The Christie NHS Foundation Trust
Operational Plan 2016-17

PUBLIC SUMMARY

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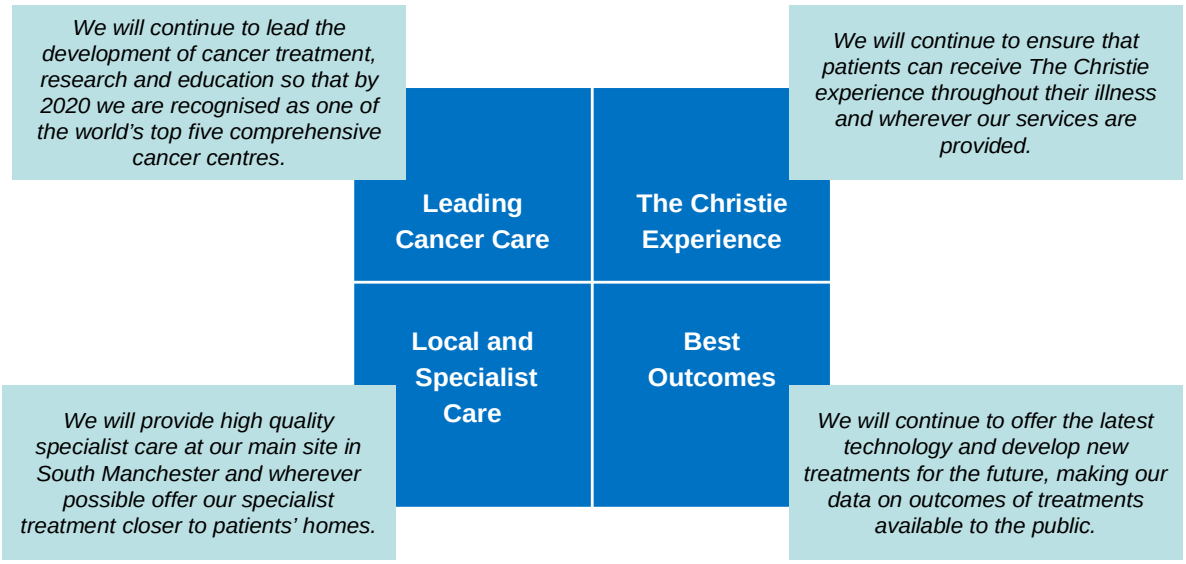
THE CHRISTIE AND OUR LOCAL HEALTH CARE ECONOMY

The Christie

Our patients are at the heart of everything we do. 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.

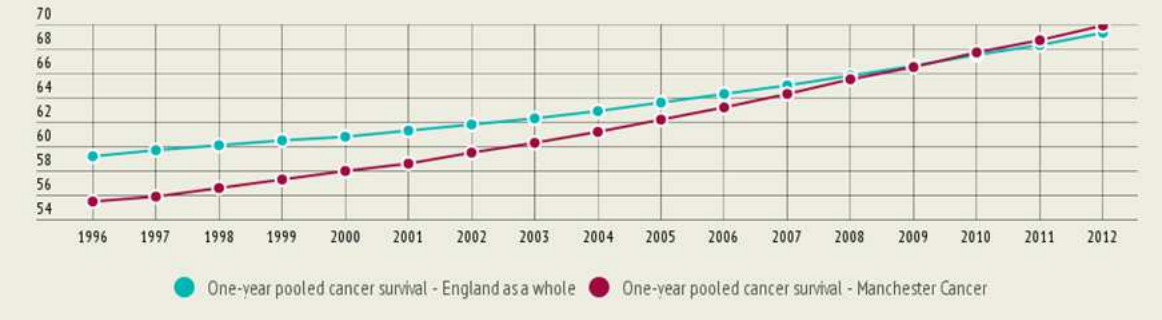
We specialise in cancer treatment, research and education, and were the first UK centre to be accredited as a Comprehensive Cancer Centre. As a centre of excellence, we focus solely on improving outcomes for oncology patients, providing services based on expert staff and a specialised infrastructure 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.



