



The Christie **NHS**
NHS Foundation Trust

The Christie NHS Foundation Trust Operational Plan 2017-19

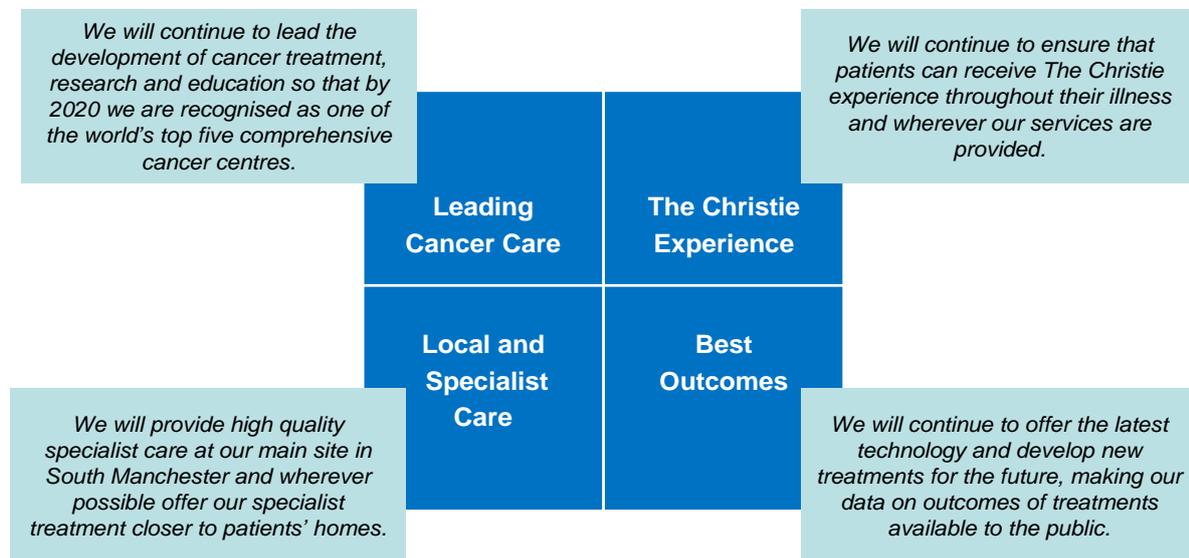


THE CHRISTIE

Introduction

The Christie specialise in cancer treatment, research and education. We are proud to hold a unique place in the provider landscape, delivering excellent care to cancer patients from the immediate population of 3.2 million in the Greater Manchester and Cheshire area, as well as a number of specialist regional and national services to a wider population.

As a centre of excellence, we focus solely on improving outcomes for oncology patients, providing services based on expert staff and a specialised infrastructure dedicated to the delivery of cancer treatment care, research and education. As part of an extensive consultation process, we developed our 20:20 Vision which continues to provide the key strategic direction for our services.



Our performance

The Christie has continued to perform excellently under significant external financial and operational pressures. A summary of our performance can be seen below:

The Christie has:

- Recently been awarded a CQC rating of Outstanding
- Achieved an NHSI Single Oversight Framework classification of Segment 1
- Remained within the top quartile for national staff friends and family test since its introduction
- Delivered local chemotherapy to over 80% of clinically appropriate patients
- Provided IMRT to 70% of radiotherapy patients
- Consistently delivered a financial surplus and achieved CIP targets since 2007

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ACTIVITY PLANNING

Approach to activity planning

Joined-up Approach – From 2017-18 The Christie will no longer be wholly commissioned by NHSE for services provided to the English population. NHSE will continue contract for 89% of the organisations activity, with 11% from CCGs. For 2017-19 CCGs will be co-commissioners within the NHSE contract, with Trafford CCG leading on behalf of other CCGs. All stakeholders expect that this will ensure a smooth transition of commissioning responsibility.

Operational planning is based on full application of the current agreed Greater Manchester patient re-allocation policy regarding the 62 day cancer target.

Predictive Analysis - Demand for cancer services continues to grow as the prevalence of the disease increases and these factors are built into forecast predictions. We have a strong record of robust activity planning, which has underpinned contract risk share agreements with NHSE, who recognise the validity of the organisation's planning process.

The approach to planning is iterative and is based on trend analysis of historic demand/activity levels. The plan is then reviewed and refined for changes to point of delivery, case-mix, and the full-year effects of any in-year delivery changes. Commissioner-led changes in service delivery are also reflected. For instance, commissioner initiated service redesign and reduction in activity to reflect the impact of commissioner QIPP schemes.

New and Emerging Treatments – Clinical teams work closely with finance and commissioners to highlight the emergence of new cancer drugs and/or treatments and therapies that may impact on the demand and costs of our services. This change in treatment options can often change the impact of patient demand.

