



Agenda item xx

Meeting of the Management Board

Report of	The School of Oncology and Christie Patient Centred Research (CPCR)
Paper prepared by	Professor of Cancer Nursing, Associate Director of Education, Chair Christie Research Strategy Committee and Director R&D
Subject/Title	Development of CPCR
Purpose of Paper	To describe the case for £xxx investment to develop CPCR at The Christie in order to support the Trust in meeting its 20:20 vision and research strategy set by Christie Research Steering Committee
Action/Decision required	Approval of funds from the cancer appeal fund to take the project forward
Link to: ➤ NHS strategies and policy	NHS Five Year Plan (2015) NHS Research & Development Strategy (2013-2018) Cancer Strategy for England (2015-2020) DoH Strategy for Nursing Francis report recommendation 185: Caring culture
Link to: ➤ Trust's Strategic Direction ➤ Corporate objectives	The Christie's 20:20 vision is to be a leader in cancer care including recognition as a world class centre for excellence in cancer research. There is now an opportunity to develop the Trust's research portfolio in <i>patient-centred</i> research. <u>Leading cancer care:</u> Research underpins the provision of quality patient care. Implementing a programme of <i>patient-centred</i> research will be pivotal to The Christie leading improvements in cancer care including <i>patient experience</i> and <i>patient outcomes</i> . <u>The Christie experience:</u> <i>Patient-centred</i> research will enhance the breadth and quality of research at The Christie that is strongly related to <i>patient experience</i> and will enhance research capacity and capability of nursing, allied health and medical staff. <u>Local and specialist care:</u> Anecdotal evidence suggests that patient and family <i>experiences and expectations</i> of care differ depending on context, location and person delivering care. Given the drive to move care closer to home, this is an important area requiring rigorous research that is grounded in patient centeredness and experience. <u>Best outcomes:</u> <i>Patient-centred research</i> approaches are directly linked to patient outcomes and includes the personal, social and psychological factors related to illness and experiences of health care; research in this area is a vital component of transforming patient care and achieving best outcomes for cancer patients.
Resource impact	This proposal requires £xxx of internal funding – £xxx cancer appeal, £xxx named research funds, £xxx General Research fund, £xxx from the R&D division and external funding from the University of Manchester of £xx.
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the box.	CPCR – Christie Patient Centred Research AHP – Allied Health Professionals NIHR – National Institute of Health Research



BUSINESS CASE TEMPLATE EXECUTIVE SUMMARY Management Board approval up to and including £1m	
Scheme Title	Development of Christie Patient Centred Research (CPCR) – Research Fellow and Research Facilitator posts
Division	School of Oncology
Lead Managers	Professor of Cancer Nursing, Associate Director of Education, Chair Christie Research Strategy Committee and Director R&D
Summary of Proposal	<p>The proposal sets out the case to provide start-up funds for the Trust's newly established Christie Patient Centred Research (CPCR) group, led by the Professor of Nursing. Through this development, we aspire to put The Christie at the forefront of world class <i>patient-centred</i> research in cancer; however upfront investment is required to establish a strong foundation from which CPCR can achieve this goal.</p> <p>CPCR's agreed implementation plan is to lead and embed <i>patient-centred</i> research in 3 key work streams which map onto the Christie Research Strategy, Manchester Cancer, Manchester Devolution and Vanguard. These work streams are:</p> <ol style="list-style-type: none"> 1. Prevention and Early Detection 2. Living With and Beyond Cancer 3. Cancer and Older People <p>Central to this proposal is the development of research capacity and capability of our clinical staff (including nursing, AHPs and doctors); ensuring the rigorous evaluation of practice innovations and research to enhance service provision, <i>patient experience</i> and <i>clinical outcomes</i>.</p> <p>To deliver this vital work CPCR requires pump-priming over 2-years to support 3 Research Fellows and 1 Research Facilitator to help take forward each work stream. Substantial financial support has been secured from a number of sources including University of Manchester (School of Nursing, Midwifery & Social Work), Christie R&D, Christie clinical cancer groups and the Experimental Cancer Medicines group). We are requesting the remaining funds from The Christie Charity.</p> <p>The provision of these 4 posts forms the basis of this Business Case.</p>
Planned implementation date	1 st September 2016
Source of Funding	This proposal requires £xxx in total which is made up of: xxx
Workforce Impact including seven day working assessment	Increase in workforce: x2 Research Fellows Band 7 and 1 Research Facilitator Band 5 (increase from 0.8FTE to 1.0FTE). The 3 rd Research Fellow is in a contract post which expires September 2016 (we have secured 1 day per week from UoM for provision of teaching for this role).
Activity Impact	The development of these posts will impact on research activity levels at the Trust, but not on patient activity directly. External funding for projects and research studentships will provide backfill to ensure continuation of service. Discoveries