The challenge we face

The incidence rates of cancer continue to rise nationally, and it is expected that half the people born since 1960 will get cancer at some time in their lives and, on average, one resident of Greater Manchester is told that they have cancer every 30 minutes. Nevertheless the consequences of being diagnosed with cancer is not what it once was; advancements in clinical treatments and coordination of care mean that more than half of those diagnosed will live for 10 years or more. These improvements in care place further demand on existing staff and infrastructure during both the treatment of the disease and whilst providing support for those living with and beyond cancer.

Oncology care in Greater Manchester is working relatively well as a system with over 85% of patients are treated within 2 months, and over 90% of our patients report good experience of their cancer care. When it comes to the one year survival measure the region has caught up with and surpassed the England average.



It is recognised though there is still much more the health care system can do to improve the outcomes of our patients.

Future changes in the services need to be undertaken cognisant of the financial context, where demographic changes and specialised health cost inflation will particularly impact upon the financial position of the Trust. The Christie has a strong track record of transforming its services to deliver improvements and operational efficiencies, achieving at least £5m recurrent savings for the last 7 years. However, it is recognised that future changes to the patient treatments need to be across the whole patient pathway in order to generate the levels of savings required.

Our performance in 2015/16

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

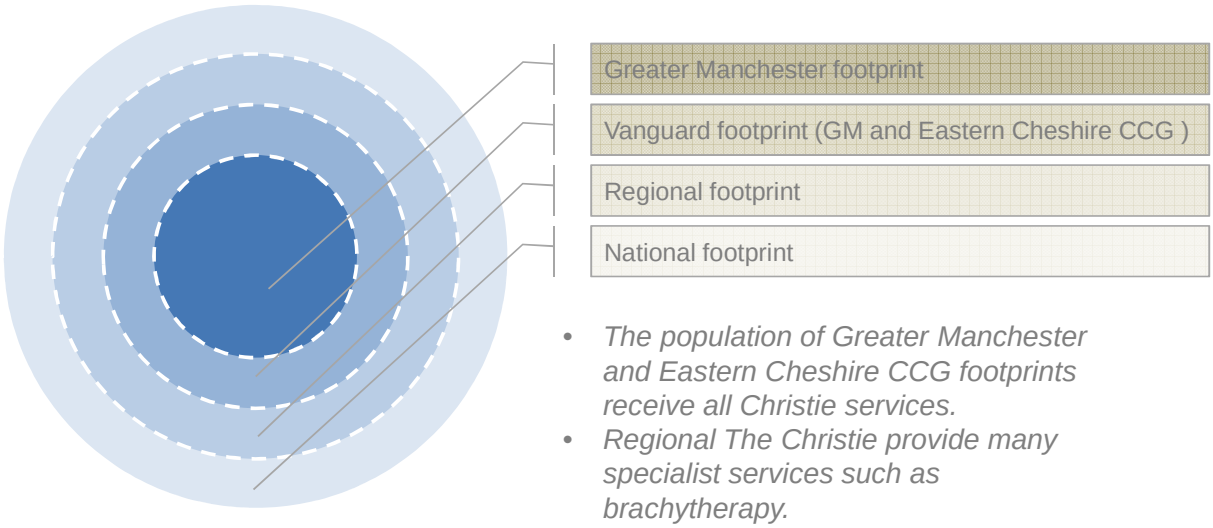
The Christie has:

- Remained within the top quartile for national staff friends and family test since its introduction
- Maintained CQC's Safe Staffing ratio of over 90%
- Has increased delivery of local chemotherapy to over 80% of those considered clinically appropriate to be treated within local settings
- Percentage of radiotherapy patients receiving IMRT is at 70%
- Has consistently delivered a financial surplus.
- Has consistently delivered a recurrent CIP (£5.46m in 2015/16)

Alignment with the Sustainability and Transformation Plan(s)

As a specialist centre delivering services across a large number of CCG areas The Christie will need to develop its own Sustainability and Transformation Plan (STP) addressing the needs of the patients of all localities. The figure overleaf shows the extent of our activity.

Footprint for The Christie NHS Foundation Trust



- *The population of Greater Manchester and Eastern Cheshire CCG footprints receive all Christie services.*
- *Regional The Christie provide many specialist services such as brachytherapy.*
- *The Christie provide multiple highly specialist national services.*

Approximately 50% of the Trust's income is generated from NHS clinical activity undertaken on patients from Greater Manchester. As such, The Christie NHS Foundation Trust is fully engaged in the Greater Manchester Health and Social Care Devolution. The Devolution Group has developed and published their Strategic Plan, which will form the basis of the Greater Manchester Sustainability and Transformation Plan.