Impact of Transformational Schemes – The plan also takes account of transformational schemes such as the inpatient pathway project which has analysed patient flow, clinical review and ward rounds to specifically target rapid discharge and improve inpatient flow.

Demand assumptions

The 2016-17 baseline outturn forecast values have been agreed with NHSE. The full year effect of in-year service changes has resulted in a £3.909m increase. The Trust's demand assumptions result in a further £5.921m increase. The Trust is expecting to finalise its main commissioner contract within the NHSI deadline. This will take the form of an agreed Memorandum of Understanding (MoU), clearly setting out the financial values and format of the commissioner contract. The values used in the financial model for planning are based on an average 2.9% growth assumption, and are understood by commissioners.

The following services have been identified as key areas for increased patient demand.

Chemotherapy

Chemotherapy demand continues to grow year on year, with a predicted 5% rise for 2017-18.

In addition, the complexity of chemotherapy delivery also increases, recognising that more treatments are available and that patients are referred to The Christie for second opinions.

Radiotherapy

It is anticipated, based on historic trend data that demand for radiotherapy will remain constant within the planning timeframe. However the complexity of radiotherapy is increasing, with more use of IMRT. The plan and contract offer to commissioners reflects a change in complexity of delivery rather than an activity increase.

PET-CT

The Christie expectation is that PET-CT activity will increase at 15%, consistent with national planning principles for this modality. Within the planning timeframe, it is highly likely that PET-CT services will be re-commissioned for the Greater Manchester area. The Trust is in a very strong position to meet the requirements of any tender, and maintain its current trajectory.

Capacity planning

It has been demonstrated during 2016-17 that baseline activity levels are deliverable and are sufficient to meet required targets. The Christie consistently delivered Referral to Treatment (RTT), Diagnostic Waiting Times, and the Cancer Waiting Times (CWT) targets. An increase in resource has been planned into the financial expenditure forecast, commensurate with increased patient demand.

Chemotherapy

Growth in Chemotherapy delivery will be delivered through increased utilisation of the 'Christie@' model and other outreach sites. This includes commencing clinical trials to the Christie@ Wigan' site, expansion of services into new facilities at Tameside Hospital, improvement in capacity at Royal Bolton Hospital, and the development of services at Pennine Acute Hospitals. We will also be exploring the expansion of the Trust's 'Christie@Home' service. Introduced in 2015, we now deliver over 250 treatments a month in patients' homes.

PET-CT

The Trust has a PET-CT strategy, which aims to deploy a networked approach, so that patients are scanned closer to home and capacity is adequately provided to meet demand. We continue to work alongside our private partner, Alliance Medical Limited, to provide flexible capacity through use of mobile scanners and to maximise fixed site capacity across the area. We are also continue to work extremely closely with The University of Manchester, with shared access to a research scanning machine, and NHS partner Central Manchester University Hospitals NHS FT where we sub-contract for access to circa 1,500 scans. The first semi-fixed PET CT site at Wigan facilitates an additional circa 3,000 scans per annum became operational at the end of September 2016.

QUALITY PRIORITIES

Quality at The Christie

Our existing 3 year Quality Strategy has been rigorously implemented to ensure the continued delivery of patient safety, effective treatment and a positive patient experience, and expires in March 2017. At this stage The Christie Quality and Standards team are engaging widely within the organisation, our Governors and our Board of Directors to develop the next Quality Strategy that maintains our rigorous high standards and Outstanding CQC rating.

Approach to quality improvement

Planned schemes are set out in the existing Quality Strategy and include initiatives such as the ward accreditation programme and the development of the quality mark for chemotherapy services across Greater Manchester. In addition to planned quality improvement initiatives, the Trust has worked hard to embed a culture of continual quality improvement. In particular the leadership have ensured that quality improvement is at the core of decision making within the Trust. The Quality and Standards team proactively seek and propose improvement initiatives, as well as receiving improvement opportunities from staff. The premise of the Programme Management Office who lead on the cost improvement programmes is also one of transformation and quality improvement.

All the quality improvement work is overseen by the Management Board, Board of Directors and Quality Assurance Committee. Indeed, all considered service changes have a quality aspect as part of the review process. For instance, the Trust's Transformation Programme for inpatient, outpatient and trust-wide improvement all have a number of task and finish groups which review and embed compliance with our in-house quality standards, whilst focusing on aspects of care such as; patient flow, clinical review and ward rounds to specifically target areas of improvement for the trust as part of its benchmarking practices.

We have sought to strengthen professional leadership, empowering doctors, nurses, allied health professionals and all our other clinical and non-clinical staff to lead and deliver quality improvements. We have delivered this through significant levels of training to ensure the all appropriate staff have the skills and competencies to deliver the required changes.

