



The Christie   
NHS Foundation Trust

**Operational Plan Document for 2014 – 16**

**The Christie NHS Foundation Trust**

**Published**

This document completed by (and Monitor queries to be directed to):

Name	Elizabeth Calder
Job Title	Deputy Director of Business Development
e-mail address	elizabeth.calder@christie.nhs.uk
Tel. no. for contact	0161 – 446 3817
Date	3 April 2014

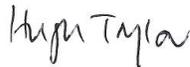
In signing below, the Trust is confirming that:

- The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;
- The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and
- All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name <i>(Interim Chair)</i>	Sir Hugh Taylor
--------------------------------	-----------------

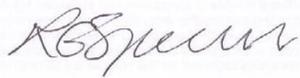
Signature



Approved on behalf of the Board of Directors by:

Name <i>(Interim Chief Executive)</i>	Roger Spencer
--	---------------

Signature



Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Joanne Fitzpatrick
-----------------------------------	--------------------

Signature





<b>Contents</b>	<b>Page</b>
1. Executive Summary	3
2. The short term challenge	5
3. Quality plans	14
4. Operational requirements and capacity	20
5. Productivity, efficiency and CIPs	27
6. Financial plan	30

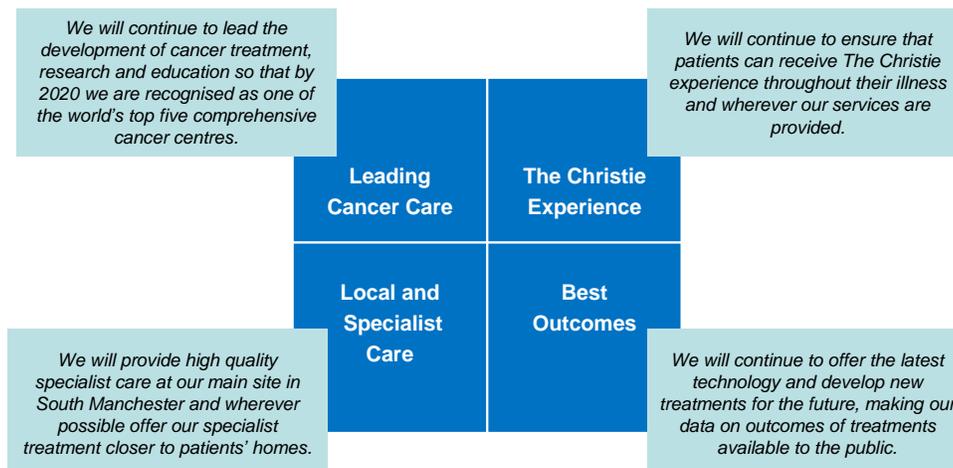
## 1. Executive Summary

### The Christie

The Christie specialises in cancer treatment, research and education and is the largest cancer centre in Europe. Treating 40,000 patients a year we are the first UK centre to be accredited as a Comprehensive Cancer Centre.

As a centre of excellence, with a strong track record of treatment developments, delivering improvements in patient experience and transformational efficiencies, we are in a strong position to work with commissioners to address Local Health Economy challenges whilst continuing to deliver high quality patient care and outcomes.

This Operational Plan provides a robust analysis of our position, articulating the key areas of focus over the next two years and is consistent with our wider strategic plans and our commissioners' strategies. Our 20:20 Vision identifies four key themes on which all our strategic and operational plans are based and shows a clear focus on improving patient outcomes and their experience.



As a Comprehensive Cancer Centre we are able to provide services based on expert staff and a specialised infrastructure dedicated to the delivery of cancer treatment, research and education. Our focus and size enables us to uniquely deliver effective and efficient specialist care and, with the support of The Christie Charity, we are able to provide facilities to support an excellent patient experience. Furthermore our transformation programme takes a holistic view of the patient pathway, ensuring that we continue to deliver high quality care to our patients, whilst delivering cost improvements year on year.

Wherever possible and effective, we have worked with our partners to deliver these high quality services closer to the homes of our patients, in particular through the development of our radiotherapy satellite centres and network of chemotherapy services, whilst retaining very specialist services at the main Christie site. We will continue to work with our local partners and explore opportunities inside and outside our network to expand this approach.

The scale of our oncology services has enabled The Christie to systematically record, monitor and publish clinical outcomes data through our dedicated Clinical Outcomes Unit.

During our seven years as a foundation trust we have delivered all our clinical quality and financial targets:

- Clinically, since their introduction, we have not failed any cancer waiting time target, including the 31 day targets, the 18 week targets and the 62 day targets (in line with the agreed Greater Manchester breach reallocation policy).
- We have consistently achieved very low levels of infection control incidents, in particular MRSA and attributable clostridium difficile (c.diff) cases.
- National surveys support our monthly patient surveys in demonstrating very high patient satisfaction levels and are used to improve services.
- Financially we have achieved all of our targets since becoming a foundation trust in 2007.

The Christie's performance to date supports the ambition of this two year operational plan. It enables the Trust to build on our successes of previous years and continues to take steps towards our vision, further improving our high standards of patient care and outcomes underpinned by a strong financial basis:

Monitor rating	2010-11	2011-12	2012-13	2013-14
Governance	●	●	●	● *
Financial Risk Rating	5	4	5	4 (f)**

\* – Q4 Board assurance issues – interim chairman appointed as discretionary requirement.

\*\* – change of regulatory framework. Top rating of 5 2010/11 – 2012-13, and top rating of 4 2013-14.

(f) – forecast

### The Christie: *We care, We discover, We teach*

<b>We Care</b>	As a specialist trust we serve the population of Greater Manchester, Cheshire and beyond with 27% of our patients being referred from outside of our immediate network. With a turnover of £209 million, we employ 2,500 dedicated staff working across our networked services including Europe's largest radiotherapy service delivered across three sites, eleven chemotherapy delivery sites and a state of the art mobile chemotherapy unit. These services are supported by a cancer centre that provides a wide range of specialised oncology services such as specialised surgery, inpatient care, teenage and young adult oncology, haematological services, imaging, outpatients along with comprehensive support services for patients.
<b>We Discover</b>	Our experts have been pioneering cancer treatments and research breakthroughs for more than 100 years. The cancer centre provides access to the world's largest phase 1 and 2 chemotherapy trials unit.  In partnership with The University of Manchester and other local universities we deliver our research and educational programmes and we continue to play a fundamental role in the Manchester Academic Sciences Centre (MAHSC).  We are active members of the Manchester Cancer Research Centre (MCRC), a collaboration between The Christie, University of Manchester and Cancer Research UK.
<b>We Teach</b>	The Christie has developed the UK's first School of Oncology, which delivers high quality education and training within The Christie, across our cancer treatment network and throughout the country. The School of Oncology brings professional development and pre- and post-registration educational training activities for medical, nursing, allied health and healthcare science professionals together into one academic structure at The Christie. In developing our programme of activity we have access to, and the support of, some of the country's leading experts in cancer care, treatment and services.

## 2. The Short Term Challenge

### The Short Term Challenge

#### The national position

Nationally the incidence rates of cancer continue to rise. Improving Outcomes: A strategy for cancer reports that more than one person in three will develop cancer at some time in their lives and one in four will die of the condition. With improving access and technology more people are surviving their cancer with an estimated 1.8 million people living with and beyond a cancer diagnosis at present. More than 331,000 people were diagnosed with cancer in 2011 in the UK, which equates to around 910 people per day. Cancer incidence rates in Great Britain have risen by 23% in males and by 43% in females since the mid 1970s.

As cancer is most common in older people more than three out of five new cancers are diagnosed in people aged 65 or over, and more than a third are diagnosed in those aged 75 or over. The effect of a growing and ageing population is likely to further increase the incidence of cancer. Furthermore lifestyle factors such as obesity and alcohol consumption will continue to increase incidence and patient referrals to The Christie. In addition, the planned earlier detection of cancers will lead to a greater proportion of patients being referred to specialist centres with treatable cancers.

The national strategy has focused on improving cancer outcomes. The latest report in December 2013 focused on improving screening, earlier diagnosis, improved access to the best possible treatments and developing information collection and analysis, with a goal of halving the gap in survival rates for patients in England and the best countries in Europe.<sup>1</sup>

Rising demand for cancer services and survivorship comes within the national context of delivering high quality patient services during an extended period of financial restraint. The drive to improve efficiency and deliver transformational change without reducing the quality of services delivered continues. We understand that NHS England are considering how to improve clinical quality by reviewing the number of specialised providers and standardising specialised service specifications.

#### Our local context

In addition to the national cancer incidence trends, locally we continue to see an increase in the number of new patient referrals with an estimated 12% increase of new patients seen at The Christie over the period 2009-10 to 2013-14. Furthermore, as oncology treatments develop and improve, more patients have treatable tumours, and with increased survivorship each patient typically receives an increased number of treatments.

During this time of increased demand we have actively managed a shift in the delivery of clinical services from inpatient treatments to ambulatory treatments such that over the 2009-10 to 2013-14 period there has been a 27% reduction in inpatient admissions at The Christie. To provide further capacity and improve the patient experience we have steadily increased the number of sites at which we treat patients. In 2009-10 we provided 3,700 chemotherapy treatments at five sites and in 2013-14 we expect to provide 10,000 treatments over eleven fixed sites plus a recently commissioned mobile chemotherapy unit. Radiotherapy services are now delivered over three sites, with the two satellite radiotherapy sites at Oldham and Salford each treating 60-70 patients per day.