The Christie provides specialist care to many patients that live outside Greater Manchester. As such The Christie will develop its own Sustainability and Transformation Plan covering a wide geographical area overlapping a number of other STPs. However, it should be noted that the aims as defined within The Christie 20:20 vision and the Greater Manchester Cancer Strategy remain sound principles that the Trust would support being integrated into a wide geographic cancer STP.

As part of a GM Cancer Strategy by 2021, our vision is that we will have:

- a single GM cancer commissioning organisation to manage and monitor cancer services
- a system leader that will be accountable for integrating all elements of cancer prevention and care
- a strategy for partner engagement to drive improvement
- innovative models of care such as delivering services closer to home
- reduced delays in referrals for treatment
- improved outcomes and survival comparable with top European countries
- reduced inequity across the conurbation by tackling unacceptable variations in access and quality of care
- a clear focus on prevention and rapid access to diagnostics
- support for education and research
- consistent quality standards
- a financially sustainable service

ACTIVITY PLANNING

Approach to activity planning

Joined-up Approach - We are wholly commissioned by NHSE for our services provided to the English population and have a close working relationship with them which facilitates open and transparent discussion of demand and capacity.

Predictive Analysis - Demand for cancer services continues to increase annually as the prevalence of cancer increases and these factors are built into forecast numbers. We have a strong record of robust activity planning, with outturn within 1% of planned activity in previous years. This has facilitated the ability to agree a risk share agreement with commissioner's confident our activity predication.

The approach to activity planning is to review historic levels of demand within services and within points of delivery, and to consider the full-year effects of in-year service delivery changes, to inform adjustment of current year forecast outturn activity levels. Commissioner-led changes in service delivery are also reflected, for instance, reduction in activity to reflect the impact of commissioner QIPP schemes.

New and Emerging Treatments – From a planning perspective the 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 for our services. This change in treatment options can often change the impact of purely incidence and prevalence driven demand.

Impact of Transformational Schemes - We also take account of internal transformational schemes such as the Inpatient pathway which focusses on patient flow, clinical review and ward rounds to specifically target rapid discharge and improved inpatient flows.

Demand assumptions

The baseline activity figures for 2016-17 have been agreed with NHS England, and our demand assumptions have been calculated on activity levels to date resulting in a **£2.8m** increase; this includes the impact of any in–year commissioning decisions such as CDF changes, new NICE approved drugs and the part-year impact of in-year service changes.

Capacity planning

It has been demonstrated during 2015/16 that baseline activity levels are deliverable and are sufficient to meet required targets. We consistently delivered Referral to Treatment (RTT), Diagnostic Waiting Times, and the Cancer Waiting Times (CWT) targets.

Chemotherapy - Growth in Chemotherapy delivery will be delivered through increased utilisation of Christie@ and other outreach sites, including progression of clinical trials to the Christie@ Wigan, Wrightington and Leigh site, expansion of services into new facilities at Tameside Hospital, improvement in capacity at Royal Bolton Hospital, and our assessment of development of services at Pennine Acute Hospitals. We will also be exploring the expansion of the Trust's Christie@Home service which was introduced in 2015 and currently

treats circa 30 patients per month. We are already achieving the target for 80% of clinically appropriate treatments to be administered closer to home.

PET-CT – As activity increases we have moved forward with the PET CT strategy which combines the need for increasing demand alongside a networked approach to enable our patients to be treated closer to their homes. We are continuing to work alongside our private partner, Alliance Medical Limited, to provide flexible capacity through use of mobile scanners and to maximise utilisation of our fixed site capacity. We also continue to work extremely closely with The University of Manchester, with shared access to a research scanning machine, and NHS partner Central Manchester & Manchester Children's NHS FT where we sub-contract for access to circa 1,500 scans. Early 2016-17 will see the introduction of the first semi-fixed PET CT site at Wigan, Wrightington and Leigh which will facilitate an additional circa 2,500 scans per annum.

Outpatient capacity – Capacity will be delivered through the expansion of the use of telephone clinics where clinically appropriate, the expansion of community follow up clinic services in other hospitals and GP practices, and the continuation of initiatives previously funded via CQUIN to reduce long-term follow ups in endocrinology and haematology.

