

Royal Papworth Hospital Strategy 2020-25

Our vision To bring tomorrow's treatments
to today's patients



Overview and summary

Earlier this year, we were preparing to launch our new five year strategy for the years 2020-25. Then we were faced with a global pandemic: for several months, tackling COVID-19 and saving as many lives as possible became our absolute priority.

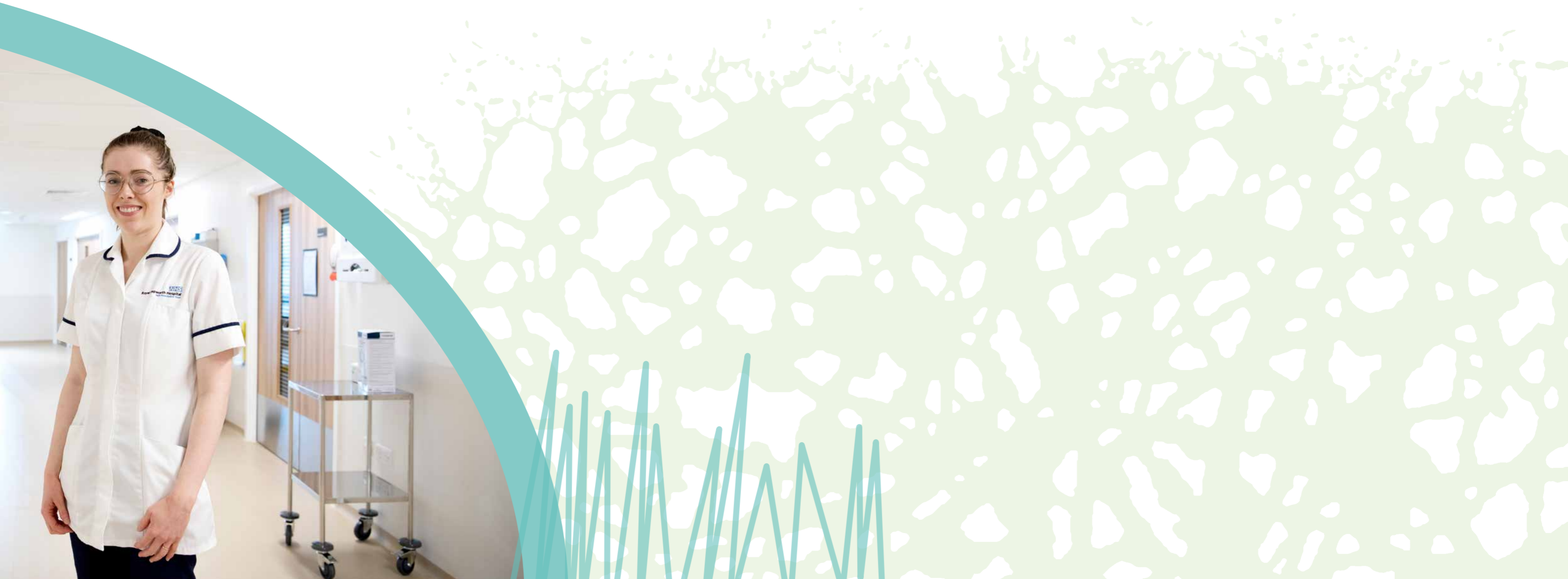
In recent months, we have re-examined the strategy that we had previously written with involvement from you – our staff, patients and partners. What is striking is that, although COVID-19 will change the way we do some things and bring some of our plans forward, our key priorities for the future remain the same.

This strategy will guide our work through the next five years, as we recover from the pandemic and focus again on our core purpose: to bring tomorrow's treatments to today's patients. The strategy will help us build on our strengths, address our challenges and realise the potential of our new hospital and our exceptional staff.

Clinical excellence and innovation have helped us get where we are today and remain at the heart of everything we do. But how we do things is just as important, and our strategy is clear about improving our staff experience and building meaningful partnerships with organisations who share common goals.

Despite the challenges of the last few months, we feel full of energy and enthusiasm for the journey ahead. The global COVID-19 crisis has reinforced the importance of our work and made us more determined to tackle the heart and lung conditions that affect so many lives. We know that the expertise, commitment and compassion displayed by our staff during the pandemic will continue to make a huge difference to patients here and across the world over the next five years.

Stephen Posey, CEO
Professor John Wallwork CBE, Chairman



Our six strategic aims

Follow a period of research and discussion with stakeholders, we have developed six strategic aims which will guide our work over the next five years.

