, simulation training facilities as well improve clinical adjacencies of wards and ward based services such as CPAP.	Meeting utilisation targets in theatres, Catheter labs and wards, minimising cancellations, admitting suitable patients on the day as the norm.
Sustainability	Improved staff rostering, matching demand and capacity.	Nursing	Original		Improved staff rostering, matching demand and capacity formed part of the Critical Care Transformation and Theatres Transformation Programmes. Both programmes have delivered an increased publication periods and increase oversight of rosters. Demand and capacity reviews in all services take place annually through the operational planning.	1. Staffing levels reflective of patient acuity and dependency and benchmarked against specialist peers. 2. Reduce agency costs to minimum levels by 2021.
Sustainability	Developing further our external supplier contract management processes.	Finance	Original		Contract management has been challenging in the national economic context over the strategy period. Despite this, there have been large scale procurements which have fostered learning for Trust teams, external suppliers and wider NHS partners (examples include the Cardiology device tenders). The Trust's contract management with PFI suppliers continues to be viewed nationally as best in class. Procurement functions re-tendering process assessed as part of internal audit work in year and the Procurement Strategy developed over Q2 23/24 sets out a clear ambition and next steps to support the delivery of professional and robust contract management functions. This includes investment in training functions and embedding the use of the Central Commercial Function risk rating tool to drive a tailored approach.	
Sustainability	Managing our PFI contract in a robust and effective way.	Finance	Original		The Estates and Facilities FAR plan (Flexible, Adaptable and Resilient) established to address new issues and ones that had persists for some time. Many of these have been addressed and others embedded through BAU contract and relationship management processes. Performance of PFI contract is led locally by Estates and Facilities with monthly reporting from service providers and monitored via Divisional Performance Reviews with escalation through to Performance Committee as required.	Ongoing value for money and continuous improvement from PFI contract.
Sustainability	Optimising our investments in digital infrastructure and systems.	Digital	Original		Progress to date includes: Desktop hardware refresh programme undertaken. Introduction of Office 365 across the Trust Data migration from physical storage to cloud storage New systems implemented Inc. Somerset, PACS. Improved rolling replacement program initiated in 2023, including a refresh Wow's as well as PC and Laptops to have a much more defined lifecycle. Future laptops will also be supplied overland as opposed to air travel, saving producing 30 times less carbon per mile.	Maintaining single version of software and increase patching in accordance with CareCert+ and national standards by 2021.
Sustainability	Minimising the risk of cyber-attacks.	Digital	Original		Deployed back up service (BAAS) to improve recovery in event of a cyber attack Extension of AI based network surveillance to cover 100% network traffic including roll out to new HLR1 computers. Ongoing table top exercise testing, comms and training for all staff.	Increase in digital systems risk surveillance and action planning.
Sustainability	Continue to build an integrated electronic patient record and seeking to integrate this with a regional electronic patient record by 2025.	Digital	Original		GP Connect implemented within the system providing ability to see structured patient data from primary care records. Shared Health and Care Record phase 2 is in planning and likely to see RPH join record in Q1 24/25, providing access to CUH, NWAFT and CPFT records building on existing access to GP records	A fully integrated interoperable electronic patient record solution as part of our Cambridge and Peterborough by 2023.

Sustainability	Exploiting benefits of being a Digital Exemplar for our patient record system Lorenzo.	Digital	Original		The Lorenzo Digital Exemplar programme completed 6 out of 8 projects with self-service analytics was the last project to be come to fruition. Trust continues to gain benefit from LDE, especially self service analytics, this tool is helping identify patients for clinical trials and is providing the blueprint to enable connection to the shared care record. Further developments and optimisation of Lorenzo were put on hold during 2023/24 with the ownership and support of the system transferring to Dedalus.	Completed Digital Exemplar Programme by 2021.
Sustainability	Replacement of EPR	Digital	New		Following the Dedalus decision to cease supporting Lorenzo from 2025, there has been a focus on developing route, options and decision making on replacement EPR system through the year. Expected decision date January 2024.	New EPR implemented by June 2025