Diagnostic Imaging activity – The new Magnetic Resonance (MR) Imaging suite which is due to open in June 2016 will increase capacity diagnostic imaging services with a new 3T tesla machine bring additional capacity.

Non-elective admissions – As part of the inpatient transformation scheme, we are looking at more efficient discharge and better patient flow. Linking this through to the trust 24/7 hotline service will support patients being seen in the right setting, receiving the specialist care they need when appropriate. This efficient way of working has allowed us to manage demand appropriately and is cost neutral across the health economy.

Transplants – In 2014 the trust opened a 31 bedded integrated HTU/YOU facility that created flexibility for each service to help manage demand. Additional transplant activity is few in numbers and will be managed through the new unit without any delays in patient treatment.

QUALITY PRIORITIES

Quality at The Christie

As a centre of excellence, our focus on patients is at the centre of all of our plans and services. The scale of our oncology services and number of expert health professionals enables the Trust to deliver a sub-specialism of care and infrastructure to offer the very best care even for the rarest of tumour types. The development of our Clinical Outcomes Unit further enhances our unique capability to capture, monitor and act upon the clinical evidence. Underpinning these high quality, specialised services is a deeply embedded organisational culture to continue to improve the quality and safety of the care provided to our patients. Recognising the financial pressures being exerted on the NHS as a whole, we will continue to develop and implement schemes that promote care of the highest quality, as well as monitoring contributory factors to quality such as staffing levels.

Our Quality Strategy is constructed around four broad objectives to ensure the continued delivery of patient safety, effective treatment and a positive experience.

	The Christie's Quality Strategy Objectives
1 Leadership and Culture	To ensure a trust culture where delivering high quality care and outstanding leadership are fundamental in all that we do.
2 Quality initiatives and incentives	To promote and support quality initiatives and develop quality improvement incentives.
3 Using data to show best outcomes	To use data to demonstrate best outcomes and achievement of established standards.
4 Workforce development	To ensure that the delivery of quality standards is inherent in the attitudes, behaviours and performance of the trust workforce.

Approach to quality improvement

We recognise that there are many aspects to the maintenance and continual improvement of high quality care to our patients.

Clearly defined and agreed priorities

In 2014 we launched a Three Year Quality Strategy, which describes how we will shape the delivery of high quality care and service to our patients. The Strategy has been embedded within all aspects of patient care and was developed to complement other strategic initiatives within the Trust, such as our Risk Management, Organisational Development, Education and Clinical Audit strategies to ensure a coherent approach to meeting our commitment to deliver high quality care.

We develop a number of quality priorities each year, 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.

Using the process described above we have developed a 'Sign up to Safety' campaign, which has identified two long term priorities as:

- Improving outcomes of systematic anti-cancer therapy in the frail elderly.
- Reducing harm from sepsis for inpatients by early recognition of patients in risk and appropriate and timely management

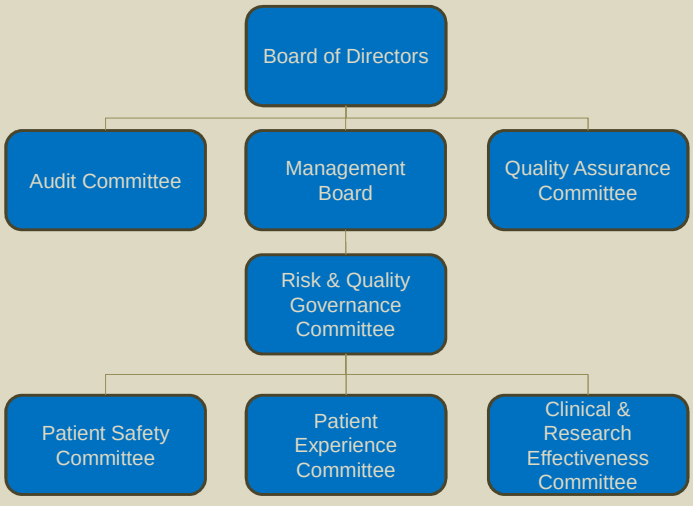
As a specialist tertiary centre, inpatient admissions are either elective admissions or admissions of our own patients within an acute situation. As we do not have an Accident and Emergency setting all our patients are under a named consultant in line with the recommendation of the *Guidance for taking responsibility: accountable clinicians and informed patients* paper.