	shown to positively impact on patient experience and outcomes will be implemented into daily practice, which in time could impact on activity levels.
Links to Corporate objectives	<p>1: To demonstrate excellent and equitable clinical outcomes and effectiveness, patient safety and patient experience: This proposal will help to establish strong programmes of <i>patient-centred</i> research in key strategic areas that will ultimately lead to improved <i>patient experience</i> and <i>outcomes</i>.</p> <p>2: To be an international leader in research and innovation which leads to direct patient benefits: This proposal will enable The Christie to realise its potential to lead <i>patient-centred</i> research nationally and internationally. The proposal will provide CPCR with the necessary infrastructure to lead and collaborate with other Christie research groups and successfully apply for major research funds to conduct world class <i>patient-centred</i> research.</p> <p>3: To be an international leader in professional and public education for cancer care: As a result of building research capacity and capability of clinical staff The Christie will be at the forefront of leading practice innovation and embedding evidence-based practice through professional and public education.</p> <p>4: To integrate clinical, research and educational activities as internationally recognised and leading comprehensive care centre: The proposal will ensure that <i>patient centeredness</i> is embedded in clinical, research and teaching activities and provide a unique link between biomedical research, <i>patient experience</i> and clinical outcomes group; thus strengthening The Christie's position as a leading comprehensive cancer centre.</p> <p>5: To provide leadership within the local network of cancer care: Through developing <i>patient-centred</i> research across the 3 key areas and providing high level support to clinicians engaging in research the Trust will lead innovation across Manchester Cancer, the UK and beyond.</p> <p>6. To maintain excellent operational and financial performance: Through this proposal The Christie will be in a strong position to lead additional large research bids, increase research funding and patient recruitment into clinical studies; enabling Christie to apply for additional research income to support increased activity.</p> <p>7: To be an excellent place to work and attract the best staff: This proposal provides the opportunity to develop all clinical staff, including nurses and AHPs through engagement with substantive programmes of research including support for externally funded research studentships. It will enable Christie staff to develop as professionals and in doing so enhance their clinical practice and ultimately lead to improved <i>patient experience</i> and <i>clinical outcomes</i>.</p> <p>8: To play our part in the community: Through increasing research involving patients and their families and engagement with community health care settings; ensure that evidence implementation occurs along cancer care pathways. Patient and Public Involvement (PPI) will be integrated with all CPCR activity.</p>
Risks mitigated	<p>The risk to not achieving the 20:20 vision across all areas of the Trust.</p> <p>The risk of not being successful in delivery the Christie Research Strategy.</p> <p>Risk of not implementing Tier 2 (i.e. non-CTIMP studies) R&D study adoption process (current risk register – 12)</p> <p>The risk of not realising the Christie's potential to be international leaders in cancer <i>patient-centred</i> research.</p> <p>The risk of not meeting the Christie pledge to develop staff to their potential, including nursing, AHP and medical doctors.</p>
Head of Human Resources sign off	Two people in post (Band 8a and Band 5 – increase from 08FTE to 1.0FTE) and 2 (Band 7) will be recruited.

Head of Estates and Facilities sign off	Since 2 people are already in post, desk space is required for 2 posts - there is desk space in the CPCR office, SoO.
Chief Information Officer sign off	Two people are in post, there will be additional 1 lap top computer
Head of Capital Planning sign off	No impact
Capital Accountant sign off	No Impact
Assistant Director of Finance Strategy sign off	No Impact
Divisional Finance Manager sign off	x
Divisional Finance Manager – The Christie Charity sign off	x
Procurement Manager sign off	No impact
PMO General Manager sign off	No impact

It is essential to attach e-mail confirmation from these 9 signatories (or authorised colleague in their absence) even if there is “no impact”.