The next phase of the organisational development will be to enable staff to use the structure in place to facilitate the easy identification, consideration and implementation of all quality improvement opportunities.

We have developed a robust governance structure from ward to board to ensure delivery of high quality care. All of our risk management and quality improvements programmes are generated from staff working at all levels across the Trust and they are supported to deliver the changes required. In particular, the Trust has put the following in place to ensure strong governance:

- Jackie Bird, the Executive Director of Nursing and Quality, is the nominated executive lead with specific responsibility for the safeguarding of a quality service.
- Each of the operational governance committees for patient safety, patient experience and clinical and research effectiveness is under the leadership of one of our senior clinicians and membership comprises of a cross section of clinical and non-clinical staff members. These committees report to the Risk & Quality Governance

Committee chaired by the Executive Medical Director. The Risk & Quality Governance Committee is responsible to management board and the outcomes of this committee are presented to the wholly board led Quality Assurance Committee.

In addition, regular reports are provided to the Board of Directors:

- The Board Assurance Framework, which details the risks against the achievement of strategic objectives, is reviewed at every public Board of Directors meeting, and in addition at the Audit Committee and the Quality Assurance Committee. Our internal auditors provide a statement on the effectiveness of the Board Assurance Framework annually.
- In 2017-18 the Trust will commission its second external well-led review and will approve the refreshed three year risk management strategy.
- A bi-annual Quality Governance Framework review is carried out detailing compliance against the Monitor framework and the score assigned to the review is agreed by the members of the quality assurance committee.
- The internal audit programme has a strong focus on testing out the quality governance systems of the Trust.

Quality improvement plan

Each year, we develop a number of quality priorities, through a series of clinical engagement events including consultation with our Governors at their Quality Committee. These are taken to the Trust's Management Board, the main forum within which the senior clinicians and executives develop the Trust's strategic direction and policies, for approval. The quality ambitions for 2016-17 are:

1. By March 2017 90% of patients attending for chemotherapy outpatient treatment will leave knowing the date and time of their next appointment. This quality measure will be monitored and measured through the monthly outpatient improvement board, which reports to the Transformation Board.
2. To deliver the improvements described in the Sign up to Safety submission for:
 - Improving Outcomes of Systemic Anti-Cancer Therapy in the Frail Elderly
 - Reducing harm from sepsis

This quality measure will be monitored and measured through the quarterly Sign up to Safety Group, which reports into the Integrated Performance and Quality report.

3. 95% of patients recognised as dying will have documented evidence of:
 - Confirmation of dying by a senior doctor
 - Daily medical reviews
 - Senior Medical review at least every three days
 - A nursing review every 4 hours

This quality measure will be monitored, measured and then reported quarterly through the appropriate governance committee.

Key aspects of the Quality Improvement Plan over the next two years include:

Plans	Details
National Clinical Audit	The Trust has, through its annual accounts, always delivered the national audits and this is led through the Clinical Audit department and Clinical Audit Committee under the clinical leadership of a Medical Oncologist.
Seven day services	The transformation team have undertaken an analysis of the existing quality performance across a seven day period. An action plan will be developed to identify any treatment or data anomalies and address any shortfalls in performance.
Safe Staffing	The Board of Directors, through the integrated quality & performance report receive the safe staffing levels on a monthly basis and six monthly they formally agree the nurse staffing levels. From March 2017 this will extend to other working groups.
Care hours per patient day	These are captured and reported on to the national reporting system on a monthly basis. We will use this information to benchmark against other specialist cancer centres.
Mortality review / Serious Incident Investigation	There are systems in place to ensure review and learning from mortality reviews and serious investigations through grand rounds. The annual report from the mortality reviews are published in the Quality Accounts. Each Serious Incident investigation is heard by a panel comprised from the Board of Directors.
Anti-microbial resistance	The Trust has systems in place to ensure the delivery of safe care for our immunocompromised patients; this includes an antimicrobial resistant formulary and 24/7 day access to microbiology advice. Our antibiotic usage is reviewed monthly in a meeting with our specialist commissioners. Our patients due to the treatment we give are more susceptible to clostridium difficile and we aim to ensure there are no lapses in care thereby reducing the risk of infection for our patients.
End of life care	<p>The Trust is committed to providing the best possible care for dying patients and those close to them. In addition to ensuring delivery of the five national priorities of care the Trust made a commitment to develop four additional quality standards that would make a demonstrable difference to patients and engage with staff to ensure that these standards became part of everyday clinical practice. The four quality standards with a 95% threshold were:</p> <ul style="list-style-type: none"> • Patients identified as dying will have documented evidence of confirmation of dying by a senior doctor • Daily medical reviews • Senior Medical review at least every three days • A nursing review every 4 hours
Infection prevention and control	The Trust has a clear strategy for reducing healthcare associated infections and maintains the high standards of the environment. The standards are audited on a monthly basis and are monitored monthly with our specialist commissioners.
Falls	The Trust has set a trajectory for falls reduction this year of 25% and this is reported monthly in the integrated quality and performance report and is managed through a multi professional falls delivery group.
Sepsis	The Trust already exceeds the national sepsis CQuIN targets and in addition has implemented a Trust standard to treat all inpatients within one hour of identification and diagnosis of sepsis.

