



The Christie **NHS**
NHS Foundation Trust

The Christie NHS Foundation Trust Operational Plan 2018-19



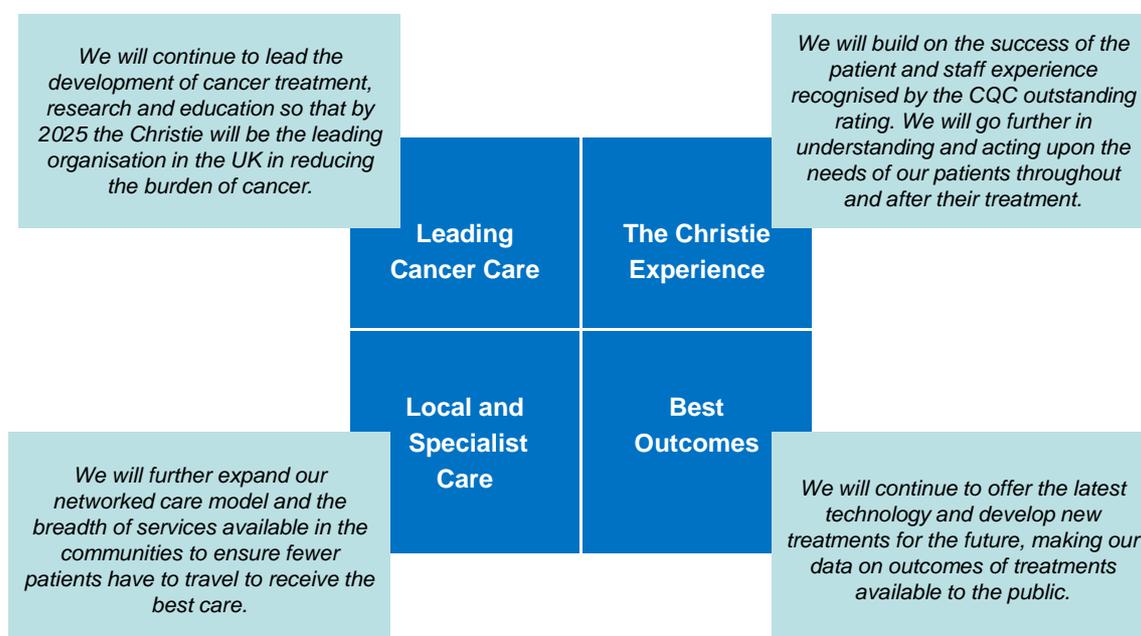
Summary Version

THE CHRISTIE

Introduction

The Christie specialises 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 specialised infrastructure dedicated to the delivery of cancer treatment care, research and education. Following an extensive consultation process, we developed our 20:20 Vision. This has provided the key strategic direction for our services and has recently been refreshed to articulate how we will take this further in terms of our strategic ambitions to 2025.



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:

- Was awarded a CQC rating of Outstanding
- Consistently 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 – The Christie will continue to be commissioned by NHS England and clinical commissioning groups (CCGs). The Trust will hold contracts with CCG's across Greater Manchester and Cheshire. This is the second year of this arrangement and all stakeholders are continuing to engage to ensure that the contracting process is clear.

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. Activity plans are developed with significant input and engagement from clinical departments.

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 Treatment and Services – 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.

Demand assumptions

The 2017-18 baseline outturn forecast provides the basis for the 2018-19 contract negotiation with commissioners. The Trust has finalised its main commissioner contract variation with NHS England. An agreed NHSE Memorandum of Understanding (2017-19) is in place for 2018-19. This clearly sets out the financial values and terms of engagement with NHS England.

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 3.2% rise for 2018-19. This is consistent for chemotherapy delivery and procurement activity.

In addition, the complexity of chemotherapy delivery also increases, recognising that more treatments are available, patients are referred to The Christie for second opinions and there is an increase due to higher volumes of maintenance chemotherapy patients.

Radiotherapy

It is anticipated, based on historic trend data that demand for radiotherapy will remain constant within the planning timeframe. The complexity of radiotherapy is also expected to remain consistent with the 2017-18 profile.

PET-CT

Within the financial year it is highly likely that PET-CT services will be re-commissioned for the Greater Manchester area. In 2017-18 the Trust formed a consortium with other providers, Manchester University NHS Foundation Trust and Alliance Medical, to bid for the PET-CT contract award in the Greater Manchester area. Initial feedback from NHSE was that The Christie lead bid was successful. However, because of challenges in other bid areas the procurement has been stalled. Therefore, the current plan is based on the 2017-18 pricing structure and activity volumes.