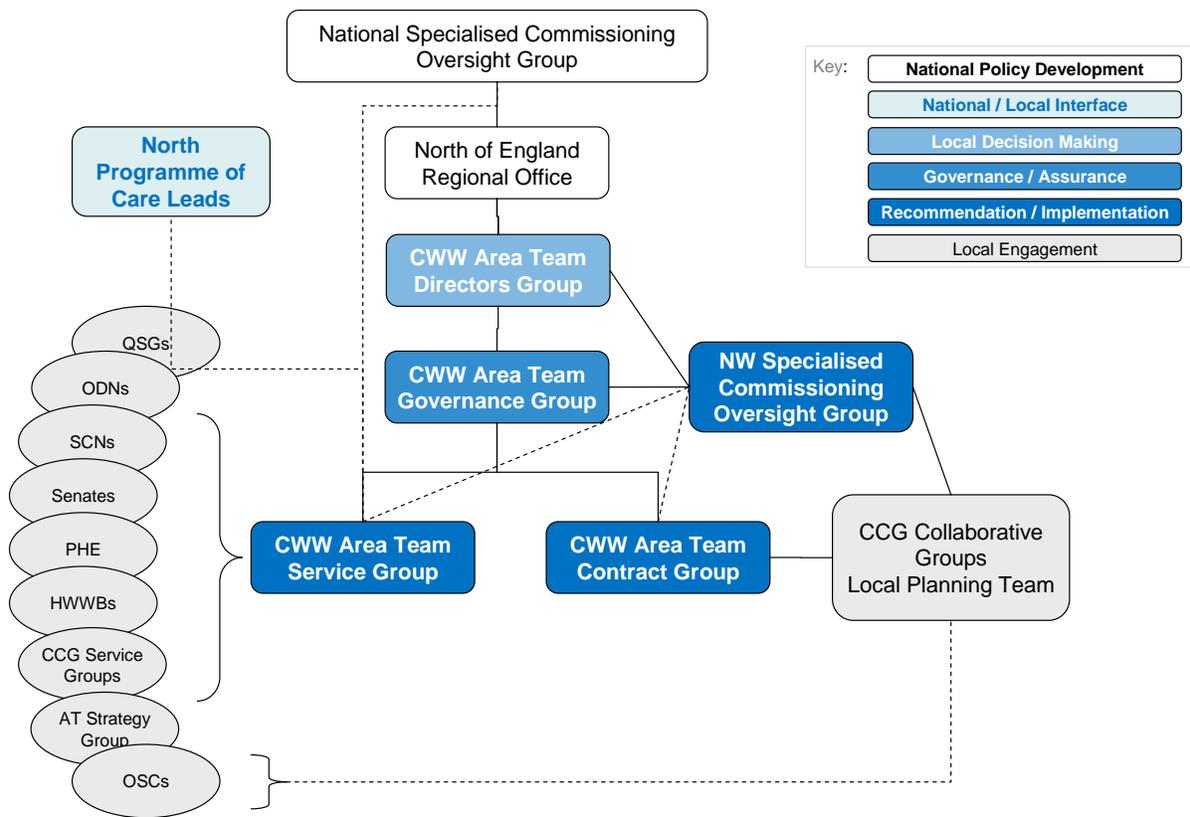
---

<sup>1</sup> Improving Outcomes: A Strategy for Cancer 3<sup>rd</sup> Annual Report, 2013

## Local health economy overview and engagement

Our track record shows that we consistently work in partnership with commissioners to deliver commissioning priorities, including expanding capacity for radiotherapy and chemotherapy services to meet rising demand, and improving local access through the development of satellite centres and mobile access. We have signed our contract with commissioners for 2014-15 meeting the national deadline of 28th February 2014. Our commissioners informed The Christie that we were the first in the country to do so.

The new commissioning arrangements mean that all of our NHS contracted income is commissioned through NHS England via the Cheshire, Warrington & Wirral Area Team. Commissioners are moving towards evidence based national standard clinical policies developed through Clinical Reference Groups requiring trusts to comply with contract specifications. We have strong representation across the relevant Clinical Reference Groups (CRGs), including chairing the CRG for Specialist Urology with representation across a number of other groups including specialist colorectal services, chemotherapy and sarcoma amongst others.



A **Local Planning Team** is being formed by commissioners to bring together the Area Teams (ATs) from each region of the North West together with Clinical Commissioning Groups (CCGs), the Strategic Clinical Networks (SCNs), Greater Manchester's Healthier Together change programme and Specialised Commissioners. This will enable integrated commissioner views and priorities to be developed across a wider footprint that will also reflect the views and priorities from the Local Health Economy (LHE). Through the initial engagement sessions with these individual bodies, we have confidence that priorities are aligned and will continue to work closely with the Local Planning Team to ensure full delivery of these over the life of the plan.

**Strategic Clinical Networks (SCN):** The NHS Commissioning Board Authority has set out its plan for a small number of national networks to improve health services for specific patient groups or conditions. Called Strategic Clinical Networks, these organisations will build on the success of network activity in the NHS which, over the last 10 years, has led to significant improvements in the delivery of patient care. Cancer is one of the conditions chosen for the first SCN. Building on the close working relationship with the former Greater Manchester Cheshire Cancer Network, and working with the newly formed SCN on initiatives such as Acute Oncology, will provide better co-ordination of services, better care and better outcomes for patients.

**Operational Delivery Networks (ODN):** The role of the ODN is to provide impartial clinical advice and expertise to both providers and commissioners to develop equitable, high standard services for patients and improve access to these. The ODN is a non-statutory organisation and therefore has no constitutional rights, however the NHS Standard Contract reinforces the need for ODNs and requires that members comply with the functions and work plans of the network. The Trust has signed up to the ODN Memorandum of Understanding Partnership Agreement and contributes 0.1% of its CQUIN to fund the networks non-recurrently until a longer term financial fund is identified and embedded.

Locally the Greater Manchester commissioner-led Healthier Together programme challenges providers to improve the quality of services. Phase 1 of this programme has three key strands:

- Out of Hospital Care – Primary Care
- Out of Hospital Care – Integrated Care
- In Hospital Care – Urgent, acute and emergency medicine, general surgery and women’s and children’s services

Whilst these are outside of the scope of Christie services we are actively participating in the Healthier Together programme with executive level representation upon its Provider Reference Group.

We are working in partnership with other Greater Manchester cancer providers through the provider-led Manchester Cancer, a key part of an ‘integrated cancer system’ in Manchester. The Provider Board is responsible for supporting the Vision for Cancer Services to make Manchester one of the top five Integrated Cancer Systems in the world and securing world class outcomes for patients so that by 2020 more than 70% of newly diagnosed patients live for more than 5 years.

### **National Strategy Context**

NHS England states within its planning guidance that it will be *‘looking to reduce significantly the number of centres providing NHS specialised services; require standards of care to be applied consistently across England, and maximise synergy from research and learning’*. As providers across Greater Manchester and beyond review their own plans for sustainability, alliances and mergers may begin to take place. These will be actively monitored to identify opportunities for The Christie and to manage any potentially adverse impacts upon The Christie’s services or finances.

A critical element of the five-year strategy for specialised services will be achieving a balance between improved outcomes of care and ensuring that patients remain able to access high quality services, regardless of where they live. This two year operational strategy is part of the broader five year strategy which focuses on continuing to develop The Christie as a centre of excellence delivering the highest possible outcomes for patients through innovative models of care that meet the requirements of commissioners set out nationally.

## Local Health Economy challenges

Within this Local Health Economy the following challenges have been agreed for the period of the two year plan:

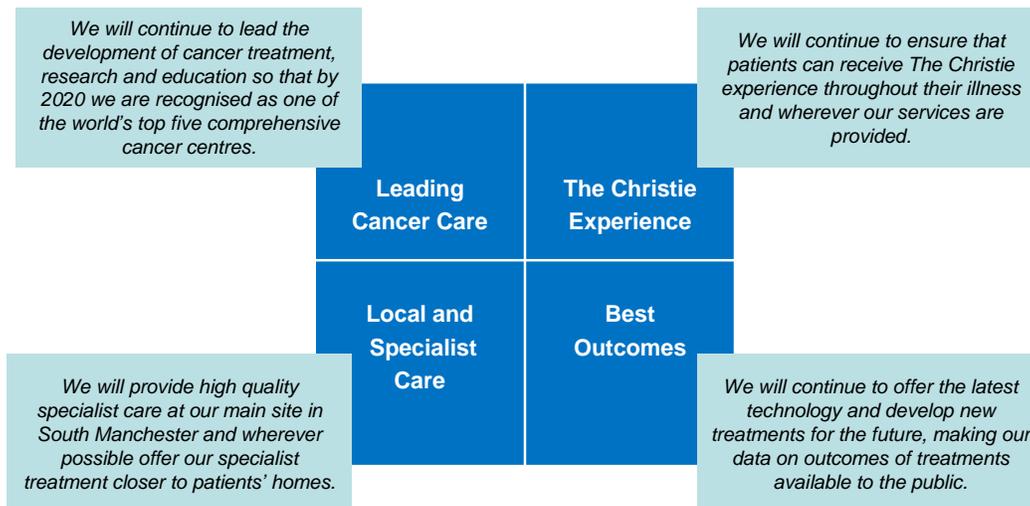
NHS England		Local Planning Team
National	Area Team	
<ul style="list-style-type: none"> <li>▪ National Radiotherapy Strategy – due to be published in 2014</li> <li>▪ Stereotactic Radiosurgery / Stereotactic Radiotherapy</li> <li>▪ PET CT national tender</li> <li>▪ Cancer Drugs Fund</li> <li>▪ Anal Cancer</li> <li>▪ Complex Head &amp; Neck cancers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cancer Improving Outcomes Guidance (IOG) compliance</li> <li>▪ Proton Beam Therapy</li> <li>▪ Chemotherapy Strategy – increasing local access</li> <li>▪ Management and support of drug usage, in particular, high cost drugs and chemotherapy regimens</li> </ul>	<ul style="list-style-type: none"> <li>▪ Operation Delivery Networks (ODNs) / Strategic Clinical Networks (SCNs)</li> <li>▪ Acute Oncology</li> <li>▪ Healthier Together</li> <li>▪ End of Life</li> </ul>

## Meeting the challenges

Specifically for this plan we have engaged with and listened to our Governors through our Development and Sustainability Committee and our Local Health Economy, co-ordinated through our Local Area Team. This plan reflects their priorities and will be delivered within the context of The Christie's 20:20 Vision.

### Our 20:20 Vision

Having reached the targets set out in our proposal to become a Foundation Trust we developed our 20:20 Vision through stakeholder engagement with over 2,500 contributions from the public, patients, carers, charities, commissioners and local partner organisations. This Vision is now in its second year of implementation and forms the basis of all our strategic plans.



## Our objectives

Our strategic objectives, set out to deliver the Trust's 20:20 Vision are as follows:

1. To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness.
2. To be an international leader in research and innovation which leads to direct patient benefits.
3. To be an international leader in professional education for cancer care.
4. To integrate our clinical, research and educational activities as an internationally recognised and leading comprehensive cancer centre.
5. To provide leadership within the local network of cancer care.
6. To maintain excellent operational and financial performance.
7. To be an excellent place to work and attract the best staff.
8. To play our part in the community.