1 Deliver clinical excellence

We will build on our world-leading outcomes, investing effort and resources in developing and implementing innovative services and models of care, growing expertise and extending the frontiers of clinical practice.

How will we do this?

We will:

- Build on the 'Outstanding' rating we received from the Care Quality Commission (CQC) in 2019, we will seek to **move any domains currently rated as 'Good' to 'Outstanding'**
- **Deliver improvements** set out by the NHS Getting it Right First Time (GIRFT) reviews
- Continue to **improve our morbidity and outcome measures**
- Implement a way of working that encourages a **constant cycle of improvement and learning** whilst achieving core performance standards
- **Develop a frailty service** to ensure that all interventions are tailored to the needs of all patients
- **Develop new services that embrace new procedures**, are less invasive and are more accessible to patients with co-morbidities eg Mitral Clip
- Develop and implement a **national organ retrieval service** for Donation after Circulatory Death (DCD) hearts (adults and paediatric) in conjunction with NHS Blood and Transplant
- Deliver an improved **cardiology model** with Cambridge University Hospitals NHS Foundation Trust
- Ensure our practice and pathways meet all of the requirements of the **National Institute for health and Care Excellence (NICE) Optimal Lung Cancer Pathway by 2021**
- Strengthen our national **Balloon Pulmonary Angioplasty (BPA)** service by 2021
- Implement new ways of working to **bring specialist care closer to patients' homes** eg Cystic Fibrosis home monitoring and Continuous Positive Airway Pressure (CPAP) home service – both supported by telephone follow-ups and Skype appointments
- Continue to develop initiatives to ensure that we **provide the most appropriate anaesthetic techniques** for our patient cohorts in critical care and theatres
- Further **expand specialist rapid pathways** beyond Rapid NSTEMI (an initiative that ensures certain high-risk heart attack patients receive quicker, safer treatment).
- **Use radiology-guided techniques** in thoracic cancer surgery

Strategy in action: Developing a national organ retrieval service for Donation after Circulatory Death (DCDs) hearts



Mr David Jenkins, Clinical Director for Surgery, Royal Papworth Hospital

Royal Papworth Hospital is the world-leader in Donation after Circulatory Death (DCD) heart transplantation. Indeed, the NHS carries out two-thirds of all DCD heart transplants worldwide. Royal Papworth surgeon, Mr Stephen Large, conducted the research which underpins DCD heart transplantation and developed all the protocols which we apply and have taught to other transplant centres within the NHS and abroad.

As pioneers in this field, we have recently developed a national service for DCD heart retrieval on behalf of NHS Blood and Transplant. This means that we are now training other retrieval teams and procuring DCD hearts for them, gradually developing the practice of DCD heart transplantation across the UK. It is the only national DCD retrieval service in the world and makes it possible for all UK patients to benefit from DCD organs, regardless of their geographical location. It also means we can work with specialist paediatric hospitals to extend DCD transplantation to children.

The new retrieval service for DCD organs is a good example of how we are sharing our expertise and working with partners to deliver clinical excellence and help more patients with heart disease. Developing closer links with other centres will also help us to conduct further research into where the limits are with DCD transplantation and which DCD hearts are safe to use. Given the high number of patients on the heart transplant waiting list, the new retrieval service will play a vital role in making more organs available to those who need them.

What does 'clinical excellence' mean for you?

Patients

Your treatment will be at the cutting edge of clinical practice.

You will be seen by the right health professional at the right time during the course of your treatment.

Staff

You will be working as part of a world-class team.

Partners

We will share our expertise for the benefits of all of our patients.

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 can be accessed easily and where we can best add value to the patient's treatment.

How will we do this?

We will:

- Work with Cambridge University Hospitals NHS Foundation Trust to **deliver new respiratory pathways of care** and reduce duplication in our services
- Build on the success of our ExtraCorporeal Membrane Oxygenation (ECMO) service and **develop a national transfer service for critical care patients needing ECMO** by 2025
- **Share our expertise** with local and national colleagues in a more structured way by providing specialist advice, assessment and guidance
- Implement new ways of working for Continuous Positive Airway Pressure (CPAP) services within the Cambridgeshire and Peterborough Sustainability and Transformation Partnership, using our expertise to **bring care closer to GPs and the community**
- **Develop joint pathways** with partners for more specialist types of thoracic surgery
- Work with local secondary care providers and clinical networks to **develop or devolve services** as best fits the patient and their local provider so that care and treatment is provided more locally
- **Develop stronger links with research and industry** to nurture new technology to co-create new pathways that may mean shorter hospital stays or new treatments for patients
- Work with Clinical Reference Groups, Royal Colleges and other national and international bodies using our expertise to **influence the shape and development of future national cardiothoracic services**
- **Develop joint pathways** with Cambridge University Hospitals NHS Foundation Trust that make the best use of resources at both hospitals
- **Establish a regional reference centre for cardiothoracic imaging** and share expertise regionally and nationally so scans can be performed in local hospitals
- **Achieve closer integration with secondary and community heart failure services** across the Eastern Region so that patients who need specialist care are seen at Royal Papworth or where appropriate, closer to home