Capacity planning

It has been demonstrated during 2017-18 that baseline activity levels are deliverable and capacity is 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. This includes areas that have caused specialty level pressures regarding CWT waiting time compliance. Services have been reviewed and investments have been made in care services, surgical staffing and anaesthetics.

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.

PET-CT

The Trust's PET-CT strategy formed the basis for the 2017-18 tender bid to NHSE. The approach is to create a networked approach, so that patients are scanned closer to home and capacity is adequately provided to meet increased predicted demand. We continue to work alongside our partners, Manchester University Hospitals NHS Foundation Trust and Alliance Medical Limited to provide services that maximise patient throughput and provide resilience across the area. The Wigan semi-fixed unit will be fully operational for the whole year.

QUALITY PRIORITIES

Quality at The Christie

Having delivered against the objectives at completion of the three year tenure of the 2015-17 Quality Strategy, and following consultation across the organisation, the Quality and Standards Team launched the new 2017–20 Quality Plan.

Aimed at staff, patients, carers and stakeholders, this new plan sets out how we will govern, measure, recognise, transform and improve quality in care. The revised plan acknowledges the impact of excellent leadership, collaboration and the culture within our organisation has on the experience and outcomes for patients and the experience and empowerment of our staff.

Approach to quality improvement

The Plan includes stretch targets for established schemes such as the ward accreditation programme and the Quality Mark for chemotherapy and radiotherapy services across Greater Manchester. In addition the plan includes the development of new quality schemes for ambulatory care services and clinical teams.

The leadership team has ensured that quality improvement is at the core of decision making within the Trust to maintain a culture of continual quality improvement. As such the Quality and Standards team proactively seek and propose improvement initiatives, as well as receiving improvement opportunities from staff. The premise of the Transformation Team who lead cost improvement programmes is also one of transformation and quality improvement.

All the quality improvement work is overseen by the Management Board and the Board of Directors' 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.

The Trust has 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.

A robust governance structure from ward to board has been developed 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 Chief Nurse and Executive Director of 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.

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.
- A bi-annual Quality Governance Framework review is carried out detailing compliance against the previous '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 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 2017-18 are:

1. **Delivering the Greater Manchester Cancer Strategy for Living with and Beyond Cancer**

The Christie will play its part in delivering the Greater Manchester Cancer Strategy for Living with and beyond cancer by ensuring the cancer recovery package is implemented for all patients by March 2019. The recovery package consists of four elements three of which are hospital based and they are:

- Holistic needs assessment and care planning, at diagnosis and at other significant points in the patient pathway
- Treatment summaries, after significant phases of treatment
- Health and wellbeing events, providing information and support

These quality measures will be monitored and measured quarterly through Management Board.

2. **Reducing Healthcare Associated Infections**

To reduce the incidence of healthcare associated infections (HCAI) by 10% by the end of March 2018 through the deployment of a multi-professional quality improvement collaborative. This quality measure will be monitored and measured quarterly through the Infection Control Committee.

3. Improving inpatient care for patients with diabetes and those at risk of developing diabetes

To improve inpatient care for patients with diabetes and those at risk of developing diabetes in an oncology setting to ensure that we:

- Ensure glucose lowering medications are prescribed correctly and administered on time
- Reduction in frequency of hypoglycaemia to reduce patient harm and improve care

These quality measures 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	We are working with the NHSI regional team on 7 Day Service delivery, including the standards for consultant review in a cancer centre. Patients admitted on non-elective pathways are all registered with The Christie and have prior triage; often this follows review by a consultant oncologist in clinic that day. Unlike other acute trusts, there is no unselected medical intake and care for many patients would be through a protocolised pathway, for example for radiotherapy complications. In addition to criteria for urgent senior review, there is an expectation for review within 14 hours for those patients for whom a protocolised pathway does not apply. There is a pre-existing standard for 95% unplanned admissions to be seen by a consultant within the first 24 hours and an expectation for evidence of the management plan to be agreed with the patient in 95%. The NHSI team have agreed that audit will be undertaken against these. This work is part of a transformational work programme to improve patient flow.
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. This is being extended to other professional 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 outcome is heard by a panel comprised from the Board of Directors. The trust's mortality review processes were revised from April 2017 to ensure we follow the national Learning from death policy. This has received significant assurance from external audit undertaken in January 2018.