Copies of emails should be attached as an embedded document in the relevant boxes above)

NOTE – The layout of this form must not be amended or sections/rows deleted.



BUSINESS CASE PROFORMA
Management Board approval up to and including £1m

BUSINESS CASE DETAIL: to include the following

1 Introduction

The Christie, in partnership with University of Manchester, appointed the first Professor of Cancer Nursing in May 2015, to provide research leadership and push forward an agenda in clinical research and capacity building. Following this appointment, a Trust wide scoping exercise identified opportunities to further improve *patient experience* and *clinical outcomes* through well-supported and rigorous *patient-centred* research. The new research group, Christie Patient Centred Research (CPCR), was established to take forward the Trust's vision for *patient-centred* research.

There is recognition of the value and importance of *patient experience* and *patient-centric outcomes* across all cancer pathways and the need for work in areas of national importance such as prevention and early detection, survivorship and managing people with cancer in older age. This agenda reflects the core functions of CPCR and its expertise are required for the Trust to realise its full potential as a world-leader in cancer research grounded in *patient-centeredness*. Since Professor Yorke's arrival there has been an increasing flow of Christie staff (nurses, AHP and medical doctors) seeking guidance and support with clinical projects and an increasing list of key *patient-centred* issues that the Trust needs to take forward to develop patient services and improve the *patient experience*.

Through consultation with the Christie Research Strategy Committee and clinical cancer group leads an implementation plan for CPCR has been agreed. The plan is to build on 3 key work streams which reflect current strengths and map onto the Trust's research strategy:

1) Prevention & Early Detection; 2) Living with and beyond; 3) Cancer & Older People

To deliver on this vital work CPCR requires set-up funds to support 3 Research Fellow posts and 1 Research Facilitator to help take forward each work stream.

The School is asking the Charity to pump-prime these posts for 2 years for the following reasons:

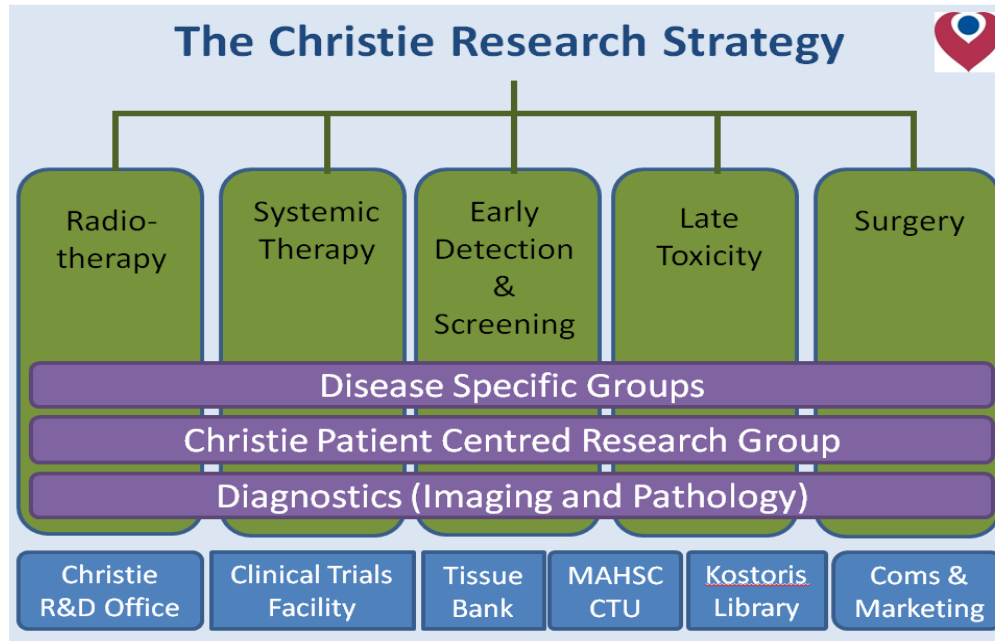
- Being a new group, the team are not in the position of having a named research fund to support this development.
- Although successful in winning 1 large (NIHR) and 3 small grants in the past 12 months, CPCR are not in a position to support the posts and development work required.
- Grant applications take 6-12 months until the funding flows.
- There is a need to support staff in the delivery of small scale research projects and develop staff research capacity and capability. Such projects rarely attract funding in their own right, but are nonetheless essential to the Trust's and CRCP's overall goals; and with the right support have the potential to be published and develop into research funding applications.