Strategy in action: Working with Cambridge University Hospitals to develop improved pathways for Interstitial Lung Disease (ILD)



Dr Muhunthan Thillai, Consultant, Lead Clinician for the Cambridge Interstitial Lung Disease Unit, Royal Papworth Hospital

Since moving to our new hospital on the Cambridge Biomedical Campus, we have worked with Cambridge University Hospitals (CUH) to develop an improved pathway for patients with Interstitial Lung Disease (ILD).

Previously, CUH employed an ILD consultant and nurse doing a similar role to us at Royal Papworth, but dealing with a smaller number of patients. Now, these staff are based at Royal Papworth and we have taken around 175 ILD patients from CUH over the last six months, bringing the number of ILD patients we look after up to approximately 1,800.

CUH consultants identify new patients from Accident and Emergency (A&E) or on-call and after admission they can refer them directly to Royal Papworth, bypassing CUH's outpatients department. This means that, rather than going to Cambridge University Hospitals for some appointments and Royal Papworth for others, patients just come to Royal Papworth for treatment. They can have any necessary diagnostic tests at the same time as their clinic appointment, so they don't have to come to hospital multiple times.

Patients also now have access to a dedicated nurse telephone line that they can ring if they have any questions or concerns. Since the advent of COVID-19, we have had to make some major changes to our outpatient pathways. In addition to continuing to see urgent patients in person, we have begun to start telephone and virtual clinics and are due to start a pilot project with hand-held spirometers so that some of our patients can perform lung function tests at home and upload the data to us prior to their virtual consultations.

These new ways of working have several advantages (eg minimising patient travel) and will likely remain in place long-term. We are also collaborating with CUH on a number of research projects, sharing resources to help us develop a better understanding of diseases such as cardiac sarcoidosis and idiopathic pulmonary fibrosis.

What does "grow pathways with partners" mean for you?

Patients

As much as possible, your treatment will be more local to home and we will only ask you to come to the hospital when you need to.

You may receive specialist interventions from our teams outside of the hospital eg in neighbouring hospitals or in your home.

You are seen by the right clinician that best suits your clinical need.

Staff

You will be part of developing new ideas, technologies and new procedures that not only improve learning and skills but benefit patients at the same time.

Partners

We are keen to work closely with clinical teams outside of the hospital to provide better care for our cardiothoracic population.



3

Offer a 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.

How will we do this?

We will:

- Develop and **implement a new People Strategy in 2020** that aligns to the new NHS People Plan
- Provide an environment where all **staff** (including our Private Finance Initiative (PFI) partner staff) **feel listened to, valued and empowered** to deliver the best care possible
- Complete a **culture and leadership programme** which includes refreshing our values and embedding them through the development of a behaviour framework and leadership strategy
- **Develop and deliver a programme** aimed at supporting staff wellbeing (both physical and emotional)
- **Train, support and empower line managers** to deliver the challenges of this strategy
- Work with our Sustainability and Transformation Partnership (STP) partners to **promote the NHS** as the place to have a fulfilling and rewarding career and **to develop new employment routes** into healthcare professions
- **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
- **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
- **Establish a Royal Papworth School** to create a focus for all training and education activities and enable the Trust to 'grow its own' staff
- Ensure that all staff have **regular performance reviews** that support them to be effective in their jobs by providing feedback, setting objectives and helping them develop their careers
- Put **Equality, Diversity and Inclusivity** at the heart of our People Strategy to ensure ensure that we have access to the widest talent pool and ensure all staff feel valued
- **Provide accurate and timely workforce information** to support decision-making



Strategy in action: Developing a collective and compassionate leadership culture



Oonagh Monkhouse, Director of Workforce and Organisation Development, Royal Papworth Hospital

One of the key aims of our five-year strategy is to improve our staff experience to ensure staff feel supported and motivated to provide excellent patient care. Supporting staff wellbeing has become even more central to our strategy since the COVID-19 pandemic, which has placed huge strain on our staff both at work and at home.