Plans	Details
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.
Infection prevention and control	<p>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.</p> <p>The trust has in the last year a quality improvement collaborative with the focus of reducing gram negative infections. we are working in partnership with the Royal Marsden and have been successful in securing money for a Darzi fellow looking into gram negative infections across two cancer centres in Manchester and London. In addition the collaborative have resulted in a 62% reduction in C'difficile cases.</p>
Falls	The Trust has set an internal threshold of no more than 26 inpatient falls with harm for and this is reported monthly in the integrated quality and performance report and is managed through a multi professional falls prevention 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.
Pressure Ulcers	The Trust has set an internal threshold of no more than 25 pressure ulcers at Grade 2 and no grade 3 & 4 pressure ulcers developed during admission.
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
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 each year for the last 9 financial years (ending 2017-18). 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 Portfolio Board and are only approved once the Executive Medical Director and Chief Nurse and Executive Director of 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.
- At every Board of Directors meeting to ensure scrutiny from the Non-Executive Directors.

We have a process of undertaking quality impact assessment on all cost improvement schemes which are signed off by the medical and nurse directors and are underpinned by a project initiation document and assessment. No scheme would be permitted to go ahead where there was a negative impact on patient safety, experience or clinical outcomes.

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 Trust recognises that effective workforce planning & transformation is a key enabler to ensure the Trust can continue to deliver safe and effective care and will support the Trust to:

- Overcome workforce shortages that are difficult to rectify quickly because of lead in times for training
- Support the delivery of new models of care
- Improve efficiency

A revised workforce planning process has been developed in 2017-18 to ensure clinical and specialist engagement. The approach includes:

- Undertaking a base line assessment, to collect up to date workforce intelligence using a specifically designed workforce planning template and supported through engagement events
- Aligning this assessment with the annual planning round to ensure workforce planning is integrated with service and financial planning
- Analysing returns to identify workforce availability and key workforce challenges
- Developing divisional and organisational solutions and plans, adopting the Health Education England 4 pillar approach to support workforce transformation
- Development of a 'toolkit' of approaches to help facilitate transformation
- Monitoring implementation through the Workforce Committee

The Trust also established a workforce planning and transformation project sponsored by the Medical Director to explore potential for new care models and roles, and identify their potential within clinical services/ pathways.

A project group with a specific remit for improving nurse recruitment and retention has also been established

Workforce planning in the STP footprint

The Christie continues to be fully engaged with the Greater Manchester Health and Social Care Partnership. The Trust is part of a Greater Manchester workforce reference group which is supporting the management of the cancer workforce supply, gaps and risks up to 2021-22 and ensure it meets the need for the national cancer plan. The Trust is also working organisationally and regionally to respond to the consultation on the draft health and care workforce strategy for England to 2027.

Effective and efficient staffing

We continue to use health e-rostering system to support the visibility of staffing requirements across the organisation.

We are currently reviewing the way we operate our nurse and administration banks to ensure a smooth transition when opportunities to work collaboratively arise.

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. Following a recent internal audit we have further strengthened our processes for agency booking.

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.

A Medical Workforce project which forms part of the trust wide improvement programme has overseen the implementation of e-job planning, reviewed SPA utilisation, reviewed and implemented revised consistent rates for extra clinical activity.

Workforce initiatives

In 2017-18 the Trust agreed a new 3 year workforce strategy and focuses on a number of key components to support the Trust in effective planning and resourcing, performance management and engagement of the Christie workforce. Each key component has a set of underpinning objectives with metrics for achieving delivery:

1. To effectively plan and resource services through the creation of more innovative roles and structures
2. To attract and resource high performing staff, using competence and values based recruitment
3. To support the development of staff who are skilled, confident and empowered to make decisions and take a lead in innovative practice and transformation
4. To support an effective strategy to support motivation and retention of staff
5. To support staff to maintain their physical and mental health and wellbeing

Underpinning the Trust's Workforce Strategy is the Trust's Leadership Plan. The plan has been developed in 2017-18 following an assessment of the culture and leadership across the organisation, based on the NHSI Leadership Development Framework. The aim of the Leadership Development Plan is to set strategic direction and establish a means by which The Christie will attract, identify, develop and retain leadership capacity and capability of the highest quality.

To support the increase of staffing levels, the HR department is reviewing its recruitment strategy. HR are working with the Communications Department on improving attraction through the further development of its employer brand and maximising use of social media advertising. The implementation of TRAC will also improve candidate experience. The Team are also reviewing its recruitment processes to ensure we recruit staff with values that fit with our organisation. The HR Team will look to implement Values Based Recruitment at different stages of the recruitment process including pre-screening assessments, values based interviewing techniques and assessment centre approaches.