Plans	Details
Pressure Ulcers	The Trust has set a trajectory for 10% reduction for Grade 2 pressure ulcers and no grade 3 & 4 pressure ulcers developed during admission.
Patient experience	The Trust engages with patients and their carers using a variety of methods, including an extensive range of surveys which go above and beyond the national Friends and Family Test. We hold regular patient focus groups for different groups of patients and aspects of care, coordinated by the Patient Experience Committee. Many of our governance committees include a patient representative.
National CQUINs	The Trust due to the specialist nature of the organisation is unable to undertake a number of the national CQUINs. Where there is no suitable national CQUIN we work with NHSE Specialist Commissioners to develop cancer specific quality CQUINs.

Quality impact assessment process

We have a strong track record of transforming our services to deliver service improvements and operational efficiencies achieving at least £5m recurrent savings for the last 7 years (ending 2015-16). To ensure the patient is at the centre of our planning, we have configured our transformation programme to reflect the end to end clinical pathways for our patients. This will ensure that efficiency gains released as part of the review of the pathways do not adversely impact either the quality of care or costs elsewhere in the system. These CIPs are discussed at the Trust’s Transformation Board and are only approved once the Executive Medical Director and Executive Director of Nursing and Quality sign off the proposals as having no detrimental impact upon the quality of care provided to our patients. The accepted transformational schemes are reported and monitored within the Integrated Quality and Performance Report and presented at the public Board of Directors meeting.

Triangulation of quality with workforce and finance

We recognise the value of sharing data and on a monthly basis the Trust publically publishes a comprehensive integrated quality and performance report. The Report provides benchmarked data where possible and includes information such as the national friends and family test results, the staff friends and family test results, as well as safe staffing and agency expenditure. Our Integrated Performance Report provides a dashboard of performance metrics to enable the management of the services the Trust delivers. These are discussed at a variety of forums to identify potential quality, performance or efficiency improvements. A form of the Integrated Performance Report is reviewed at:

- Monthly divisional performance reviews where the General Managers meet with the Executives to discuss their division’s performance. Any causes in shortfalls in the provision of a quality service are addressed with management and clinical leads.
- Six monthly at a key resource management forum, the Capital and Workforce Planning Group, where measurement against plan is identified.
- Six monthly at Transformation Board to ensure changes to the services do not adversely impact upon the quality of care provided to our patients.
- At every Board of Directors meeting to ensure scrutiny from the Non-Executive Directors.

WORKFORCE PLANNING

Workforce at The Christie

The high quality of care provided to our patients can be directly attributed to our dedicated and highly skilled workforce. We strive to enhance the working environment of our staff and provide development opportunities so we continue to attract high quality motivated staff. As a consequence of this, we continue to have consistently high performance against workforce KPIs, such as recruitment, retention, sickness absence and usage of agency staff.

Approach to workforce planning

The workforce planning process has been developed to ensure clinical and specialist engagement within the strategic and operational development of our workforce. Our divisional teams, comprising of senior managers and clinicians, are responsible for the development of their workforce plans, clearly identifying the numbers and experience of each staff group, alongside the staff related risks and issues.

The plans are reviewed and challenged within a number of forums to ensure safe, effective and efficient staffing is deployed. In particular, all plans will be reviewed within their own divisions, and need to receive the approvals of the executive lead for the specific area, the Workforce Committee and other senior managers within the Capital and Workforce Planning Group.

The plans themselves are monitored by our Workforce Committee with a formal six month presentation to the Capital and Workforce Planning Group on progress against the plan, where any variances are reviewed. In addition, workforce issues are captured and discussed at Divisional Board Performance Reviews, and through the Trust formal executive led performance review process.

Workforce planning in the STP footprint

As with other organisations in the STP footprint, The Christie is fully engaged within the development of the Greater Manchester Health and Social Care Partnership which has ambitious plans to restructure the services it members provide to its residents. There are multiple service reconfigurations under consideration that are likely to impact upon staffing and those that will impact within this operation plan period are identified within the initiatives section; this include clinical services such as pathology and corporate functions such as HR and Finance.