2 Background

Strategic context: Research is a core part of the NHS and the Five Year Plan (2015) and places *patient-centeredness* at the heart of NHS services. The NHS Research & Development Strategy (2013-2018) aims to create an NHS culture where commissioning and clinical decisions are underpinned by research; ensuring that "research is everybody's business". The expansion of *patient-centred research* is fundamental to achieving this aim. Similarly, research is essential to achieving the aim set out by the Cancer Strategy for England (2015-2020) to radically improve cancer outcomes; as reflected in the Christie Research Strategy and core function of CPCR.

The Christie Research Strategy sets a vision to develop a comprehensive research programme

and infrastructure to enable it to be listed as one of the world's leading comprehensive cancer centres by 2020. *Patient-centred research* is integral to The Christie achieving this aim. The diagram below, illustrates research at The Christie divided into five themes: Radiotherapy, Systemic therapy, Early detection and screening, Late Toxicity and Surgery. Cross cutting all of these are the Trust research groups including Disease Specific Groups, Diagnostics and CPR, demonstrating the place of *patient experience* across all activity.



Benefits to patients: *Patient-centred* research includes the personal, social, environmental and psychological factors related to illness and experiences of health care. It relates to the organisation and provision of care across cancer pathways, organisational boundaries (i.e. health-social care and hospital-community care) and use of technology to improve *patient outcomes* and *experience* in cancer prevention, early detection, treatment and survivorship. This programme of research has the potential to transform cancer care pathways and further improve the *experience* and *clinical outcomes* for patients with cancer at the Christie and beyond.

Benefits to staff: Nurses, AHPs and medical doctors are the main providers of patient care and are instrumental to the generation and implementation of research evidence. Not all clinicians have the necessary capacity or capability to fully engage in research; leading to a largely untapped resource and missed opportunities to transform patient care and services through high quality research. A commitment to development of research active clinicians will enhance research capacity and capability of the Christie workforce and demonstrate a real commitment to staff support and enhance the ability to attract the highest calibre of NHS staff.

3 List of Options

The first option: is to do nothing and not replace the current Research Fellow and Research Facilitator at the end of their contracts and not create the 2 new Research Fellow posts, resulting in a single limited area of focus for *patient-centred* research. This would not address the current limited work in *patient-centred* research and risks the Trust not meeting its objectives as a leading comprehensive cancer centre; it would not enable Christie to be world leaders in cancer *patient-centred* research and risks the Trust not meeting its Research Strategy agenda; it would not ensure that *patient-centred* research is embedded in biomedical research across the Trust and Manchester Cancer; it would not work actively to develop research capacity and capability of clinical staff.

The second option: to provide funding for the current Research Fellow only. This would result in limited *patient-centred* research activity focusing on small scale research projects in cancer and older people. There would be limited integration with other groups and themes and minimal

investment in supporting clinical staff.

The third option: involves developing *patient-centred* research across all 3 key themes and embedding and integrating a patient-centred approach across the scope of research activity at the Trust and Manchester Cancer.

4 Proposed recommendation

It is proposed that The Trust invest in CPR to enable a strong foundation from which the group can develop as a leaders in cancer *patient-centred* research.

CPCR will work closely with relevant clinical cancer group leads to develop strong externally funded programmes of research relevant to each of the 3 work streams. The aim is establish an international reputation for each of the 3 work stream as leaders in *patient-centred* research.

To help push forward this ambitious strategy it is recommended that each work stream is allocated a Research Fellow. In addition, a Research Facilitator will provide essential support to the Professor of Nursing in the day-to-day functioning and further development activities of CPR.

The CPR Research Fellow role is to:

- collaborate with Christie disease research groups to ensure links between biomedical research and *patient-centred outcomes/experience* research.
- conduct theme related literature reviews, funding applications, dissemination and supervision of clinical and project specific research staff.
- support and mentor clinicians (nursing, AHP, medical) in developing grant applications, study delivery, and publications and conference presentations.
- support development and delivery of unfunded service development and pilot studies.