## Areas of Focus 2014-15 – 2015-16

Taking into account the priorities defined by our commissioners we have identified a number of key areas of focus for 2014-15 – 2015-16 to address the Local Health Economy challenges and progress our strategic direction.

### Radiotherapy

Demand for radiotherapy continues to rise. The agreed 2014-15 block contract with commissioners recognises growth in demand from patients in 2013-14. We also anticipate growth in 2015-16.

As a trust we are committed to bringing further benefits to patients from:

- A general increase in the proportion of patients that receive radiotherapy including an expansion of **Intensity-Modulated Radiation Therapy/Image-Guided Radiation Therapy**
- Increased access to **stereotactic radiotherapy**

We will ensure our service is aligned to the soon to be published **National Radiotherapy Strategy**, including recognising that the commissioning for **Stereotactic Radiotherapy / Stereotactic Radiosurgery** will be set nationally along with a renewed focus on the uptake of radiotherapy for the radical treatment of patients.

In order to facilitate the increasing demand on radiotherapy we will continue to deliver against our linear accelerator replacement programme.

The Christie was selected to host one of two centres delivering a national **Proton Therapy Service**, an advanced form of radiotherapy which can target the radiation more precisely within the tumour than conventional radiotherapy. We will continue to work with Central Manchester University Hospitals NHS Foundation Trust (CMFT) and Salford Royal NHS Foundation Trust (SRFT) to define the optimum patient pathway.

Selected Internal Radiotherapy (SIRT) is a form of radiotherapy used in the treatment of cancerous tumours in the liver. The Christie was successful in its application to become one of 10 centres that will continue to provide SIRT to around 220 patients a year as part of a time-limited programme called 'Commissioning through Evaluation' (CtE). The CtE programme will enable SIRT to be funded within defined parameters and within an explicit evaluation programme.

## Systemic Anti-Cancer Therapy (SACT) and non-solid tumours

Demand for chemotherapy also continues to grow with the increase in activity agreed with commissioners for 2014-15. It is now the second year of our **localising chemotherapy strategy** which will see the evaluation of the existing mobile unit to inform the consideration of a second mobile unit along with the development of a 'Christie @ Wigan' chemotherapy service. This model ensures commissioners can bundle services together contractually across the pathway with a confidence that the quality of service will be maintained to The Christie standard of care.

The Trust will continue to use the **Cancer Drugs Funds** to deliver the very best care to patients. To balance the increased demand for chemotherapy, the Trust has initiated a Quality, Innovation, Productivity and Prevention (QIPP) programme which includes seeking to embrace the concept of medicines optimisation ensuring our patients obtain the best possible outcomes from their medicines while minimising the risk of harm. This has been achieved with the introduction of a cyclical prescribing scheme which offers an enhanced experience for patients whilst reducing the potential drugs wastage and therefore the cost to commissioners. Chemotherapy drugs can be very costly and therefore the **management and support of drug usage** is recognised as a key priority.

Our new combined £12 million Haematology and Young Oncology building will be complete in early 2014, delivering improvements in patient experience, capacity to meet rising demand and a more efficient and effective service. Our activity plans have been agreed with commissioners to reflect these increases. The Haematology and Transplant Unit at The Christie is one of the largest centres in the country specialising in the treatment of haematological malignancies. The Unit sees in excess of 7,000 outpatient cases and 1,800 inpatient/day case episodes per year. The Unit has seen continued growth and maturity of the programme with expansion into umbilical cord transplantation and the expansion of a dedicated facility offering stem cell transplantation.

## Specialised Surgery

The commissioner led **Healthier Together programme** has specified its requirements for the provision of specialised surgery to enable Improving Outcomes Guidance compliance and world class outcomes. The reconfiguration of cancer surgical services to meet the requirements of **Improving Outcomes Guidance (IOG)** remains a commissioner priority. Agreement has been reached to transfer gynaecology oncology surgical services from Salford to The Christie ensuring national specification and IOG compliance. We will continue to work with NHS England to define and deliver surgical oncology services in the future. The new service model demonstrates how we meet commissioner specification criteria to deliver the agreed priorities of an integrated cancer system and the key themes identified by Manchester Cancer's research on 'what matters to patients'.

In April 2014 commissioners will initiate a formal competitive tendering process to commission the future model of care for urology oncology surgical services. Working with partner organisations, The Christie will be seeking to submit an expression of interest with a view to develop the services.

Within our five year capital programme we have plans to invest in an Integrated Procedures Unit (IPU) to increase capacity on our surgical wards in support of the surgical reconfiguration. This will aggregate a number of currently dispersed surgically related procedures into a discrete purpose built area optimising use of the workforce and freeing up capacity in other parts of the Trust.

Through the success of the clinical leadership of Clinical Reference Groups, NHS England published the Clinical Commissioning Policy for Cytoreductive Surgery of the Colorectal Origin in April 2014. This policy identified The Christie as a designated centre for Peritoneal Carcinomatosis bringing £1.8m investment to the Trust.

**Anal Cancer** has been identified by the National Commissioners as priority. We will work with commissioners and partner organisations to optimise the local health economy delivery of these services for the benefit of patients.

**Complex Head and Neck Cancer** has been identified by the National Commissioners as a priority. There are currently three surgical oncology teams for Greater Manchester but with the anticipation that this may reduce. Although The Christie does not provide Head and Neck surgery we would want to fully participate in the design of any service for the benefit of patients.

### **Acute Oncology Service**

*Improving Outcomes Guidance* compliance is a priority for commissioners and also the Provider Board who have agreed a phased rollout. We have commenced the networked **acute oncology** service at Stockport, Central Manchester, Salford and Wigan as phase one of the programme.

2014-15 will be the third year of a three-year CQUIN target for acute oncology which focused on providing sustainability for the Trust's patient hotline service. This service provides a 24 hour telephone helpline available to patients and carers for advice/management on the side effects and complications of cancer service. The trained staff advise and signpost patients to the relevant information or service offering a vital resource when patients feel at their most vulnerable.

### **Supporting services**

A strategy for **Positron Emission Tomography–Computed Tomography (PET/CT)** has been developed and activity growth agreed with commissioners. This strategy continues development of the current integrated paperless system which utilises the PET/CT web-site and national Image Exchange Portal (IEP) to provide local service delivery with rapid communication and affording the benefit of centralised expertise. Development of the fully integrated service has been continued because it has created a robust and high quality service with consistent standards across all sites at low cost. We understand there will be a **PET/CT national tender** and we will explore any potential patient benefit in considering an application from The Christie.

### **End of Life Care**

The palliative care and symptom control team are improving the care of patients with advanced and progressing disease at The Christie. Our **End of Life** team are focusing on the following areas:

1. Better communication between hospital and primary care teams
2. Better communication between Christie teams
3. Greater involvement of patients in decision making about their treatment
4. Timely referral to specialist palliative care

Outcomes are measured through a process of continual audit. We have already demonstrated significant improvements in care and improved integration of palliative care within oncology. This initial work was accepted for presentation at the European Association for Palliative Care conference in Trondheim, Norway in 2012. The next stage of the project (2014-15) will look more closely at the benefits (and any potential harms) of the initiative to patients and their carers.

## **Research & Development**

The Christie has been at the forefront of innovative research for its one hundred year plus history and research continues to be an essential component of our vision. The Christie has a number of partnerships and assets that enhance our research capability.

Following reaccréditation for the Manchester Academic Health Science Centre (MAHSC) in 2013, agreement has been reached with The University of Manchester for a five to ten year academic expansion plan supporting up to 40 additional consultants. The focus for the next two years will be on appointment of the first tranche of positions in support of the development of a bid to attain Biomedical Research Centre status.

The Manchester Cancer Research Centre (MCRC), a collaboration between The University of Manchester, Cancer Research UK and The Christie, will open a new jointly funded MCRC unit on The Christie site in 2014 to provide leading edge translational research.

## **Education**

Following the successful first three years of the School of Oncology, which delivers high quality education and training within The Christie, across our cancer treatment network and throughout the country, an updated strategy has been developed. The School of Oncology brings professional development, and pre- and post-registration educational training activities for medical, nursing, allied health and healthcare science professionals together into one academic structure at The Christie. The School of Oncology is currently investigating how best to expand the educational programme so that other parts of the world can benefit from the excellent training developed at The Christie.

## **Cross cutting and Enabling Areas of Focus**

In order that we can deliver excellent patient experience we intend to develop a Christie Kite mark to signify quality for all of our patients. We will seek to secure continued improvement in the care we provide year on year. One of the ways we support improving clinical outcomes for patients is through our Clinical Outcomes Unit; 2014-15 will be our third year of this initiative programme to systematically capture, review and publish our outcomes data.

The Trust recognises the importance of improving services and patient experience whilst maintaining high standards of performance during a period of unprecedented financial challenge. Meeting the Quality, Innovation, Productivity and Prevention (QIPP) challenge has always been important to the Trust and we can demonstrate a number of schemes pro-actively initiated that improve services for patients whilst delivering a financial benefit for commissioners.

We are exploring possible additional income through the provision of international advice, training and education within a strategy that protects our NHS services

The strategy for The Christie Clinic, our joint venture for private patients, has been developed to 2030. It will focus on maximising income, through provision of inpatient services and ambulatory care, and is part of our wider financial strategy as is outlined in Section 5.