Effective and efficient staffing

We have implemented a health e-rostering system which will allow improved visibility of staffing requirements across the organisation, in conjunction with improved use of the internal staff bank through the deployment of this electronic solution which aims to reduce the reliance on nursing agency demand across the organisation.

We continue to use relatively low levels of agency or bank staff, when compared to other Trusts and we adhere to the national cap on agency rates. Nursing establishment reviews

undertaken twice a year utilise a range of data to determine the establishment needed to enable delivery of safe and high quality care to our in-patients. Agency usage data forms part of the review to ensure establishments are set so as to limit agency usage to a level well below the ceiling set for The Christie.

Whilst the Trust has limited exposure to the consequences of any reduction in supply of European workers following the Brexit agenda, there are a number of areas where plans have been developed due to significant workforce risks:

- Undertake age profile analysis and develop mid to long term recruitment plans in staff groups where there are a significant number of staff nearing retirement age.
- Development of apprenticeship strategy to invest in and support increased apprenticeship activity, with a target of 60 being introduced annually.
- Action plan to establish the shortfall in CPD funding and impact from changing rules relating to professional bursaries.

Workforce initiatives

The Trust is continues to engage with its workforce to enhance the culture, ensure inclusivity, transparency and openness. It is important that we ensure our staff feel valued and respected. In order to do this a number of initiatives are being progressed:

- To further develop skills leadership across the organisation we are developing and implementing a management competency framework.
- To collect baseline information about organisational culture and collective leadership, to design and implement initiatives to further develop retention strategies.
- To better engage staff in their own development, a new performance review process and framework will be developed and implemented.
- Improved strategies for managing absence through identification of common themes with plans in place to reduce sickness.

The Trust is also working closely within the Greater Manchester Health and Social Care Partnership to address improvements to clinical and back office functions across all providers within the region. Examples of Manchester wide workforce initiatives include:

- The Christie is leading the development of the pharmacy workstream to identify pharmacy efficiencies across all providers.
- Review of pathology services delivered across Greater Manchester.
- Full review of all corporate functions across Greater Manchester.

We are working with local partner trusts on the development of specific workforce schemes to provide cover for our services, such as a Service Level Agreement to provide anaesthetist cover for our critical care unit, and to ensure our patients receive the appropriate care whether they are admitted. This is delivered through the provision of acute oncology outreach roles at our partner trusts.

FINANCIAL PLANNING

Financial Forecasts and Modelling

The financial strategy for 2017-2019 builds on the stability achieved in previous years. It continues to focus on delivering excellent patient care, whilst improving operational productivity and efficiency. Financial sustainability is critical to support the delivery of safe services and achieve surpluses to deliver the investment required to fulfil our capital programme and improve patient care.

The Trust aims to deliver the NHS Improvement control total for both 2017-18 and 2018-19¹. These are surplus for both years of £10.280m and £10.294m respectively. For 2017-18, this is an increased surplus of £1.167m from the 2016-17 control total of £9.113m. The plan is based on full non-recurrent recovery of the notified Sustainability and Transformation Funding of £1.495m.

The financial plan is predicated on delivery of an increased CIP target of £9.5m for 2017-18, of which £7.5m is recurrent. For 2018-19, the target is £7.5m, of which £6.5m is recurrent. This value also reflects the investment required to ensure that anticipated activity growth is appropriately resourced so that operational performance is maintained throughout the planning period. The summary income and expenditure plan is summarised below.

Summary Income and Expenditure Account		Plan, £m 2017-18	Plan, £m 2018-19
Operating Income	NHS Clinical income	214.956	302.543
	Non-Clinical income	62.280	64.195
	Total	277.236	298.425
Operating Expenses	Employee expense	(119.868)	(127.795)
	Non-pay expense	(131.640)	(135.498)
	Depreciation and Amortisation	(11.676)	(14.477)
	Impairments	0	(22.599)
	Total	(263.184)	(300.369)
Operating Surplus		14.052	2.174
Net Finance Costs		(7.356)	(7.971)
Profit/Loss with Joint Ventures		5.208	5.280
Surplus/(Deficit) for the Period		11.904	(517)
Add back Impairments		0	22.599
Remove capital donations/grants I&E impact		(1.620)	(11.788)
Adjusted Financial Performance Surplus/(Deficit) (NHSI control total)		10.284	10.294

To illustrate the incremental changes in the Trust's financial plan the movements have been categorised in the following analysis, showing how the control total is achieved.