Strong governance

We have developed a robust governance structure to ensure delivery of high quality care. In particular, the Trust has put the following in place to ensure strong governance:

- An 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 clinicians. 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.

The Christie Quality Governance structure



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 detail at the Audit Committee and the Quality Assurance Committee. Our internal auditors review this annually.
- A bi-annual Monitor Quality Governance Framework detailing compliance against the framework is undertaken and the score assigned to the review is agreed by the members of the quality assurance committee

Identification of risks

The top ten corporate and divisional risks are reviewed in detail at the Risk & Quality Governance Committee and at the Board of Directors. The corporate risk register is published monthly for all staff on the intranet site. The risks identified below represent the highest rated risks associated with the provision of quality care.

Description	Risk	Mitigation
Financial and operational pressures restrict the ability to maintain a high quality service	MED	Quality Impact Assessment for all CIP schemes signed off by Medical Director and Director of Nursing and Quality.
Operational changes / pressures limit ability to implement and embed quality improvement initiatives	MED	Quality Strategy delivered to milestones. Staff trained in quality improvement methodology. Implementation of ward/unit Quality Accreditation Schemes.
National C.Diff. target trajectory exceeded	MED	Robust infection control measures in place. Commissioner and Trust engagement on attribution review process.

Well led programmes of work

We commissioned an independent ‘well led’ governance review, undertaken by PwC in 2015. The report identified many areas of good practice and looked at steps to take the organisation from good to great. The action plan developed has been monitored through the Board of Directors and the actions are now complete.

Quality improvement process embedded

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.

Transparency of quality indicators

We recognise the value of sharing data and on a monthly basis publishes publically 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 outcomes, the staff friends and family test outcomes as well as safe staffing and agency expenditure.

Seven Day Services

As part of the Trust Transformation Programme three improvement workstreams have been created. As part of each remit they are to consider the development of seven day services within the organisation. This will build on the implementation of a six day chemotherapy treatment service and implementation of the national clinical standards for inpatient and diagnostics.

For 2016-17 the Inpatient improvement workstream has a number of task and finish groups which will review and embed compliance with the clinical standards, focusing on patient flow, clinical review and ward rounds to specifically target areas of poor compliance for the trust as part of the benchmarking. Work is planned to move to regular Saturday theatre sessions for elective patients from the current ad-hoc sessions. Patients will be supported with a seven day a week enhanced support service and additional occupational therapy & community link support to facilitate complex discharges at the weekends.

The Outpatient improvement workstream is established to improve patient flow and development of new models of care. Work will be undertaken to identify alternative methods of delivery for follow up arrangements for patients, further development of the weekend chemotherapy service and development of a seven day radiotherapy service for specific patient groups. Both improvement boards will run patient focus groups to canvas on what services our patients would like to see over seven days. The regional PET-CT service will continue to provide a six day service and the radiology service is reviewing the service to provide regular CT on Saturdays along with extended days for MR.

Quality Impact Assessments

We have a strong track record of transforming its 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 indicators

We use a dashboard of performance metrics to enable the management of the services the Trust delivers. These are discussed at 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 can be complicated and involve many factors

and being able to address these issues with management and clinical leads from all areas of the Trust has been found to resolve problems quickly.

We plan to develop a dashboard process to be reviewed at Board of Directors with the aims of:

- Enabling the cross comparison of indicators to explore explanations in variation of standards, whilst recognising the importance of qualitative intelligence (currently provided within the monthly performance reviews), and,
- Enabling effective planning for anticipated growth in activity, funded in part from efficiencies recognising that the quality of care provided could be adversely impacted if the causes of today's warnings of shortfall in services are not addressed.