## Summary

### Overview

#### 20:20 Vision

#### Strategic Objectives

Leading Cancer Care	The Christie Experience	Clinical outcomes and patient safety, experience and clinical effectiveness
		Leadership in local area network of cancer care
Local and Specialist Care	Best Outcomes	Comprehensive cancer centre
		Leader in research and innovation
		Leader in professional education for cancer care
		Excellent place to work
		Operational and financial excellence
		Community participation

#### Areas of focus – 2014-15 & 2015-16

<b>Leading Cancer Care</b> Education and training Publication of cancer outcomes Electronic sharing of data with LHE Establish IPU Acute oncology service Living with and beyond cancer Develop relationships with commissioners	<b>The Christie Experience</b> Widen access to supporting services Patient and public experience Achieve upper quartile targets Effective use of IT	<b>Enabling Areas of Focus:</b>  <b>Cross Cutting</b> Implement 2020 vision Develop and deliver financial strategy Transformational programme Sustainability and corporate citizenship  <b>Workforce</b> Staff engagement Leadership Workforce planning
<b>Local and Specialist Care</b> Chemotherapy closer to home Radiotherapy strategy Haematology strategy YOU / HTU Gynaecology and Urology Regional & Supra-regional services Progress Proton plan	<b>Best Outcomes</b> Latest imaging and treatment Continue level 3 critical care Implement year one of Quality Strategy Continue to improve clinical outcomes MAHSC MCRC	

#### Quality

<b>Christie led:</b> Clinical Outcomes Unit 20:20 Vision implementation Quality Strategy Christie Kitemark	<b>National CQUINs:</b> NHS Safety thermometer Dementia and delirium care Friends and Family test	<b>NHS England CQUINs:</b> Reduce Long term follow ups Patient held records	<b>Local CQUINs:</b> Acute oncology (hotline) Survivorship End of Life 7 Day Working Interactive ward dashboards
--	--	---	---

#### Principles and Behaviours

We will always give the best quality care	We treat everyone with compassion, dignity and respect	We listen to our patients and each other	We work together as one Christie team	We share knowledge and learning	We support staff to develop to their full potential	We look for new ideas and better ways of working	We promote a fair culture	We provide a safe, clean and tidy environment
---	--	--	---------------------------------------	---------------------------------	---	--	---------------------------	---

### 3. Quality Plans

#### Quality Strategy 2014-17

As a centre of excellence, our focus on patients is at the heart 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 of care even to the rarest of tumour types. The development of our Clinical Outcomes Unit further enhances our unique capability to capture, monitor and act upon clinical evidence.

From 2010 to 2013 our Quality Strategy delivered a range of improvements designed to maintain patient safety, continue effective treatments and enhance patient experience. Embedding our Quality Plans in everything we do has ensured that we maintain the Trust's excellent record in delivering high quality care to our patients. The latest unannounced CQC visit of January 2013 reported compliance against all of the eight outcome areas that were investigated. The Trust has also had a number of successful initiatives that have been built upon within the wider Trust such as the project to reduce pressure ulcers where the pilot ward saw a reduction of 37.5% in ulcers. The lessons learned within such projects are shared across the Trust.

In January 2014 the Quality Strategy 2014–17 was approved by the Board of Directors. Building on the previous three years, it focuses on continuing to strengthen our leadership, empowering doctors, nursing, allied health professionals and all our other clinical and non-clinical staff to lead and deliver quality improvements. We will continue in our drive to improve the quality of care for our patients by ensuring cost effectiveness and efficiency through the creative use of our resources whilst continually assessing the quality impact of schemes.



The Trust's vision clearly sets out our focus on patients and in particular the quality of service that we provide. With a track record of consistently delivering high quality services our Quality Strategy has been developed to deliver the 20:20 Vision and sets out priorities in three key areas of patient safety, effectiveness and experience as well as contributing to reducing inequalities in access to healthcare.

The Quality Strategy 2014–17 has been developed within the context of the findings of the Francis Report, the subsequent Berwick Report and the Keogh Review and the eight ambitions described following the inspections into the quality of care and treatment provided by 14 hospital trusts in England. The strategy also takes account of the significant safeguarding reports including the Winterbourne Review. The Quality Strategy reflects the key achievements over the last three years, the short term deliverables for 2014-15 and the longer term aspirations for 2017. The four objectives of the Quality Strategy are:

- To ensure a Trust culture where high quality care and outstanding leadership are fundamental in all that we do.
- To provide and support quality initiatives and develop quality improvement incentives.
- To use data to demonstrate best outcomes and achievements of established standards.
- To ensure that the delivery of quality standards is entrenched in the attitudes, behaviour and performance of the Trust workforce.

Each of the four objectives has a set of defined deliverables associated with it. Key areas of focus in year one include:

- To develop a suite of evidence based standards for the fundamentals of care.
- To undertake and act upon the findings of a Trust wide patient safety culture questionnaire.
- To develop and establish The Christie Kite mark to denote excellence in care and treatment wherever this may take place for our patients.
- Clinical outcome reports to be published annually per disease group.

## CQUINs

This year also sees the introduction of one new local and two new specialised commissioning CQUINs that enable us to develop plans over a two year period bringing a fantastic opportunity to make some significant improvement to service provision and patient experience. The CQUINs have been defined as:

CQUIN	Indicator
National	<ul style="list-style-type: none"> <li>▪ Friends &amp; Family – staff and patient</li> <li>▪ Dementia &amp; Delirium</li> <li>▪ Safety Thermometer</li> </ul>
Local	<ul style="list-style-type: none"> <li>▪ Acute Oncology (hotline)</li> <li>▪ Survivorship</li> <li>▪ Improving the care of patients with advanced progressing disease</li> <li>▪ 7 day working</li> <li>▪ Interactive ward based clinical performance dashboards</li> </ul>
Specialised services CQUINs	<ul style="list-style-type: none"> <li>▪ Reducing long term follow up</li> <li>▪ Patient held records</li> </ul>

Locally we are developing a Christie ‘7 day working CQUIN’ which takes the principle of ensuring patients have better access to services seven days a week, but applies it specifically to Christie services such as the chemotherapy Saturday service which was introduced to improve waiting times and available capacity.

For the Specialised Commissioning CQUIN, we are looking at innovative ways to support patients being seen in the community by their local GP, in a safe way that doesn’t block access back to a

specialist when required. The scheme plans to reduce the number of hospital based follow up appointments and will cover a number of specialties.

Finally, we intend to take technology to a new level with the introduction of a patient held records scheme that brings key information about the patient's treatment plan and progress straight to the patient through mobile devices and tablets.

The rapid adoption of tablets and smartphones has raised expectations of citizens and driven organisations to provide a rich interaction with services not previously possible. To meet this challenge, The Christie will deliver a technical platform to allow patients to engage with their care in a secure, safe and meaningful way. The care and support a patient receives should extend beyond the traditional physical boundaries of a hospital and utilising technology The Christie will empower and support patients 24/7.

### Quality approach

For 2015-16 and subsequent years, our longer term aspirations will continue to drive the quality agenda focus to enhance the Trust's culture such that, proactive staff-enabled quality improvements are promoted and staff are encouraged to continually strive for excellence. Improvements to patient / staff assessment of care and data capture / reporting developments will be put in place to facilitate and enable this work as part of a planned programme.

The risks associated with changes to practice are mitigated through the requirement for costs consequences to be signed off by a trust accountant, and the clinical consequence signed off by the clinical lead for the area. Furthermore, the Trust intends to increase the number of staff that are trained in the quality improvement methodology.

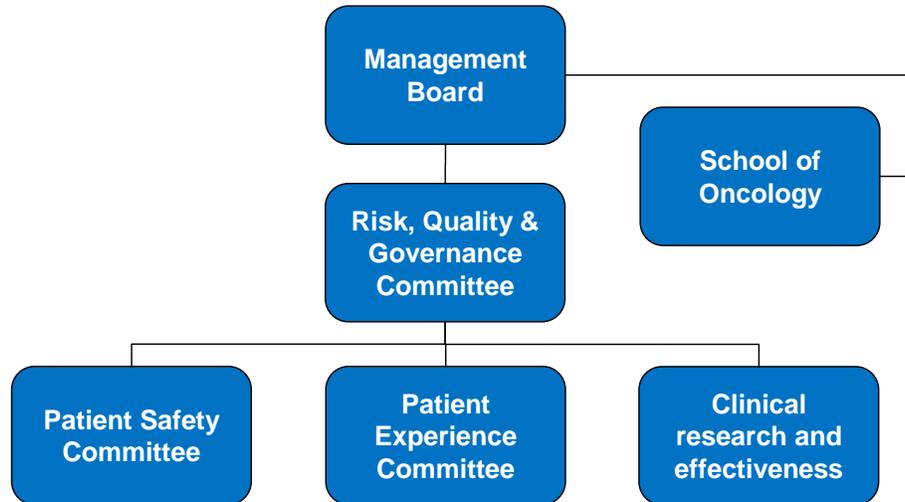
### National Quality Reports for Francis, Keogh and Berwick

The revised Quality Strategy takes account of the national quality agenda and in particular the National Quality Reports for Francis, Keogh and Berwick. The Trust carried out many open staff forum events led by our senior clinical and divisional leaders inviting staff to discuss these reports and specifically to discuss *'are we creating the right culture and putting our patients first?'*

Francis	77 of the 290 recommendations from the Francis Inquiry were reviewed by both clinical and managerial staff groups and deemed pertinent for the Trust to consider further. Representatives from across the organisation reviewed these recommendations and provided evidence that in 65 of the 77 recommendations that the recommendation was already being met or identified the gap and advised what action was required to close the gap and a date for meeting the recommendation. This evidence was reviewed at the June 2013 Quality Assurance Committee who were assured of compliance against the recommendations. For the remaining twelve recommendations actions were developed and completed by August 2013.
Keogh	The eight ambitions of the Keogh Report have been reviewed by the Executive team and subsequently supported by the management board and the Trust's position against the ambitions has been recorded. These eight ambitions will continue to be monitored at the Patient Safety Committee and any issues will be raised to the Risk and Quality Governance Committee as appropriate.
Berwick	The report was studied in detail through the Patient Safety Committee and their recommendations for future work were presented to the Risk and Quality Governance Committee in November 2013. These actions were delivered and there are no ongoing actions.

## Quality governance

The patient safety, patient experience and clinical and research effectiveness committees are embedded within the risk management structure of the Trust as shown below.



In addition, the Divisional approach to quality governance has been reviewed by Internal Audit and given Significant Assurance. This approach to governance has enabled the Trust to ensure that the outcomes set out in the Care Quality Commission Essential Standards of Quality and Safety, the NHS Litigation Authority risk management standards and the Monitor Quality Governance Framework are achieved and that supporting evidence for compliance is readily available for external regulatory visits. Going forward into 2014-15 the three committees will focus not only on the standard business but also on a number of key priorities:

- For the Patient Safety Committee priorities include monitoring that learning is captured from patient safety incidents and audits, escalating into the Trust's systems and processes as needed, leading patient safety initiatives to ensure that the Trust is compliant with best practice, to oversee the work to measure the Trust's culture regarding safety and champion any diagnostic and remedial work needed as a result.
- For the Patient Experience Committee priorities include understanding patient experience in hard to reach groups, improving continuity of care and signage, welcome and way finding for staff.
- For the Clinical Research and Effectiveness committee, priorities include challenging the scrutiny of the Audit Committee in areas where results are negative, focus on actions implemented, develop a platform for staff to access new guidance launched related to Trust activity and refine our Technology Assessment Policy.