As part of our commitment to improving staff experience, we are undertaking a culture and leadership programme to help us embed a compassionate and collective leadership culture across the organisation. Following an in-depth diagnostic phase, we have identified eight priority areas to address, including refreshing our values, developing and supporting line managers, valuing diversity and encouraging teamwork.

So far, more than 200 staff members have been involved in our Compassionate and Collective Leadership project, and we will need the support of leaders at all levels, from all services, to help us develop a culture which enables every staff member to thrive. The project is a huge opportunity to reassess who we want to be as an organisation and how we want to do things, and it will play a crucial role in realising our ambition of offering the best staff experience in the NHS.

What does 'offer a positive staff experience' mean for you?

Patients

Engaged and valued staff provide better care to our patients.

Staff

Your contribution to the organisation and patients is valued.

You feel confident and safe to speak up when you have a concern in the knowledge that you will be taken seriously and your concerns addressed.

You work in an environment where diversity is valued, there is equality of opportunity and an inclusive culture.

You have access to development opportunities that support you in developing your career.

Partners

Working together means that we can tackle workforce issues for the benefit of all partners.

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.

How will we do this?

We will:

- Develop business case for the Royal Papworth School in 2020, demonstrating proof of concept
- Provide multidisciplinary focused educational provision under the School umbrella
- Establish the School within the new Heart and Lung Research Institute (HLRI) when it opens in February 2022
- Develop formal academic links with professional bodies eg Royal Colleges
- Establish accredited postgraduate training under the umbrella of the Royal Papworth School and extend this to include all disciplines by 2021
- Extend the current alumni scheme to encompass all areas of training and teaching provision
- Develop training offering that supports the need to 'grow our own' and then offer this to the wider system and partners
- In light of COVID-19 and the resulting social distancing requirements, we will make greater use of e-learning platforms and only use face-to-face training where it is educationally appropriate.
- Continue to provide nationally and internationally recognised specialist courses
- Use the talent pool in the organisation to enhance staff retention

Strategy in action: Developing a Royal Papworth School



Ivan Graham, Deputy Chief Nurse, Royal Papworth Hospital

Here at Royal Papworth Hospital, we offer a wide range of high quality education provision, both to our own staff and to other healthcare professionals across the UK and the world. Creating Royal Papworth School will give us the opportunity to develop one integrated service for education provision, making better use of our resources and building our reputation as a training provider in cardiology and respiratory healthcare. The need for social distancing following the COVID-19 pandemic has brought forward the need to develop high-quality virtual training that can be delivered online.

Primarily, the aim of Royal Papworth School will be to offer better training and development opportunities to our own staff, making use of the expertise we have within the hospital to share knowledge and experience with colleagues, ultimately improving patient care. Training will be multidisciplinary, aimed at all hospital staff including those in non-clinical roles. Following on from the success of our masters-level module in critical care nursing, we will look to develop accredited postgraduate training programmes in other areas, as well as developing links with professional bodies.

Royal Papworth School will also help us grow our reputation as an international provider of specialist courses in areas such as extracorporeal membrane oxygenation (ECMO) and cardiac advanced life support (CALs). Providing specialist training to other healthcare professionals will generate income that we can re-invest in the hospital, as well as helping us attract talented staff from across the world.

What does 'share and educate' mean for you?

Patients

Be confident that our staff are highly skilled in the latest practices and that you will receive evidence based outstanding care.

Staff

Access local opportunities for personal, career and academic development.

Demonstrate your knowledge, skills and expertise.

Take pride in being part of a national centre for cardiothoracic skills development.

Partners

We will share our expertise and knowledge to spread the benefits to local, national and international healthcare organisations and patients.



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.

How will we do this?