We are in the early stages of developing these dashboards to be shared with the Board of Directors on a six monthly basis, alongside the contextual feedback from the performance reviews. Initially we will deliver this process for chemotherapy, radiotherapy, surgery and outpatient reviews. Recognising that these are very different services we propose to develop specific metrics for each area but broadly the dashboards will provide RAG rated performance indicators in the following areas:

	Quality	Workforce	Financial
Reported	Waiting times Outcomes Patient reported experience Complaints Safer staffing levels Infection rates Incidents	Vacancy levels Absence / Sickness rates Turnover rates Bank / Overtime rates Agency Use Grievances	Activity Monthly Financial position, including pay and non-pay trends % CIP target % CIP achieved Capital spend Cashflow
Next Period		Predicted staffing levels	Predicted activity

WORKFORCE PLANNING

Workforce at The Christie

We are extremely proud of our dedicated and highly skilled workforce. They embody the Christie ethos and we work hard to ensure the staff are enabled to deliver the very best of care to our patients. Although we have consistently high performance against workforce KPIs, such as sickness absence and usage of agency staff, we continue to strive to work with our staff to enhance their environment and as a consequence we continue to attract high quality staff, and have not experienced any significant recruitment or retention issues. This leads directly a high quality of care received by our patients.

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. A newly constituted Workforce Committee, led by our workforce professionals and including managers and clinicians, will receive Divisional plans to ensure consistency across all parts of the Trust.

The formal adoption of each of the Divisional plans follows the same route for each division:

- Divisional Boards approve the initial plans and any changes suggested, following internal and external Trust engagement
- Workforce Committee review plans to ensure consistency and identify recommendations
- The amended plans are provided to Executives for review.
- Formal approval is provided at the Capital and Workforce Planning Group

The plans themselves are monitored by our Workforce team with a formal six monthly presentations to the Capital and Workforce Planning Group on progress against the plan, where any required action is discussed and approved. In addition, workforce issues are captured and discussed at Divisional Board Performance Reviews, an Executive level review of each Divisions' performance takes place.

Throughout the year there will be proposed changes to the services that will result in establishment changes. These business cases will be approved at Capital and Workforce Planning Group, and depending on the scale of these changes will be taken to the Management Board a formal sub-committee of the Board of Directors.

As identified in the Quality section all risks, including workforce risks, are managed via the same rigorous process within the Trust.

Effective staffing

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 a 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. We have consistently achieved levels of less than 1% with executive approval required for all requests, which must be via national frameworks.

We have recently implemented *Allocate Healthroster* 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 an electronic solution which aims to reduce the reliance on nursing agency demand across the organisation. We have also invested in the creation of a day and night pool of nurse staffing which provides flexible cover to ward areas for gaps in the roster.

Workforce initiatives

We are working closely within the Greater Manchester Devolution organisation 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
- Work is on-going with a third party supplier to provide a tool to support medical staff bank cover and in 2016-17 will be working closely with GM Devolution and partner trusts on a GM wide doctors locum system to reduce the need for medical staffing agency spend.
- Non clinical agency spend is being reviewed to identify skills gaps within the organisation and how these may be addressed through increase in permanent staffing, collaboration within GM or through use of managed services for some areas, particularly those with a high level of technical skill such as informatics and projects.
- Full review of all back office functions across Manchester

We are working with local partner Trusts on the development of 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 (such as the provision of acute oncology roles at our partner trusts).

We continue to monitor staff recruitment and retention to address existing or potential staff shortfalls. Although we do not have existing issues relating to the recruitment of our clinical nurse specialists we have recognised that their age profile presented a potential issue with a number due to retire at similar times. The Division was supported to undertake special recruitment events.

During 2015, we developed Band 1-4 and Band 5-8a Workforce Development plans, focussing upon addressing service, workforce and education transformation plans within the annual workforce submission the Health Education England North West. A range of new projects are underway to ensure that we are addressing recruitment, retention, succession plans and role redesign including developing an organisation-wide learning needs analysis

to identify Trust priorities and ensure effective education commissioning intentions and use of resources.

In addition, we are also undertaking reviews of:

- the role of AHPs and nurse clinicians,
- skill mix in radiotherapy and chemotherapy, and,
- junior doctors linked to seven day services.

As identified within the Quality section of this plan, any transformational schemes are managed through a specific governance structure with requirements to gain final approvals from Executive Director of Nursing & Quality and the Executive Medical Director prior to implementation.

Link to local health care economy

As a Trust we work very closely with many health care providers North West, to ensure a patient centric service is provided. This engagement covers service developments and so includes the workforce requirements. Wider strategic initiatives, either at National level such as 7 day work, or regional level such as GM Devolution initiatives are captured by Executive leads through their objectives and cascaded down to the relevant Divisions. The Divisions then address these issues through the approach described in section above, Approach to Workforce Planning.