We continue to engage with patients and staff on a regular basis to ensure that we understand their views on our services. Many staff have participated in discussion sessions to comment on the Francis Report and in particular creating the right culture and putting patients first. All suggestions have been acted upon and reported back to the wider organisation through 'You said...We did' sessions. Following the success of the initial session and the subsequent three open forum sessions, the event will be run on a monthly basis with the presence of an executive director.

## External quality assurance

The Trust successfully achieved level 3 of the NHS Litigation Authority (NHSLA) Risk Management Standards in December 2012 scoring 49 out of a possible 50. Since then the NHSLA have consulted, reviewed and reconfigured their assessment process and from April 2014 there will no longer be any assessments and therefore no levels 1, 2 or 3. The new process will focus on improving outcomes, learning from claims, reducing harm and improving patient and staff safety. The NHSLA team will support members to learn from claims and help organisations to engage clinicians and support them to change clinical practice. However, the internal monitoring processes established to successfully achieve level 3 are well embedded into the organisation and will continue as a mechanism to ensure safety and quality.

In January 2013 the Trust underwent an unannounced CQC visit. The inspectors reviewed eight outcomes to assess how the organisation is meeting the essential standards of quality and safety. The formal report noted compliance against all eight outcomes with no actions required.

CQC Outcome Reference	Definition	Standard Meet
Outcome 1	Respecting and involving people who use services	✓
Outcome 2	Consent to care and treatment	✓
Outcome 4	Care and welfare of people who use services	✓
Outcome 6	Co-operating with other providers	✓
Outcome 7	Safeguarding people who use services from abuse	✓
Outcome 13	Staffing	✓
Outcome 14	Supporting workers	✓
Outcome 17	Complaints	✓

The Trust underwent a responsive announced visit in December 2013 in relation to Outcome 12, requirement relating to workers. The Trust was found to be fully compliant.

The Trust's Internal Auditors, Mersey Internal Audit Agency, have undertaken a number of assessments within the organisation's internal assurance programme 2014-15; both the Staff Acuity and the Division Governance reviews have received "Significant Assurance".

## Board of Director assurance

The Board of Directors receives assurance of achievement against the quality objectives through a number of Board subcommittees; the Management Board (operational assurance), the Audit Committee and the Quality Assurance Committee. At these meetings the requirements of the Care Quality Commission essential standards and Monitor's Quality Assurance Framework are rigorously tested and the evidence reviewed. Holding directors to account for the delivery of the agreed quality agenda, the Council of Governors are fundamental in testing the quality of the organisation to gain assurance. Through their Quality Committee, Governors request evidence of achievement of the quality targets. Governors have received feedback on all three of our quality improvement areas through the Governors Quality Committee. The other quality priority areas are described in our Quality Accounts, published in June each year. The Trust is well within targets of the key performance measures of low infection rates, fall in pressure ulcers, safety thermometer targets and clinical audit, and it is strongly anticipated that the measures will remain within target for the year 13-14.

Our strategy also includes a wide array of internal and external assurance and reporting including clinical audit, confidential enquiries, clinical research and Care Quality Commission reviews. The Trust uses an approach of 'True for Us' reviews that allows the undertaking of a gap analysis of the recommendations to ensure that we are learning lessons from other organisations or able to give assurance that issues identified elsewhere could not occur at The Christie.

Following significant focus and investment over the previous two years, the Trust's Clinical Outcomes Unit will be publishing its first reports this year and will continue to do so on a disease group by disease group basis. Plans are in place to initiate patient involvement in data collection and developments of novel technologies to extract, capture, report and monitor care information will be expanded in scope significantly throughout 2014-15.

The Trust has maintained its excellent performance on healthcare associated infections. We are now in the final year of our three year approach for real change in quality improvement through the development of stretch targets on locally agreed CQUINs achieved through close working with our lead commissioner along with delivering quality improvement for other CQUIN priorities.

We continue to be committed to improvements in electronic clinical correspondence and the delivery of real time patient treatment and outcome communication with general practitioners and received significant assurance from our internal auditors.

In addition, a suite of quality monitoring tools have been developed which enable real time quality monitoring of inpatient care. The tools align to the fundamentals of patient care, based on the standards set by CQC, NICE, Essence of Care and the current clinical evidence base. They are designed around the domains of the patient experience of care, observation of care delivery, documentation of care and staff experience of care provision, for use by all disciplines, grades and roles of staff to both monitor the quality of care provided and identify areas for focused sustainable quality improvement projects. Over 2014-15 phase two will see the development of a suite of quality monitoring tools specifically designed for the ambulatory care areas to enable ongoing monitoring of all areas of the Trust. The tools will also be translated into an electronic format to provide time efficiency and instant feedback and, where possible, immediate improvements can be made. This data, together with the well established internal and national patient and staff surveys and more recent initiatives such as the Friends and Family test, will provide a wealth of information to enable us to better understand The Christie from the patients' perspective.

## 4. Operational requirements and capacity

### Service Demand

#### The Christie

As a Comprehensive Cancer Centre, our size and focus enables us to flex service capacity up and down to respond to changing demand, delivering services locally to patients wherever possible and to the same high standard of care associated with The Christie.

#### The Challenge

Cancer Research UK estimates that over 1 in 3 people will develop some form of cancer over their lifetime. Nationally, the projected increase in the incidence of cancer is caused by a number of factors including an ageing population, changes in lifestyle, technological advances in treatment and increased survivorship. This will fuel increasing demand for cancer services.

The Christie has particular service demand challenges as the North West of England has high incidence rates of cancer when compared to the UK average; the *Cancer Registration Statistics, England, 2011 (ONS)* show that the North West have an approximate 5% greater incidence rate of cancers than would be expected for its gender / age distribution when compared to the whole of England. Furthermore, The Department of Health's *Improving Outcomes: A Strategy for Cancer, January 2011* highlighted that despite improvements in survival and mortality rates in England, cancer outcomes remain poor in comparison to the best outcomes in Europe.

Through our framework of the 20:20 Vision, we are fully committed to delivering the change in service provision to meet the increasing demand for services at the same time as managing the financial pressures caused by rising healthcare demand, costs and funding challenges.

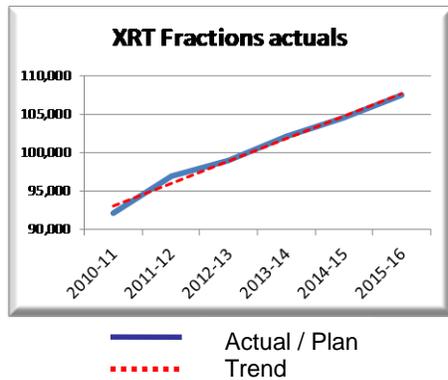
### Service Developments

The Christie has a strong track record of working with commissioners to meet national policies and local commissioning intentions. In order to meet the increasing patient demand numbers and the 20:20 Vision within the confines of the anticipated financial position, The Christie have taken a strategic view of the core services it delivers and reviewed its key assets; the capital assets of the Trust and its staff.

#### Radiotherapy

The Christie provides all NHS radiotherapy for all patients within the Greater Manchester and Cheshire Cancer Network. The Christie has one of the world's largest radiotherapy centres with 12 linear accelerators on the main Withington site and, to deliver treatment closer to home, The Christie has developed two fully networked centres in Oldham and Salford each with two linear accelerators.

The 2012 Department of Health Radiotherapy Services in England paper highlighted *Radiotherapy is a highly effective clinical effective treatment. It accounts for just 5% of national spend on cancer treatment and yet... .... Of all patients cured of their cancer 40% will have received radiotherapy as part of their curative treatment; and 16% of all cases can be attributed entirely to their radiotherapy.*



Predicting future demand is extremely difficult with a large number of interrelated factors influencing demand, but as the population continues to grow and age the demand for radiotherapy will increase between approximately 2% and 3% per annum.

The introduction of new complex techniques, image guided radiotherapy and invivo dosimetry has provided an opportunity to transform the service from one that delivered quantity using a 'one size fits all' approach to very high quality customized treatment delivery. In addition the introduction of these complex techniques together with an increased use of combined chemo-radiotherapy has targeted groups of patients who previously were not suitable for radical treatment, driving improvements in outcomes. Such techniques do increase the time taken to treat patients which in turn negatively impacts on the capacity available on the linear accelerators.

In addition to these demands The Christie has the short term challenge of delivering a service two years into a six year linear accelerator replacement programme. In order to continue to deliver sufficient treatments to patients, The Christie has employed the following approaches:

- Extended the working day to get the most out of its linear accelerators and meet the clinical demand.
- Introduction of new technology: Volumetric Modulated Arc Therapy (VMAT) alleviates some of the increase in time to deliver treatment as VMAT allows treatment to be delivered more efficiently. A rollout plan has been established and commenced for the introduction of VMAT across the linear accelerators.
- Where clinically appropriate the delivery of hyperfractionated radiotherapy, a treatment that delivers more than one treatment per day, but requires less hospital visits.

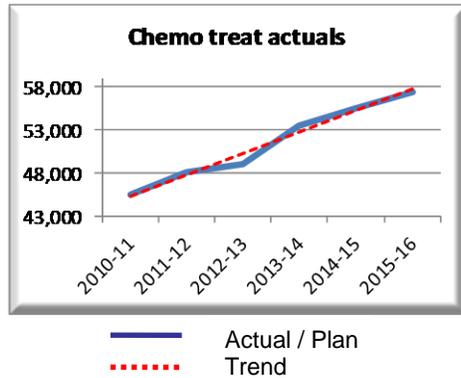
Should additional capacity be required, the radiotherapy satellite sites in Salford and Oldham have been built with the infrastructure in place to increase the number of linear accelerators. Should the need for greater capacity of radiotherapy occur in other parts of the network, The Christie will continue to review the demand for radiotherapy services and determine whether an additional site should be developed.