¹ NHSI Letter to The Christie NHS Foundation Trust, 1 November 2016

Factor		2017-18 Financial Impact £m	2018-19 Financial Impact £m
1. Baseline	Prior Year baseline	9.113	10.284
	Adjustments to opening baselines	(4.322)	(6.398)
2. Price/Tariff	Income inflation	7.924	0.665
	Cost inflation	(4.978)	(5.853)
3. Activity	Underlying demand movements	1.671	(0.016)
4. Non-recurrent items	Sustainability and Transformational Funding	1.495	1.495
5. Other	Adjustments	(12.119)	(0.879)
6. Strategic Initiatives	CIP	9.500	7.500
	Other (inc. Vanguard and PBT)	2.000	3.496
NHSI Control Total		10.284	10,294

1. Baseline – The opening baseline of £9.113m is based on the NHSI control total for 2016-17. It is consistent with the forecast reported to the Board of Directors in October, and is consistent with the Month 7 NHSI return. This excludes income and charges relating to charitable donations for capital and donated asset depreciation. These are added back as ‘Adjustments’ to arrive at a complete I&E start position.

2. Price/Tariff changes – The income plan is based on the tariffs issued in December 2016, and is the basis of the Trust’s negotiations with commissioners. Both national and local tariffs include the national efficiency deflator of 2% and the inflationary uplift of 2.1%, to give a 0.1% increase on commissioner income. Income price/tariff change also reflects increased drug income for pass through expenditure, per NHSE guidance. For expenditure, the net pressure on increase on inflation of cost base, and equates to £4.978m in 2017-18. The same rate has been applied to both planning years.

Basis	Detail	2017-18 £m	2018-19 £m
Pay Cost inflation	1% pay award and incremental drift	(1.978)	(2.491)
Non-pay Cost inflation	CNST	(0.084)	(0.000)
	Drugs	(1.633)	(2.110)
	Non-pay	(1.283)	(1.252)
Income	Inflation, Tariff and pass through income	7.924	0.665
Cumulative Impact of Price/Tariff Changes		2.946	(5.188)

3. Activity – Activity drivers are described in Section 1 - Activity. The plan is based on the assumption that underlying activity related costs need to be appropriately recognised. Therefore, the resource charges associated with increased activity levels have been included in this stage of planning.

4. Non-recurrent items – Relates to the receipt of the Sustainability and Transformation Funding of £1.495m, which has been applied straight to the operating surplus.

5. Other – Relates to net movements in charitably funded capital and associated charges. It also includes any changes in non-operating costs.

6. Strategic initiatives – Strategic initiatives relate to the revised CIP target that has been set to drive an increase in the Trust bottom line surplus. It also shows funding and operating costs relating to the National Cancer Vanguard and Proton Beam Therapy development, as well as the impact of commissioning changes relating to Selective Internal Radiation Therapy (SIRT).

Strategic Oversight Framework – Use of Resources

Given the robust financial plan and strong cash position the Trust plans to achieve a Use of Resources rating of 1 across all elements of the rating, across both financial periods.

Sensitivity analysis – We have modelled the impact of the most significant risks to the financial plan, namely;

- The risk that activity performs in excess of commissioner contracts. This is mitigated by the continuation of the fixed contract format with an associated risk share agreement. This has been in place for the past 5 years and provides financial stability for both provider and commissioners and a reasonable share of risk and reward. In addition, the Trust has negotiated an income per activity for specialist high value surgery.

It is anticipated that the Trust will sign a contractual Memorandum of Understanding (MoU) with NHS England Specialist Commissioning Team by 23rd December 2016. This supports the agreed Trust contract position with its main commissioner and provides assurance that contractual deadlines will be met.

- The non-delivery of CIP, which is an increase of £2.0m for 2017-18. Progress against this target will be overseen by the Transformation Board and each of the Transformational work streams. The Trust has a strong track record of delivering efficiency.

The level of CIP required over the planning timeframe is unprecedented for The Christie, and therefore an element of non-recurrent target has been used to achieve the necessary efficiency in-year. This is consistent with the approach taken in 2016-17.

Efficiency savings for 2017 - 2019

The critical risk in achieving the control total relates to achievement of the increased Cost Improvement Programme (CIP) requirement, and demonstrates the increased level of 'stretch' facing the organisation. The target has been set at £9.5m for 2017-18 and £7.5m for 2018-19. Of these values, £2m and £1m have been set as non-recurrent targets for 2017-18 and 2018-19 respectively.

Taking into consideration the timing of the notification of the control total, change plans are not yet fully developed to achieve the full target over the 2 years. However, the Trust has now fully embedded its transformation approach, and invested in increased capacity and capability within the central transformation function.

Although the Trust has not received a Carter report as a specialist provider, the Carter approach is used to identify and deliver efficiencies. We are working closely with colleagues at The Royal Marsden NHS Foundation Trust to develop the ATI to provide relevant benchmarks and have utilised the Reference Cost benchmarking tool and local Patient Level Costing data to identify opportunities.