The Executive Director of Nursing and Quality is a representative on the Greater Manchester Local Workforce and Education Group. The annual workforce planning submissions to Heath Education England North West (HEE NW) identify our service, workforce and education transformation plans and include specific workforce challenge and skills gaps across services and staff groups looking ahead 5 years. We are in close and continual liaison with HEE NW to ensure that we are engaging with and maximising the value to the organisation of new funding initiatives and pilot schemes aligned with HEE mandate priorities. We are directly involved in the commissioning, management and quality of future and existing healthcare professional education programmes with HEE NW, Higher Education Institutes, Further Education Colleges, Schools other service providers within the region. Our performance across standards and key performance indicators within the Learning and Development Agreement are extremely favourable demonstrating year on year improvements.

FINANCIAL PLANNING

Financial strategy 2016-17

Our financial strategy for 2016-17 continues to focus on delivering productivity and efficiency improvements and reducing costs. We understand that financial sustainability is critical to support the delivery of safe patient services and provide the investment required to fulfil our ambitious capital programme.

The Trust plans to achieve a **£14.4m** surplus in line with the stretch target set out by NHS Improvement. The surplus position reflects the staffing and non-pay investment required to deliver anticipated activity growth, whilst achieving targets and addressing seven day working initiatives. Further to the £14.4m surplus target, the Trust will monitor financial performance against a revised notified regulator control target of £9.1m. This is because NHS Improvement have removed the financial impact of donated income for purchase of capital assets and associated donated asset depreciation from the operational position, as the values of these revenue flows can significantly vary across financial periods, and are not linked to underlying performance.

Efficiency savings for 2016-17

The Trust's greatest challenge to delivering the bottom line surplus relates to achievement of the increased Cost Improvement Programme (CIP) requirement, necessary to reach the identified stretch target surplus. The target has been set at **£7.5m** of which £6.5m is recurrent.

Although the Trust is not part of the Lord Carter work, due to its specialist nature, we have adopted the Carter approach recognising the themes in our local methodology. We are working closely with colleagues at The Royal Marsden to develop appropriate efficiency benchmarks and have utilised the Reference Cost benchmarking tool and local Patient Level Costing data to identify and evaluate opportunities that are relevant to The Christie's patient group.

Given the level of CIP we have historically already delivered through transformation and improved efficiency, we believe the control total presents an increased risk of delivery and this will need to be closely monitored throughout the year. Taking into consideration the timeliness of this stretch, change plans are not yet fully developed to achieve the full target.

Procurement Practice

The Trusts 5 year Procurement Strategy includes specific objectives to reduce costs and ensure best value is obtained for all goods and services used throughout the Trust. A number of controls are in place including;

- Rationalisation of suppliers and limiting product catalogue's
- Mandatory training for all budget holder on procurement and requisition & supplier ordering rules
- Management of suppliers – inflation resistance, bulk buying discounts, price offers and discounts

The Trust utilises an external e-tendering portal and along with a new Financial Ledger, E-Procurement and E-Reporting Solution (Managed Service) that the Trust has invested in we have comprehensive, accurate and reliable systems that will record data and information about all its procurement activity, including that made through internal systems, local contracts and collaborative frameworks.

We have long established 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 allows us to share good practice and facilitate savings initiatives with regular benchmarking of goods and services taking place to secure best prices.

Estates

We are fully committed to making the most efficient use of our estate. The main hospital site is located in a residential neighbourhood of South Manchester, such that infrastructure developments are constrained by the existing physical footprint. Better utilisation of our site, partner hospitals and primary care facilities have been a key factor in delivering increased patient volumes for our services, whilst meeting the clinical strategy objective of treating patients closer to their homes.

In addition to this we will focus on the following areas in 2016-17;

- undertaking a full estate at utilisation review with a view to transferring non-clinical services off the main site
- Introduce a levy on space (particularly non-clinical) to promote the best use of limited rooms.
- Review of how our estate, in use in line with the Manchester Devolution programme, to identify opportunities for centralisation or rationalisation.