Radiotherapy is continuously changing as technology evolves and specialist techniques and research feed rapidly into regular practice. As one of the world's largest radiotherapy centres, the clinical, radiography and physics expertise enable The Christie to continue its proud history of developing, introducing and promoting new technology.

Following the approval of our Outline Business Case by the Department of Health and HM Treasury we continue to develop our plans for a national proton therapy service. We are currently holding dialogue sessions with a number of proton therapy equipment suppliers and developing our business plan with a Full Business Case anticipated to be approved by HM Treasury in Summer 2015.

## Systemic Anti-Cancer Therapy and non-solid tumours

Chemotherapy is one of the major modalities for treatment of cancer with over 40,000 treatments delivered by Christie staff.



Chemotherapy has grown by approximately 5% per annum above the general increase in cancer incidence. This increase is above the incidence growth as a greater proportion of cancer patients are receiving chemotherapy, and chemotherapy patients receive a greater number of lines of treatments as the survival rate for certain cancers increases. In addition, the National Cancer Drugs Fund has contributed to increasing chemotherapy activity, often opening up lines of treatments that were not previously available.

The Christie is the largest provider of chemotherapy across the Greater Manchester and Cheshire network.

To meet year on year increases in demand for chemotherapy, capacity has increased through a number of phased developments. The initial phase was the development of The Oak Road patient treatment centre, a purpose built unit providing care for those patients receiving outpatient chemotherapy and clinical trial treatments. With 55 treatment chairs and 27 beds, the centre is the largest chemotherapy unit in the UK and the largest single site clinical trials unit in the world.

For those patients between the ages of 16 and 25, chemotherapy is administered on our specialist Young Oncology Unit, the designated Principle Treatment Centre for the region, tailored to the needs of this age group. The Christie will open a new combined unit together with the Haematological Transplant Unit in 2014, with capacity to reflect the growth agreed with the commissioners.

In addition to the provision of greater capacity on site, The Christie is currently two years into our three year localising chemotherapy strategy. The Christie has plans to reach our target of delivering 70% of clinically appropriate treatments within 20 minutes of the patients' home by the end of the financial year, and 80% by the end of 2014-15. In order to deliver these targets and meet the needs of our patients, The Christie has expanded its network of locations at which chemotherapy can be delivered. As well as identifying eight partner hospitals at which patients can receive care from Christie trained and employed staff closer to their homes, we have started to deliver appropriate chemotherapy at two Primary Care Health Centres. Further chemotherapy capacity in selected areas is provided by The Christie mobile chemotherapy unit launched in 2013. A number of patients receive treatments at home under supervision of a nurse.

The Christie @ Wigan chemotherapy suite will open in Autumn 2014 delivering increased capacity of specialist treatments locally to patients' homes. Other sites across the region are currently under consideration.

## Surgery

The commissioner led Healthier Together programme has specified its requirements for the provision of specialised surgery to enable Improving Outcomes Guidance compliance and world class outcomes. The Christie are currently planning for the smooth transfer of specialist gynaecological services from a neighbouring trust and are awaiting the outcome of a review of other proposed surgery reorganisation within Manchester. We are working with NHS England to define the future surgical oncology services and in order to deliver sufficient capacity and provide any desired improvements in patient experience, The Christie will reconfigure its existing ward stock for any future growth.

The changes within The Christie and the local health economy will require the Christie to assess the capacity and utilisation of its theatres. The Christie will continue to examine the opportunity to develop an Integrated Procedures Unit that will handle day case procedures and place less pressure on existing services.

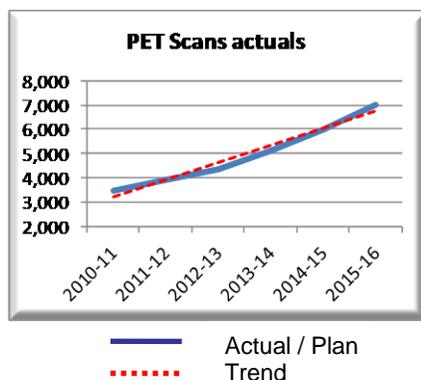
## Outpatients

The increasing demand for outpatient clinics has led to some external and internal initiatives. Plans to reduce the demand for outpatient visits include a CQUIN initiative to reduce the number of follow up appointments and Commissioner QIPP to introduce telephone clinics. With these initiatives in mind, and the need to improve the quality of the outpatients' facilities in the longer term, the Trust will continue to examine options for reconfiguration and relocation of the outpatients department. In the short term the re-provision of other services in new developments has freed some capacity to deliver outpatient consultations in alternative locations.

## Acute Oncology

To improve the communication between The Christie and peripheral hospitals in the management of the care of acute patients, four consultant oncologists have been appointed at peripheral hospitals. The model will deliver fully integrated acute oncology care between the cancer centre and all the acute trusts with the expectation that emergency admissions will be reduced/managed by other solutions and non-elective stays are shortened. It is anticipated that two more consultants will be appointed to posts to undertake this role at other peripheral hospitals.

## Imaging



With The Christie's Positron Emission Tomography–Computed Tomography (PET/CT) service running at capacity the Trust has developed its PET/CT three year strategy and expansion to meet the anticipated demand is identified within the capital programme.

## Capital Strategy

Our size and focus enables us to efficiently target our capital investment to provide patients with equipment and facilities to deliver the best possible outcomes and patient care. For instance, our linear accelerator replacement framework has enabled us to save a significant sum per machine. Our capital plan will continue to support the clinical and supporting services inline with our demand and capacity requirements, and inline with areas of focus for 2014-15 – 2015-16.

The new joint Young Oncology Unit / Haematology Transplant Unit will open in mid 2014 delivering a greater level of care to its patients. This is the next major capital service development in a planned programme of works that has developed Oak Road Treatment Centre (the UK's largest chemotherapy unit), the Brachytherapy and Radionuclide Centre (the supraregional centre in these specialist treatments) and the UK's first two fully networked radiotherapy satellites.

We undertook a strategic review of our estate to ensure all future developments are coordinated so that appropriate developments are prioritised and coordinated with the wider Trust and are developed within a framework of principles relating to prioritisation of redevelopments to clinical / patient areas and ensuring the co-location of appropriate services. The initial output from this process is the *Strategic Planning Framework*, a Planning Framework that is currently under review within Manchester City Council.

Moving forward the five year plan for Major Capital Schemes has an expected value of £210million:

Local and regional service developments	<ul style="list-style-type: none"> <li>- Development of Oak Road phase 2, including the redevelopment and relocation of the outpatients department and the re-provision of ward stock</li> <li>- Development of Charitable schemes including the Integrated Procedures Unit</li> <li>- Reconfiguration of the Radiotherapy Department</li> <li>- Expansion of Cytroreductive surgery for Peritoneal Cacinomatosis of Colorectal origin</li> <li>- Upgrade of Electronic Patient Record system to support modernised business processes</li> <li>- Upgrade of ward e-prescribing system to support modernised business processes</li> </ul>
National services	<ul style="list-style-type: none"> <li>- Development of Proton Therapy Centre</li> </ul>
Extension and enhancement	<ul style="list-style-type: none"> <li>- Support the development of the Manchester Cancer Research Centre</li> <li>- Development of Maggie's @ The Christie to enhance the patient experience</li> <li>- Provision of car parking, with options to deliver off site parking</li> </ul>
Asset replacement	<ul style="list-style-type: none"> <li>- Equipment replacement</li> </ul>
Estates strategy	<ul style="list-style-type: none"> <li>- Delivery of increased energy capacity</li> <li>- Carbon reduction</li> <li>- Backlog maintenance</li> </ul>

In addition to the £210 million, funds have been assigned to support the Trust's investment in The Christie Clinic (£3 million) in order to support the ongoing development of the joint venture.

## **Workforce priorities**

### **Workforce needs**

As a centre of excellence our large oncology workforce are dedicated and highly trained and consistently receive high scores on patient satisfaction surveys. We recognise that our capability to continue to develop our sub-specialist services at our main site and our partner sites, delivering the very best treatments and supporting services available to patients, is dependent on these highly specialist staff. In order to deliver the transformational changes required to meet the anticipated challenges, the Trust has identified the need to have a fully committed workforce within an organisation that encourages and supports change. Using the 20:20 Vision as our framework, the characteristics of strong leadership and a flexible workforce have been identified and will be promoted using the facilities identified below.

### **Organisational Development**

The Board of Directors approved the Trust's organisational development plan (The Christie Commitment) in November 2012 which outlined development and implementation of organisational development initiatives aimed at engaging and motivating staff to support the delivery of the Trust's 20:20 Vision.

The Trust continues to build on a strong foundation and previous staff engagement success. The Christie Commitment offers staff a clear link with the 20:20 Vision and how their role both as an individual and member of the Christie team supports our ambitions. The formal launch at our Annual Members Meeting in September 2013 was recognition of the importance of staff engagement to deliver the best quality care and experience for our patients, carers, families and staff.

The Christie Commitment links expected behaviours to three core principles, We care, We discover, We teach and describes how patients can expect to be treated and cared for and what staff should expect from each other. We will continue to embed the commitment across the Trust from recruitment through appraisal and leadership development.

We will continue to develop and implement initiatives to support staff to be the best that they can be and over the next year we plan to place a particular focus on supporting the health & wellbeing of staff.

### **Leadership**

We know that effective leadership at all levels of the organisation, supported by staff with the right attitudes and behaviours, will be required to drive through the transformational change that our 20:20 Vision demands and meet the objectives our Quality Strategy. We will further develop our leadership capacity and capability through a flexible programme tailored to individual needs. All senior clinical staff will be required to demonstrate the required technical and personal qualities required of leaders within The Christie. We will 'flex' our existing multi-disciplinary Leadership & Management Development programme to support the development needs of all existing and aspirational managers.

## **A flexible workforce**

A flexible workforce able to adapt to new treatments and technologies is critical to achieving our ambitions. Workforce development is already an integral feature of all of our transformation work. We will particularly strengthen our approach to workforce planning through closer integration of operational and educational plans. This will enable us to support staff to develop new skills and enhance existing practices to redesign services as appropriate to meet our changing demands.