In addition, the Trust is highly engaged in the Greater Manchester STP transformation programme, which has key work-streams aiming to deliver cost improvements across the health economy. These are still in the planning stage but the Trust will benefit from scheme implementation, over the 2 year planning cycle. Specific areas of opportunity include back-office functions, pharmacy and imaging.

Savings Area	Total 2017-18 £m	Total 2018-19 £m
Workforce	0.847	0.651
Procurement	0.656	0.025
Estates and Facilities	0.400	0.400
Medicines Optimisation	2.000	2.000
Diagnostic Imaging	0.722	0.466
Corporate Functions	0.694	0.449
Patient Pathway Redesign	1.196	0.930
Other	0.480	0.614
Schemes under development	2.505	1.965
Total	9.500	7.500

Workforce

The Trust recognises that to maintain the required levels of service quality and capacity, it is critical that a sustainable staffing resource is available, and is efficiently deployed. We have therefore put in place a number of projects, which are identified within the Workforce section of this plan. These include embedding e-rostering for nursing colleagues and an electronic system to support optimising medical staffing resource (Allocate software).

Procurement practice

The Christie's 5 year Procurement Strategy includes a set of objectives aimed at contributing to efficiency savings and the procurement function aims to ensure best value is obtained for all goods and services throughout the Trust.

The Trust utilises an external e-tendering portal and along with a new Financial Ledger, E-Procurement and E-Reporting Solution (Managed Service) the organisation has accurate information. In addition, there are effective collaborative partnerships with Shared Business Services (Procurement), NW Procurement Development, MAHSC, the Crown Commercial Service and the NHS Supply Chain to achieve the benefits from nationally and regionally negotiated contracts. This also allows us to share good practice and facilitate savings initiatives with regular benchmarking of the costs of goods and services so best value is secured.

Estates and Facilities

The organisation is fully committed to making the most efficient use of our estate. Located in a residential neighbourhood of Manchester, the Trust's physical footprint is constrained. Consequently, increases in patient demand have been accommodated through better site utilisation, deploying physical 'Christie' units in local hospitals, and providing care in primary care settings. This is consistent with the clinical strategic objectives of treating patients closer to home.

In addition to this we will focus on the following areas in 2017-19:

- Undertaking a full estate at utilisation review with a view to moving non-clinical services off the main site
- Review of our estate, in line with the Manchester Devolution programme, to identify opportunities for centralisation or rationalisation.

Medicines Optimisation

The Christie has a track record of reducing the cost base for drugs expenditure. A programme of further schemes include the use of bio-similars, the role out of chemotherapy dose-banding and development of the 'Christie @ home' pharmacy model.

Operational and Clinical Services

The Trust has a series of initiatives to improve clinical service productivity and efficiency. In 2016-17 these have seen the rationalisation of ward capacity, as patient flow and discharge planning have been remodelled.

Further planned initiatives include reducing the amount of variation in demand for radiology and pathology tests, through improved management information and protocol review.

The Trust will continue to remodel patient pathways so that resource can be released. The new Integrated Procedures Unit will bring together several stand-alone services, and provide operational economies of scale in new a purpose built unit from April 2017.

Capital planning

To ensure we continue to achieve our strategic aims to enhance patient experience and deliver technology based treatments, a continued programme of capital investment is planned. Infrastructure schemes are prioritised based on an assessment of clinical priority, cost and patient benefit. Importantly, the Trust's capital programme benefits from The Christie Charity's ability to fund appropriate infrastructure schemes.

The 2017-19 plan is based on a review of the current condition of the estate, which has informed the funding requirement for maintenance and life-cycling capital expenditure. This ensures that service delivery is safe and capacity is maintained. The Trust has a rolling 5 year capital programme to ensure that the Trust understands the long term capital requirement and can manage services, funding and cash appropriately.

Key investments over the period include the completion of the Proton Beam Therapy Centre, reconfiguration of outpatient accommodation and replacement of linear accelerators and diagnostic imaging equipment. The Proton Beam Therapy capital is financed through an agreed Independent Trust Financing Facility (ITFF) loan, Public Dividend Capital (PDC) and charitable funding.

The capital programme for 2017-19 is £102.0m and comprises the following investment projects and sources of funding:

Scheme	Funding Source			2017-19 Capital Expenditure £m
	Exchequer/ ITFF £m	Charity £m	PDC £m	
Proton Beam Therapy	51.840	12.735	3.609	68.184
Outpatients (Oak Road)	4.638	8.000		12.638
Linacc replacement	6.590			6.590
Backlog Maintenance and Estate	3.370			3.370
PET CT replacement	2.920			2.920
Car parking and green travel	2.564			2.564
IT infrastructure	1.788			1.788
Clinical Trials Unit upgrade	2.199			2.199
Asset replacement	1.738			1.738
Total Capital Expenditure	77.647	20.735	3.609	101.991