FINANCIAL PLANNING

Financial Forecasts and Regulator Profile

The financial strategy for 2018-19 builds on the financial 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 revised control total for 2018-19¹ - £7.319m. This is a reduction from the original 2018-19 control total of £10.294m, due to the flexibility offered to trusts which met their 2017-18 financial target, and a further reduction from the final plan control total of £8.789m. The plan is based on full non-recurrent recovery of the notified Sustainability and Transformation Funding of £2.102m. This includes £0.607m from the £650m additional NHS funding identified in Autumn 2017.

Achievement of the financial control total is predicated on delivery of a CIP target of £7.8m for 2017-18, of which £6.8m is recurrent. This value also reflects the investment required to ensure that anticipated activity growth is appropriately resourced so that operational performance is maintained sustainably.

Single Oversight Framework – Finance Score

Given the robust financial plan and strong cash position the Trust plans to achieve a SOF finance score of 1 in 2018-19.

Risks:

- Commissioning

There is a risk that activity performs in excess of commissioner contracts. This is mitigated by the continuation of the risk share agreement with NHS England. 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 services that are in the process of reconfiguration. These are PET-CT imaging and urology surgery.

The Trust has signed a contractual Memorandum of Understanding (MoU) with NHS England Specialist Commissioning Team for 2018-19. This supports the signed Trust contract position with its main commissioner and provides assurance that contractual deadlines will be met.

- Non-delivery of CIP

CIP has reduced by £1.7m for 2018-19, compared to the previous year, with the reduction split evenly between recurrent and non-recurrent CIP. Progress against this target will be overseen by the Executive and clinically lead work streams. The Trust has a strong track record of delivering efficiency.

¹ NHSI Letter to The Christie NHS Foundation Trust, 11th June 2018

Efficiency savings for 2018-19

A critical risk in achieving the control total relates to the achievement of the Cost Improvement Programme (CIP) requirement. The target has been set at £7.8m for 2018-19, of which £1m has been set as a non-recurrent target.

The Trust continues to work at schemes to deliver its CIP target. This combines several approaches based on on-going projects and opportunities. The Trust's transformation process is now embedded and supports a range of projects across the Trust. These include initiatives to reduce pharmaceutical wastage, refine outpatient pathways and improved use of technology. In addition work continues to scrutinise budgets and financial performance to identify inefficiencies across pathways and specialties.

The Trust continues to work with Model Hospital initiatives, noting that the information is increasingly available to enable improved benchmarking. We are working closely with colleagues through the Costing Transformation Programme so that the Trust has access to improved patient level data from other providers.

The organisation 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 pre-implementation stage but the Trust will benefit from scheme implementation, over the planning cycle. Specific areas of opportunity include back-office functions, pharmacy and imaging.

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 realising the benefits of 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 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 2018-19:

- Procurement of new energy infrastructure and
- Review of energy contract opportunities
- Undertaking a full estate utilisation review, using occupancy data systems
- Review site valuation methodologies

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 roll 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 2018-19 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. Initiatives in Haematology ambulatory care and the roll out of Enhanced Supportive Care will support new ways of working and delivery of patient services.

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 2018-19 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 and Public Dividend Capital (PDC).

The plan also recognises that the redevelopment of the fire damaged and condemned Paterson research facility commences in 2018-19.

LINK TO LOCAL STP

Greater Manchester Sustainability and Transformation Plan

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

The Christie has actively and passionately engaged in these processes to improve the outcomes of our patients. The Christie has also demonstrated clear leadership in the National Cancer Vanguard. The main focus for the Vanguard's work has been in prevention and early diagnosis of cancer, living with and beyond cancer treatment and in exploring different models of commissioning, cancer intelligence and funding of cancer care. There were 17 specific projects undertaken which have resulted in real improvements in patient care, and although the Vanguard's formal programme has now come to an end but the leadership established through this will continue, specifically through the Communities of Practice forum which draws together the 16 Cancer Alliances and 3 Vanguard partners across England to share learning and experiences and support each other in achievement of key national objectives.

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

The Christie's 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 in July. 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 and community engagement, quality, and development & sustainability. In addition, the board of directors and council of governors meet for a time out session annually.

Membership strategy

The Trust's membership strategy focuses on four key areas of membership activity:

1. **Maintain membership levels.** The Trust has a target of 10,000 total members focusing on appropriate recruitment to develop a more engaged membership base.
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. The Trust aspires to offer even more opportunities for members to actively engage with the Trust and with governors.
3. **Member communications.** The Trust wants to encourage our members to communicate online and is developing digital communications approach.
4. **Ensuring a representative membership.** The Trust wants to ensure that members are representative of both patient groups and the wider communities served by The Christie, across different age groups, ethnicities, and socio-economic categories.