Key workforce opportunities include:

- Consideration of 7 day services
- The impact of introducing a Proton Beam Therapy service, which is likely to operate an extended clinical working day
- Extending treatments closer to home
- Development of the Christie Kite mark
- Personal development support for Bands 1-4
- Effective job planning arrangements
- Use of technology to support workforce efficiencies

## **Our place in the community**

Recognising our place in the local community, we will continue to offer and further develop opportunities for employment, work experience, and training through partnerships with local schools and employment agencies.

Our current initiatives support students from age 14 through to young unemployed adults. We plan to extend this work to primary schools and will work with local councillors to develop pre-employment training for local long term unemployed residents.

We will continue to work with 'hard to reach' community groups using links through our Council of Governors and other established relationships.

## **Key Performance Indicators**

All of our workforce KPIs demonstrate good performance. We will continue to set targets for improvement in sickness absence, appraisal, essential training and turnover.

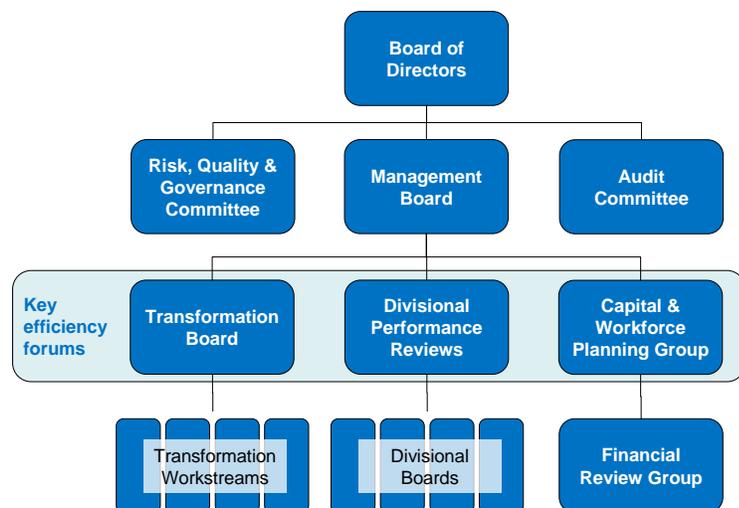
We will strengthen our workforce information through trend analysis to identify key priorities for action; analysis of sickness absence reasons is a particular example of this.

During 2013-14 the Trust implemented a local staff Friends and Family test. Our staff are therefore familiar with the principles of the national staff Friends and Family test which we will implement from April 2014. We will continue to measure staff engagement through local and national staff and patient surveys in addition to analysing patient complaints, compliments and feedback from senior staff walkarounds.

## 5. Productivity, efficiency and CIPs

### Efficiency and Transformation

#### Our Approach



The Christie has a strong track record of delivering operational efficiencies, achieving at least £6m recurrent savings each year for the last 5 years (ending 2013-14). Our success is based on exploiting the economies of scale available from being a large specialist centre, and providing an environment and culture that encourages staff to identify efficiencies and the appropriate organisational structure to discuss, prioritise and implement proposals. The figure identifies our existing structure, with three key forums responsible for the effective and efficient use of the Trust's resources;

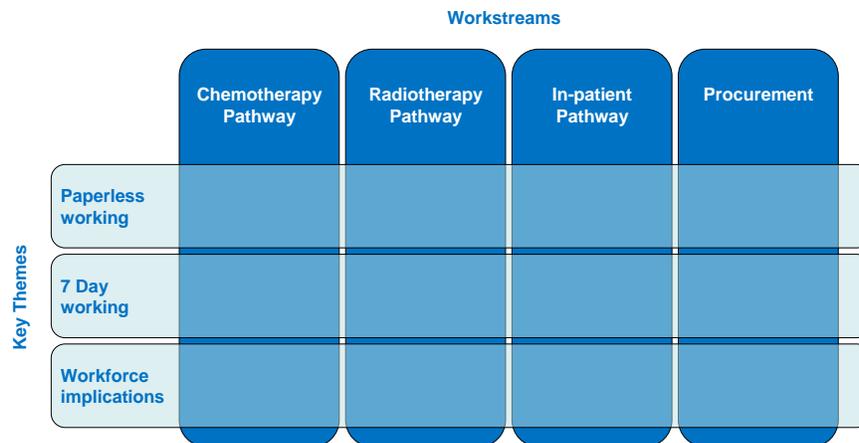
the Transformation Board, Divisional Performance Reviews and the Capital and Workforce Planning Group.

#### Transformation Programme

The existing Transformation programme has been reviewed and the workstreams adjusted to reflect the operational flow of patients through their care pathways. Some of the work through these workstreams will look at the pre and post referral to trust services to ensure that benefits to the health economy as a whole can be realised. The newly configured workstreams will focus on improving productivity through clinical redesign and process improvement taking the change through to 2015-16 and beyond and will be responsible for the delivery of £5 million efficiencies in each of the next two years. The transformation workstreams will be led by a senior manager and the individual project groups will be led by a clinician and a member of the management team. The Transformation Board, a sub group of the Management Board, provides the performance management of the transformation programmes looking at efficiency, quality and alignment to our 20:20 Vision. Ensuring no adverse impact on the quality of the service provided to our patient groups underpins our Transformation programmes through the quality impact assessment process and measurement of our quality dashboards.

This approach has led to the redesign of our pathology service and the development of a Joint Venture model to be implemented in 2014-15 that will not only bring improvements in the quality of the service but also financial benefits. The Christie has undergone a competitive dialogue procurement process to identify a suitable partner, which has provided the Trust with the confidence that a specialist partner with demonstrable capability and experience in operating within the pathology market can be appointed who can augment and complement and/or manage the expertise at The Christie and who is committed to investing in and successfully developing an enhanced pathology service.

To ensure the patient is at the centre of everything, 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. We believe that this is an extremely positive step in the identification of efficiencies and will further encourage the engagement of our wider local health economy partners. The Christie's three key patient pathways are reflected within the workstreams, namely Chemotherapy, Radiotherapy and Inpatient stays. In addition, the Programme Board recognised that Procurement was a sufficiently important efficiency opportunity to warrant its own workstream.



Furthermore, within each of the workstreams the specific objectives have been agreed that the working groups will need to assess 7 day working, paperless working and workforce implications. Benefits in terms of patient care and efficiencies are expected to be delivered from redesigning aspects of the following services within each patient pathway:

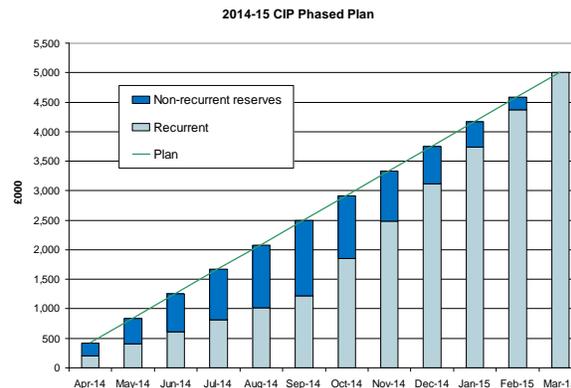
Chemotherapy Pathway	Radiotherapy pathway	Inpatient pathway
<ul style="list-style-type: none"> <li>• Chemotherapy prescribing</li> <li>• Outpatient pathway</li> <li>• Eliminating drug wastage</li> <li>• Live data capture</li> <li>• Long term follow up</li> <li>• Patient hand held records</li> </ul>	<ul style="list-style-type: none"> <li>• Linac replacement</li> <li>• Pre-treatment planning</li> <li>• Patient flow</li> <li>• Seamless electronic ordering &amp; Scheduling</li> <li>• Treatment review</li> </ul>	<ul style="list-style-type: none"> <li>• Elective care                             <ul style="list-style-type: none"> <li>○ Surgical IP</li> <li>○ Non-surgical IP</li> <li>○ Day case patient</li> </ul> </li> <li>• Non elective admissions</li> <li>• Bed management process</li> <li>• 24/7 bed management process</li> <li>• PAT suite functionality</li> </ul>

Considering the whole patient pathway and working closely with our partners in developing *Christie@services*, we can assure quality of care, minimise the variation of use and have opportunities to improve efficiencies across the health economy. Enabling more targeted therapies ensures better outcomes for our patients, reduces waste, and inline with Improving Outcomes Guidance, ensures equitable access to treatments and trials across the health economy, which in turn realises efficiencies.

As a tertiary provider we realise that we need to reduce variation in care packages whilst at the same time promote targeted therapies. This can only be delivered through joining some of our pathway reviews with other providers to maximise efficiencies and improve patient outcomes. We will be building on work to reduce long term follow ups within the prostate patient group. It is anticipated that the benefits of this initiative could be replicated in other patient pathways.

## Cost Improvement Programme

Whilst the plan for CIP delivery is phased evenly across the financial year, the timing of the recurrent schemes is weighted towards the second half of the financial year. The recurrent CIP is anticipated to be achieved in full in the financial year with any variance during the year between plan and achieved CIP being met through non-recurrent mitigation through the use of reserves. The graph outlines the phased CIP plan.



The Cost Improvement Programme (CIP) is the responsibility of each divisional manager, with board accountability held by the Chief Operating Officer. Each initiative has access to trained change managers, and is supported by finance, human resources and informatics to ensure the appropriate assessment and consideration is given to each opportunity.

Building on the success of previous years' CIP, clinical involvement and engagement has been identified as key to the success of any initiative, with a medical lead responsible for the development of a Quality Impact Assessment of any proposal. Furthermore, before any proposal can be implemented they require:

- The approval of the appropriate Divisional Board, Transformation Board and Capital and Workforce Planning Group and report to the Management Board on a monthly basis.
- The Executive Medical Director and Executive Director of Nursing and Quality have responsibility for signing off all CIP schemes ensuring that they do not have a detrimental effect upon the quality of care or experience provided.

Assurance on the CIP process is provided through the Audit Committee and the Risk, Quality and Governance committee.

## Service Developments

All service developments that have financial or workforce implications for the Trust need to be approved by the Capital and Workforce Planning Group. This group has been redefined to ensure decision making process is delivered by a group with a greater level of strategic and tactical awareness of wider Trust initiatives. For any initiative to be approved it needs to be signed off by each major division to ensure that there are no adverse, unseen implications for the Trust as a whole, and that any opportunities to deliver higher quality of care more efficiently are exploited.