The role of the Research Facilitator is to:

- support CPR to implement the above work plan
- facilitate literature reviews, identification of funding opportunities, development of proposals and project support
- facilitate research workshops and drop-in sessions for clinical staff.

5 Project plan

Year 1

Months 1-4: literature reviews, identification of funding opportunities (including NIHR, Cancer Research UK, Marie Curie, cancer specific charities, Nursing specific funding bodies)

Months 4-12: submit funding applications

Year 2

Months 1-6: study set-up for grants awarded in Year 1; preparation of future funding applications;

Months 7-12: submit funding applications

Across the 2 years: networking, dissemination (publications and conferences), supporting and working with clinical staff, supporting clinicians to apply for external funding and research studentships.

Performance indicators:

1. Each work stream to have at least 1 successful grant led by CPR
2. Each work stream to have at least 1 successful grant in collaboration with other groups
3. Each work stream to publish at least 2 paper per year led by CPR
4. Each work stream to publish at least 1 paper per year in collaboration with other groups.

6 Impact on activity

Two out of the 4 posts are currently live through specific project and CPR funds (Research Fellow expires 31 August and Research Facilitator 20 December). The other two post will require new appointments. In relation to patient activity initially there will be no direct impact. Staff released to conduct research will be backfilled to ensure continuation of service.

<p>7 Impact on Research</p> <p>The development would result in increased research activity in terms of CPR led research and linking patient-centred research activity into current clinical trial activity. CPR have been working closely with R&D colleagues to develop and implement a Tier 2 (non-CTIMP) study process where lower risk patient experience related studies undergo a proportionate risk assessment. This development will lessen the burden of any increased research activity on R&D services.</p>
<p>8 Impact on Education</p> <p>Education of staff will be enhanced through increased provision of research related education provided through CPR including research and writing for publication workshops and grant/studentship drop-in sessions.</p>
<p>9 Finance Xxxx</p>
<p>10 External Sources of Funding Xxxx</p>
<p>11 Estates and Facilities</p> <p>CPR is hosted by The School of Oncology and would accommodate the 2 extra posts utilising the 4 desks already available in the CPR office. Current part-time researcher and students will access hot desks within SoO main office.</p>
<p>12 Informatics</p> <p>1 desktop computer is required.</p>
<p>13 Capital Planning – none</p>
<p>14 Internal implications</p> <p>The implications for clinical research have been described above.</p>
<p>15 Other organisations</p> <p>The Professor of Nursing has discussed CPR development with key leaders for UoM and Manchester Cancer which was positively received.</p>
<p>16 Risk</p> <p>The main risks associated with the business case relates to attracting sufficient external research funding to sustain research activity after the initial 2 year pump-priming period.</p>
<p>17 Mitigation</p> <p>The risk will be mitigated by careful performance management of the Research Fellows and Facilitator by the Professor of Nursing and relevant leads for each of the 3 work streams. In addition, significant investment has been provided by other research groups demonstrating a high level of commitment for this case – major funding applications will be collaboratively developed and implemented increasing the chances of success.</p> <p>Grant income captured during the 2 year period will be used to support continuation of the research posts. We will work with the Charity to enable income generation patient-centred and experience research that will be used to off-set continued funding for the posts.</p>
<p>18 Equality Impact Assessment/Health Benefits/Patient Experience/Corporate Citizenship</p> <p>The case provides demonstrable benefits across all areas of Christie activity by applying the same systematic rigour expected from biomedical research to <i>patient experience</i> and <i>centeredness</i> research. Investment in patient-centred research will allow the patients' voice and experience to be embedded into the Trust's research strategy with strong PPI underpinning its portfolio.</p>
<p>19 Benefits Realisation</p> <p>The metrics already set for monitoring CPR success will be implemented as well as new targets developed for each work stream.</p>
<p>20 Sustainable developments</p> <p>As described above – active programmes of research in key strategic areas.</p>
<p>21 Summary / Conclusion</p> <p>This business case sets out the case for the investment of £xxx to develop world leading <i>Patient-centred</i> research in cancer at The Christie. Significant resources and financial commitment. Are provided by other research groups; demonstrating the high level of commitment for this proposal. The initiative will support the Trust in achieving many of its objectives including its vision in leading all aspects of cancer care and research at national and international levels.</p>