



Mechanising assurance case study: The Christie NHS Foundation Trust, Manchester, UK

The Christie NHS Foundation Trust is a 188 bed comprehensive cancer centre in Manchester, serving a population of 3.2million people across Greater Manchester and Cheshire, with 26% of patients being referred from across the UK. With a strong focus on research as well as cancer care, The Christie has one of the largest clinical trial portfolios and is part of Manchester Cancer Research Centre, working in partnership with the University of Manchester and Cancer Research UK, as well as being one of seven partners in the Manchester Academic Health Science Centre¹. The Christie is widely considered as one of the leading cancer centres in Europe, and in its most recent CQC inspection in 2016, was awarded the rating of 'outstanding'.

It was in the run up to this CQC inspection that The Christie made the decision to implement a mechanised assurance system, in order to have one repository, a 'go-to place', of data and evidence, as well as evidence frameworks and key lines of enquiry, although the trust did continue to use existing assurance systems alongside, for example the accountable committee structure. Therefore, the main focus was on using the system to undertake self-assessment, both of corporate and clinical services, in order to prepare for the upcoming inspection. The tool helped staff to focus on what they needed to know and what they would be able to demonstrate as evidence, and helped to get the message out quickly about what the 'key lines of enquiry' expectations entailed.

One of the most significant ways that The Christie's use of a mechanised assurance system has had impact on was the clinical audit and improvement programme, in which the system became well-embedded and improved compliance dramatically, in a short space of time. Prior to the introduction of the system, it was described that 'people didn't know what they didn't know', but the use of a more streamlined system allowed for an easier identification of priorities and risks, and helped focus on pockets not doing as much audit in order to spread resource more effectively.

This not only took some anxiety out of the inspection process, but the improvement in quality has continued in the time since the inspection. Awareness of clinical audit and improvement has increased through the use of the tool, with increased oversight and engagement at all levels, and audits are now seen as an important resource. The system has become embedded in the clinical audit and improvement programme, with it being described that it 'brought out a sense of competition' in staff to demonstrate their good work. The clinical audit report is taken to Board, which facilitates good discussions and has enabled the board to see the full extent of the clinical audit and improvement programme, facilitating the 'ward to board' link.

We were told that a key element to the success of The Christie's implementation of the mechanised assurance system² was the existing positive, supportive culture of the organisation. This was something noted in the CQC report, which described that 'all the staff we spoke with were proud, highly motivated and spoke positively about the care they delivered... a friendly and open culture.'³ Therefore, the implementation of the system was viewed positively, and owned locally, as staff were keen to demonstrate their evidence and show their success. This supportive culture is further evidenced by the fact if one area of the organisation is falling behind in any way, other areas help them, and the mechanised assurance system is able to facilitate this. Everything is all in one place, making it less unwieldy than other assurance systems and easier to link evidence, allowing for a leaner assurance process.

'... it becomes everybody's business'

1. http://www.cqc.org.uk/sites/default/files/new_reports/AAAF8405.pdf

2. HealthAssure <http://www.allocatesoftware.co.uk/HealthAssure/>

3. http://www.cqc.org.uk/sites/default/files/new_reports/AAAF8405.pdf

CASE STUDY



That said, as a smaller, specialist, organisation, The Christie is always changing and improving, often adding new services, which can lead to some challenges in mechanising assurance as the set up of the system, designed for a larger general acute hospital, does not always mirror the organisation's structure. This has led the team at The Christie to try and 'find the best fit', which sometimes feels counterintuitive. To negotiate this, as described above, the system is used alongside other systems so that the difference systems are balanced and one particular system is not relied on too much.

Overall, however, the system has had a long term impact, most particularly for the clinicians, who have a key role to play in delivering performance. Perhaps significant in the the success of implementing and embedding the system is the ethos around which the system is used – not as a performance management tool, but as a tool to facilitate success and improvement.

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