We will:

- **Develop our Cardiorespiratory Research Strategy** in 2020 and ensure that this is incorporated in to the wider Cambridge Cardiorespiratory Strategy
- **Foster a research environment** that encourages all staff groups to participate in and lead research activities
- Include involvement in **research and development activities** in all staff job descriptions by 2021
- **Introduce an Innovation Fund** to pump prime new ideas and support development of research projects
- **Foster and expand the Research Fellowship Programme** to include all other staff eg Allied Health Professionals and nursing staff
- **Strengthen support for innovators** in the commercialisation of ideas and inventions
- **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
- **Develop closer links between research and education**

Strategy in action: Research related to COVID-19



Dr Robert Rintoul, Director, Papworth Trials Unit Collaboration (PTUC)

From the outset of the coronavirus (COVID-19) pandemic, Royal Papworth Hospital participated in a number of research studies to support the ongoing treatment of COVID-19 patients. This work included enrolling patients to the RECOVERY trial to explore possible treatments for the disease, the GenOMICC study to better understand the role of genetics, and the NIHR BioResource research tissue bank to support work on understanding the immune response to infection. It was extremely rewarding

to see that the RECOVERY trial has already shown dexamethasone to be effective in improving survival rates in certain patients with COVID-19. We are also pleased to be leading on a major trial looking at COVID-19 immunity, including the role of T-cells in the immune response. The COVID-19 pandemic has highlighted our ability to rapidly develop new research programmes in an agile and nimble fashion, working closely with clinical and management teams. COVID-19 research will continue to be a central part of our research over the next five years, alongside our existing research programmes in cardiothoracic medicine and surgery. When it opens in 2022, the Heart and Lung Research Institute will provide further infrastructure and opportunities for us to collaborate with other research groups and organisations, nationally and internationally, to discover new treatments in heart and lung disease and improve outcomes for patients.

What does 'research and Innovate' mean for you?

Patients

Have early access to new treatments developed by our staff specifically suited to your needs.

Staff

Feel more supported in development of ideas, innovations and research.

Your research and innovation work is valued.

Access to research activities for more staff.

Partners

We are an organisation that values and actively supports research and development.



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.

How will we do this?

We will:

- Deliver year on year service and cost improvement programmes aimed at not just saving money but improving services as well
- Use the capacity of the new hospital to its full potential and improve flow
- Grow our private patient net income every year
- Work with Commissioners and NHS Improvement/ NHS England to secure appropriate levels of income for our work
- Improve access to pre-operative assessment and same day admissions, reducing the number of times patients visit us ahead of planned procedures
- Review and improve our booking and admin processes so that the appointment experience is improved
- Improved staff rostering, matching demand and capacity
- Manage our Private Finance Initiative (PFI) contracts effectively to ensure that we get best value for money and work in partnership with our provider
- Make considered investments in digital infrastructure and systems
- Minimise the risk of cyber threat to our systems and protecting patient information
- Continue to develop our integrated electronic patient record system and seek to integrate with a regional electronic patient record by 2025 so that it can be accessed at different centres across the region
- Exploit the benefits of being a Digital Exemplar for our Electronic Patient Record System, Lorenzo

Strategy in action: Implementing Getting it Right First Time (GIRFT) recommendations in cardiology



Dr David Begley, Clinical Director for Cardiology

The NHS Getting it Right First Time (GIRFT) project has outlined a range of recommendations to help improve cardiology care nationally by reducing unwanted variations.

Here at Royal Papworth Hospital, we are introducing some of the recommendations to help us continue to deliver excellent care for our patients while making better use of our resources.

For example, we are making improvements to our Transcatheter Aortic Valve Implantation (TAVI) service and have appointed two new interventional cardiologists to help us use our cath lab capacity more effectively and offer the TAVI service to all patients who need it. In addition, we have introduced new valve devices and new procedures to enable more patients to benefit from the TAVI procedure.

To make better use of hospital resources, we are now repatriating follow-up pacing appointments to local hospitals where the necessary skillset is available. This has a range of benefits: local appointments are easier for patients to attend, and we can ensure our outpatient service and limited cardiac physiology resource is able to meet other cardiology demands in a more timely manner.

What does 'achieve sustainability' mean for you?

Patients

You will be seen in a timely manner for your outpatient appointment or operation.
You will spend less time in hospital and have a better discharge home experience.

Staff

You will work differently to ensure that our resources are used economically.
You will have opportunities to make changes and improvements to how you work for the benefit of our patients.
We will use technology to streamline systems and processes to give you more time to care for patients.

Partners

We will be a credible and secure organisation that is attractive to work with.
We will be more open and receptive to partnerships.



Conclusion

This strategy embodies what we are striving to deliver for our patients and staff over the next five years and build on our core vision of **bringing tomorrow's treatments to today's patients.**

We are proud of our response to the COVID-19 pandemic and what we have achieved in the five years leading up to 2020. We are confident that, by pursuing the strategic goals set out here, we will continue to provide high quality cutting edge services to our patients but working more closely with local and national partners.