Medicines Optimisation

We are committed to optimising the use of medicines for all patients who receive our services. We work closely with patients to ensure that they get the best outcomes from the therapies they receive, whilst considering the most efficient and cost effective delivery method;

- Evidence based choice of medicines. We are one of the largest recruiters to clinical trials in the UK and Europe. Prior to the commencement of any cancer therapy patients receive information about that treatment, and nearly all treatments provided are on the basis of trial evidence, and where available in accordance with NICE guidelines.
- Ensuring medicine use is as safe as possible. We closely monitor the safe use of medicines through its Safe medicines Practice committee and in January 2016 created and recruited to a new senior pharmacist position of Medication Safety Pharmacist.
- Making Medicines Optimisation part of routine practice. We work very closely with our patients to ensure that they get the best possible outcomes from the medicines

they receive, and this is demonstrated through the 1 year and 5 year survival rates which the Trust delivers.

Workforce

We recognise that to achieve and maintain the planned level of operational and research activity the Trust needs an effective and sustainable workforce. To support this requirement a number of transformation projects have been identified as described in the Workforce section of this plan.

Other

In addition to the Carter themes our transformational programme includes;

- Electronic document management
- Patient records moving to an electronic model
- Rationalisation of medical records – including destruction of paper notes
- Review of all inpatient flows with the view of introducing new models of care
- Review of how patient activity is scheduled in line with seven day working plans
- Review of outpatients flow, scheduling and technologies for remote monitoring and self-management

Capital planning

To ensure we continue to achieve our strategic aims of enhancing the patient environment, a continued programme of capital investment has been planned. Each scheme is prioritised, based on a number of factors including clinical priority, cost and patient benefit. The 2016-17 capital plan of £77.5m spend includes the following projects;

- Integrated Procedure Unit (IPU) – this aligns with our clinical strategy around managing growth in surgical activity. The unit bring together a number of key services allowing a rationalising of workforce and better dependency of shared facilities. The unit is complete in May 2017.
- Proton Beam Therapy (PBT) – This predominantly DH funded scheme will see the introduction of the first PBT facility in the country.
- Diagnostic Imaging – Expansion to meet increasing demand of MR and CT in a new state of the art facility in line with the replacement programme of the existing equipment and the inclusion of a new scanner.

In recent years the Trust has supported its capital programme through CIP delivery, generating cash surpluses to fund the 5 and 10 year investment plan. This includes provision for an asset replacement programme, robust maintenance of the estate and capital developments that enable implementation of the longer term clinical and financial strategy objectives.

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. The composition of the council of governors changed during 2015/16 when it was agreed that the volunteers would be represented by the non-clinical staff governor.

Governor elections

Elections to the council of governors are undertaken annually with the notice of elections announced in May. Our council of governors are kept informed with progress through the council of governor meetings. The results of the elections are reported to our annual members meeting. The annual members meeting will take place on Thursday 21 July 2016. We have chosen to use Electoral Reform Services (ERS) to independently manage the public elections as they have previously provided an efficient and cost effective service. We manage the staff governor elections internally. The table below shows the constituencies that were up for election in the last 2 years and the constituencies that are up for election in 2016.

Year	Constituencies up for election	Total
2014	**Public:** Bolton, Bury, Oldham, Salford, Tameside & Glossop, Cheshire	**8**
	Staff: Registered medical practitioners, Non clinical staff	
2015	**Public:** Cheshire, Rochdale, Stockport, Wigan	**4**
2016	**Public:** Manchester x 2, North West, Remainder of England & Wales, Trafford	**7**
	Staff: Registered nurses, Other clinical professional	

We successfully appointed a governor to all of the constituencies that were up for election in 2014 and 2015. 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.

The board of directors and council of governors meet for a time out session annually. The last joint meeting took place in November 2015. This session focussed on progress with the implementation of the 5 year strategy.

Membership strategy

Our membership strategy for 2013-16 focused 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. Examples of such groups include cancer support groups, Rotary Clubs and the Round Table. Governors endeavour to build relationship with these groups and organisations in order to share Christie news and obtain feedback on existing and future services.

   Public governors also engage with staff and patients at The Christie through the 'Talking to Patients' initiative which runs quarterly. 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.

The membership strategy for 2016 – 19 is in draft form and will be approved by the council of governors' membership committee in April 2016.