Historically the Trust has set and delivered a CIP target to support a cash position that is able to adequately fund capital plan. Those balances are still within the Trust's planning framework. To further manage the liquidity position, the Trust has developed an agreed set of funding principles:

- 80:20 rule – use of only 80% of the Trust's available cash
- Generate balances from the Trust's trading position and delivery of cash releasing CIP
- Receive donations/contributions from The Christie Charity

LINK TO LOCAL STP

Greater Manchester Sustainability and Transformation Plan

In February 2015, the 37 NHS organisations and local authorities in Greater Manchester signed a landmark devolution agreement ‘to deliver the fastest and greatest improvement in the health and wellbeing’ creating a strong, safe and sustainable health and care system that is fit for the future. The Christie has taken an active role in the resulting Greater Manchester Health and Social Care Partnership (GMH&SCP) which drives and coordinates the required transformation outlined in published document, *Taking Charge*, Greater Manchester’s Sustainability and Transformation Plan.

In order to deliver the improvement in health and wellbeing to the residents of Greater Manchester, health and care pathways will be co-ordinated across different providers and levels of care with a far greater focus on wellness, early intervention and prevention. The Christie is active in many of GMH&SCP’s five key themes:

1. Radical Upgrade in Population Health Prevention
2. Transforming community based care and support
3. Standardising acute and specialised services
4. Standardising clinical support and corporate functions
5. Enabling better care

In addition to these work themes The Christie is actively involved in a number of the GMH&SCP cross cutting themes. The Christie has also demonstrated clear leadership in the successful application to be part of the National Cancer Vanguard. The Vanguard in Greater Manchester, known as GM Cancer: Vanguard Innovation, is responsible for testing out innovations in cancer care and how they are organised in order to share replicable learning across England. There are over 20 innovations currently being progressed through Vanguard Innovation involving a wide range of stakeholders and local organisations and the programme has now become the innovation delivery arm of the Greater Manchester Cancer Board.

Neighbouring Sustainability and Transformation Plans

The Christie provides specialist care to many patients that live outside the Greater Manchester STP boundary. The Trust is fully engaged with local commissioners to develop our services to their populations, specifically in the Cheshire area. Although this falls within the Cheshire and Merseyside STP, The Christie provides the full range of services to patients in the east and central parts of the Cheshire area.

In line with improving local access for patients, and CCG engagement the Trust is scoping the development of a third radiotherapy satellite unit in east Cheshire. It is also strengthening its oncology service in central and south Cheshire.

As a provider of highly specialised services the Trust receives referrals from across the UK. To ensure that these are appropriately commissioned the organisation is engaged with NHSE North Specialised Commissioning Team to review current access to treatments, using a tiered approach. This is consistent with the Trust maintaining its current portfolio as a recognised cancer centre of excellence.

MEMBERSHIP AND ELECTIONS

Council of governors

Our council is now made up of 28 governors: 15 representing the public, patients and carers; 4 representing our staff and volunteers and 9 appointed by partner organisations.

Governor elections

Elections to the council of governors are undertaken annually with the notice of elections announced in May with the results reported at the annual members meeting. Governors are appointed for a term of 3 years and can serve for a maximum of 3 terms.

Governor engagement

Governors are offered training both internally and through the North West Governors Forum. All new governors receive a formal induction on appointment to the council. The council meet formally 5 times a year (one of these is a joint meeting of the Board and Council). Both executive and non-executive directors regularly attend the council of governor meetings. The council of governors has 4 sub committees focusing support into the areas of nominations, membership, quality, and development & sustainability. In addition, the board of directors and council of governors meet for a time out session annually.

Membership strategy

Our membership strategy focuses on four key areas of membership activity.

- 1. Maintaining the membership level.** This has remained at around 30,000 total members.
- 2. A continued focus on engagement with members.** Members engage with us through supporting The Christie Charity, attending membership and support events, becoming governors, attending informal social events, taking part in public and patient involvement activity and by taking part in opinion based surveys. All members are sent two issues of the membership magazine 'Headlines' each year along with an invitation to the annual members' meeting and any open days we hold through the year.
- 3. Governor engagement.** Community engagement by public governors continues to be developed through contacting and meeting local groups and organisations that represent all sectors of the community. Governors endeavour to build relationship with these groups and organisations in order to share Christie news and obtain feedback on existing and future services. Staff governors play an active part in the roll out of the 'Christie Commitment' staff engagement programme to help ensure that it is communicated to all staff and embedded across the Trust.
- 4. Ensuring a representative membership.** The two key areas of membership which remain under represented are black and minority ethnic (BME) groups and young people. Efforts to address this under representation are being supported by the governors' activity with their local community groups and also links in with The Christie Equality and Diversity committee.