The use of the Capital and Workforce Planning Group is critical in identifying the cross Trust and wider health economy benefits. We will continue to explore opportunities to improve the estate configuration. For instance, the future development of a Proton Therapy service provides the opportunity to consider wider estates development and co-location of services to improve patient care and efficient delivery of services. In 2014-15 we will be opening an integrated Young Oncology Unit / Haematology Transplant Unit enabling the team to maximise the efficiency of an integrated unit, which will improve the service line of the two clinical areas and release savings. We are currently developing plans to develop an Integrated Procedure Unit, to improve patient care and to co-locate four bespoke services through improved estate design.

## 6. Financial plan

### Financial Strategy

The Christie has a rigorous focus on the quality of the care provided to its patients together with a strong track record of delivering cost improvement initiatives year on year. The economies of scale of being a large oncology specialist allow efficiencies to be delivered in the development and delivery of services. Furthermore, as a specialist cancer hospital with enormous support in the community, we recognise the assistance provided from the local population through the volunteering schemes and the significant contribution made by the fundraising activities undertaken in the name of The Christie.

Our financial strategy is underpinned by a set of principle objectives:

- To achieve a Continuity of Service Risk Ratio of 4.
- To achieve all national standards.
- To deliver agreed all CQUIN targets.
- To comply with all other legal obligations.
- To cover all relevant costs associated with the major business cases approved by the Board of Directors.
- To deliver cost efficiencies that meet or exceed the targets set by NHS England.

The strategy is focused on continuing to ensure the financial stability of the organisation and delivering sufficient financial resource to support the strategic aims of the organisation whilst meeting all financial requirements.

### Current Financial Position

We continue to deliver our financial plan, with 2013-14 financial results forecasting to achieve a surplus of £18.2m, £5.3m above plan after technical adjustments for impairments, generating an overall continuity of service risk rating of 4. The change in the position is due to reduced impairments on capital projects completed in year, in addition to improvements in the performance of The Christie Clinic and divisional performance.

For the financial years 2014-15 and 2015-16 we will be building on the successful performance of previous years and have developed a plan that will deliver a planned surplus over the next five years as part of the strategic plan, achieving an overall continuity of service risk rating of 4. The planned surplus for 2014-15 is £5.7m, which includes £4m of charitably funded capital donations. In 2015-16 the increases marginally to £6.2m which again includes £4.2m of charitably funded capital donations. Both years hold a recurrent surplus, £2.0m and £1.8m respectively.

### Key Financial Priorities and Investments

The key financial priorities and investments are summarised below which support, enable and mirror the overarching Trust strategy.

#### Income

Our financial plan shows clinical income increasing from £164m in 2013-14 to £176m in 2014-15, with total turnover increasing to **£219m**.

## Clinical Income – contracted activity growth

From 1<sup>st</sup> April 2013, all services the Trust provides were commissioned through one contract held by NHS England. The Christie contracted activity has over the past 4 years performed within a small tolerance which is a direct result of the robust planning process and the detailed understanding of service behaviours. This has been supported by a set of overarching principles defined within the contractual memorandum of understanding, where the commissioner and provider work together to share the risks and rewards resultant from a sometimes volatile national pricing mechanism. In addition we have offered contract tolerances that protect commissioners against over-performance whilst maintaining excellent performance in all quality metrics and contractual indicators.

NHS England are aware of our history of planning for realistic activity levels and our focus on delivering Quality, Innovation, Productivity and Prevention (QIPP) schemes to manage the growth to affordable levels, and it is on this basis we have reached agreement for the 2014-15 contract which was signed on 28<sup>th</sup> February, meeting the national deadline. The clinical income contained within our plan includes 2013-14 levels of outturn activity and growth in activity based on historical trend analysis for Chemotherapy, Radiotherapy and Positron Emission Tomography–Computed Tomography (PET CT).

	Activity Growth		£ Growth		% Growth	
	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16
Chemotherapy	2,000	1,942	2,167,757	2,104,892	3.7%	3.5%
Radiotherapy	2,300	3,200	776,877	1,080,872	2.3%	3.0%
PET	485	1,000	387,030	798,000	9.7%	16.7%
Other (inc Surgical Services)	165	200	3,053,533	1,042,036		
Other			545,000	545,000		
<b>Total</b>			<b>6,930,197</b>	<b>5,570,800</b>		

The activity plan has also increased to take account for service developments which include;

- National investment in Peritoneal Carcinomatosis increasing the local service provision
- Increases in activity following the successful application via Commissioning through Evaluation (CtE) for Selected Internal Radiotherapy Treatment (SIRT)

The following services will also be actioned via contract variation before 1<sup>st</sup> April 2014

- Transfer of specialist gynaecology activity as part of the Greater Manchester surgical reconfiguration
- Chemotherapy Strategy – Christie @ Wrightington, Wigan & Leigh NHS FT enabling a further 1,500 treatments to be delivered locally

The activity assumptions outlined above are fully supported by commissioners and reflective of the activity and finance plans agreed. The Trust has triangulated planning assumptions around growth which are in line with commissioners over both the two year and five years plans.

Year	2014-15	2015-16	2016-17	2017-18	2018-19
Underlying growth	3.7%	3%	3%	3%	3%
Growth incl. service developments	4.39%	3.4%	3%	3%	3%

## Clinical income – price inflation/deflation

The national efficiency requirement is **4%** with the assumption of pay and price inflation of **2.5%** resulting in an overall deflator of **1.5%**. As part of the 2014-15 national tariff package there have been some structural changes resulting in price increases across a number of HRGs. This has reduced the net deflator impact to **1.3%**. The financial plan has been based on the consultation tariff (published December).

In terms of local prices, Monitor has developed a consistent, principle based framework that focuses on transparency and accountability. Local prices within the contract have been negotiated with this in mind using a combination of National Reference Costs data, the Trust Patient Level Information & Costing System (PLICS) or benchmarked local prices.

## CQUINs

We will also receive funding for the commissioning of quality and innovation (CQUIN). In line with national PbR guidance, NHS England will not pay CQUINs on any excluded drugs and devices within contracts during 2014-15. The CQUINs investment will be based on 2.4% on all applicable activity, after a 0.1% deduction has been made as a contribution to the management of the Operational Delivery Networks. The total value equate to £3.766m, of which £3.165m are Trust CQUIN indicators.

## Non-clinical income

Income from The Christie Clinic (TCC) is included within the plan in line with the legal agreements and includes estimates for income from the service level agreements. An additional **£750k** in 2014-15 and a further **£100k** in 2015-16 have been assumed regarding additional distributions above contractual levels from The Christie Clinic based on the TCC's current and planned trading position.

## Expenditure

The Trust's Financial Plan sets out the forecast increases in expenditure required to deliver the agreed activity targets after taking account of service development, pay and price inflation, and the cost of compliance with national targets and core standards. In setting the expenditure budget the following assumptions have been made:

- Pay awards are assumed at 1.25% for 2014-15 rising to 1.5% for 2015-16
- An allowance of 2.5% is included for general non pay over both years
- An allowance of 3% in 2014-15 and 2.5% in 2015-16 for drugs inflation
- An allowance has been made for both years to account for additional pressures regarding energy prices and the carbon reduction scheme.

## Asset values and capital charges

The cost of capital associated with recent and planned capital developments, as well as the operational capital programme, has been factored into the plan. The dividend payment has been estimated in line with the anticipated balance sheet of the Trust averaged across the financial year.

## Cost Improvement

The impact of efficiency targets for public services, together with the increased cost of capital associated with approved capital schemes necessitates the cost improvement target being set at £5m (3.1% of operating expenditure). The Trust's Transformation Board, established to oversee the delivery of CIP, has developed plans that take account of the increasing challenge as we move from

more traditional efficiency driven schemes to those more transformational in nature that require different ways of working. Further to the successful delivery of the 2013-14 recurrent CIP target whilst maintaining quality through the Programme Management Office (PMO), this approach will continue in 2014-15, with the PMO co-ordinating the delivery of CIP, working alongside divisional managers and clinical leads.

### Monitor continuity of service risk rating

The financial plan retains the Trust's Continuity of Service Risk Rating (CoSRR) at 4 based on current methodology against the 4 point scale. This indicates that the trust is a low risk in terms of financial failure.

### Key risks

The trust proactively manages known financial risks. Key areas for 2014-16 include:

Risk	Potential impact	Like-lihood	Mitigating action	Res. risk
Failure to deliver cost improvement programme	5	3	<ul style="list-style-type: none"> <li>Programme office established to work across clinical and corporate divisions to oversee cross-divisional efficiency projects</li> <li>Detailed plans for 2014-15</li> <li>Performance monitoring regime</li> <li>Historic achievement</li> </ul>	6
Changes to the National Commissioning arrangements, policy and mandatory guidance have an adverse impact on the trust affecting service, decision making, performance and income.	5	3	<ul style="list-style-type: none"> <li>Strong relationship with commissioners Christie Commissioning Strategy Board (CCSB) held monthly.</li> <li>Process in place for quick dissemination of NHS England policy.</li> <li>Applied to be member of Monitor Advisory Group (Feb 2014).</li> <li>New Local Planning group to be established March 2014</li> </ul>	9
Risk of income loss through local pricing agreements as a consequence of the move to PbR and tariff standardisation	4	3	<ul style="list-style-type: none"> <li>Working with Monitor, HfMA and other trusts to influence tariff development for 2014-15 onwards</li> <li>All local pricing backed up by accurate costing data via the Trust's PLICs system</li> <li>Contract for 2014-15 agreed and signed</li> </ul>	9
Risk that the trust is not identified as one of NHS England's 15-30 centres of Excellence providing Specialised Services	4	3	<ul style="list-style-type: none"> <li>Trust continues to excel in terms of performance and clinical outcomes</li> <li>Continuing to meet and invest in national and IOG standards</li> <li>One of 2 centres nationally for delivery of Proton Beam Therapy</li> <li>Comprehensive cancer centre</li> </ul>	9
Controlling drug expenditure within available resources	5	2	<ul style="list-style-type: none"> <li>Drug management committee</li> <li>Introduction of electronic prescribing</li> </ul>	5
Financial penalties contained with national contract	4	2	<ul style="list-style-type: none"> <li>Detailed performance reporting systems</li> </ul>	4

