Spotlight

An interview with Natalie Palin, AQUIS Programme Manager, Aintree University Hospitals NHS Foundation Trust.

Natalie has worked in the NHS for two years, previously, she worked for Liverpool City Council. Her most recent role was Head of Service with responsibility for delivering change projects to improve provision for vulnerable adults and young people. Natalie explains how her entire career has been about Quality Improvement (QI). She describes how moving to the NHS was quite a culture change after having been at the local authority for 14 years. Her current role includes responsibility for Aintree’s Quality Improvement System (AQUIS) as Programme Manager.

Natalie is well equipped for the role with an MBA and a Quality Improvement Diploma. She also completed the Advancing Quality Alliance (AQuA), Advanced Quality Improvement programme. She is trained in LEAN, Sigma 6 and project management methodology, PRINCE 2.

As the AQUIS Programme Manager, she sits within the nursing and quality function and reports directly to the Deputy Chief Nurse. The role was created in 2015 to build capacity and capability in QI across the trust. Working with the support of AQuA initially, she established a QI programme for staff to develop competence in aspects of QI. The other aspect of her role is addressing corporate concerns, risks and other quality themes through the facilitation of QI projects. She is responsible for ensuring the ambitions within the quality strategy are reflected across the trust. Natalie explains, ‘I am conscious that what we say, we will do; and this is reflected in every person’s job role so we are living and breathing continuous QI’.

While the quality strategy is currently being updated, key priorities have been to build capacity and capability for QI within staff so they were able to lead QI projects across the trust. Quality priorities have included, the reduction of avoidable mortality, reduction of pressure ulcers and improvements in tissue viability and infection control. Natalie is passionate about incorporating the voice of patients’ into the redesign of services and feels this is fundamental to any quality improvement.
Tell us about AQUIS
AQUIS stands for Aintree Quality Improvement System. It is a system for improvement incorporating human factors, quality improvement science and engagement. Our approach is based on the evidence that a combination of human factors and improvement science is more likely to lead to greater sustainable improvements. The initial objective of my role was to create capacity and capability in QI. I trained 160 staff who delivered 40 plus improvement activities in the first year, increasing to 70 and training another 60 staff in year two. We now have a one day practitioner course and we have separated out the QI leaders and QI practitioner courses. We now deliver our training jointly with the Royal Liverpool and Broad Green University Hospitals. One of the major challenges after initial training takes place is tracking the impact and realising the benefits of QI projects. I believe the NHS struggles to demonstrate the impact of QI activity.

When I moved over from the local authority to the NHS I was genuinely struck at the immaturity of data and information systems. Easy access to performance information for staff is a real issue and it was in contrast to my experience in a local authority where performance information at both strategic and operational levels was far more readily available. At Aintree we have started to work more closely with the business intelligence (BI) team who have a greater understanding of improvement data, analytics and information.

Has your background in other organisations helped you in your current role?
Without a doubt and especially my lifelong experience of working in a multi-agency context. I am always keen for anyone who can add value to QI to join our endeavours, irrespective of their skills base or role in the organisation. There are many advantages to be realised bringing staff and patients together with the mutual benefit of improving outcomes.

What do you feel are the greatest QI challenges for you in the NHS?
One of the greatest challenges is access to real time, high quality data and by that I mean data that supports measurement for improvement, not just counting, for example, having access to statistical process control charts (SPC) charts is important. Also, a major challenge has to be clinical staff time and headroom to be able to commit to delivering improvements when the operational pressures are so great. Aintree have worked hard on improving information and the Business Intelligence team are a great support with a new data system coming on board soon.

They have upskilled their staff so when we ask for SPC charts they understand why and the benefits of measuring improvement in that way. The board see information presented in this way within the Quality Account, for example the mortality data and pressure ulcers, however we need this for other quality activity on a consistent basis and at divisional level.

How do you influence at all levels in the organisation, frontline to board?
Without direct managerial responsibility I have to work in a different way to influence senior decision makers. I am an active member of the trust’s leadership group which brings opportunities to influence at all levels. My role cuts across the whole organisation and while I report to the Director of Nursing, I have close working links with the Medical Director, Acting Director of OD and HR (for supervision and support). I also work closely with Human Resources and Organisational Development.

As an individual I am reliant on effective networks to get things done. I have to span the whole organisation. My time is limited and I have to be disciplined and understand the value I can add while securing the commitment of the other party to enable us to move forward with improvements. I have finite time and I want to spend my time doing things that add value for the organisation. Of course, I am always willing to offer my time and support to anyone who asks for my support. I see myself as active within service redesign and in particular, the merger between Aintree and the Royal Liverpool.
In the context of merging the two organisations, what do you think are going to be the QI priorities?

It will be important for us to ensure we continue to manage the operational pressures and sustain improvements regardless of the integration so we are not taking are eye off the ball on things that are important. At the same time there is a fabulous opportunity for redesigning services which meet patients’ needs and building QI into the redesign.

New pathways of care will undoubtedly emerge across the city which are resourceful and outcome biased. Measurement is critical. Staff need to understand the rationale for change instead of simply implementing changes for change sake without understanding the impact across the system.

What have you learned from your experiences working in local authority and more recently in the NHS?

The realisation that you can’t do quality improvement without other people and you need to connect and engage fully with people to make improvement happen. I get most satisfaction from seeing improvements for patients, the wider communities and for staff. That’s what really makes me feel positive and excited about coming to work every day.

What, if any, challenges have you overcome in encouraging your organisation/Board to embrace QI?

The board has actively embraced QI, however the biggest challenge is spreading this across the organisation and one role will not drive and sustain the change required.

Does QI cost, explain?

A lot of what we deliver is cost neutral. Although we do have to be realistic about the staff time which has costs and resource implications. The notion is that we should all be working to improve quality. Whilst we advocate this, in reality the headroom and space to deliver improvements is another matter.

It would be great if we could get to the position where we had access to some financial support for backfill staff, for example, this is particularly important for large scale improvement. We have seen the ability of people to make improvements on a small scale in their daily jobs and save money. One example is the Family and Friends Test SMS (FFT), which has been re-worded to be more recipient friendly, saving £13k and the response rates have increased.

This seems so simple and is a good example of a small effective change with demonstrable benefits for patients and the trust. It does depend on whether we are talking about system-wide QI or small day to day improvements.

It sometimes feels like we are on a hamster wheel, extremely busy but there’s no surety that the impact of our efforts is going to reap the rewards we all strive for. We need to step back and to ensure we utilise our effort for maximum return.

What would you say are the significant QI/ transformation challenges for your organisation?

I think the will and desire is there. The time for people to be able to do it properly isn’t there and there has to be a balance between the need to get things done quickly and the need to do them properly. If people haven’t got adequate access to high quality information then they will never really be assured that they are making the improvements they intend to make. If you are making an improvement you need to be able to demonstrate a sustained change through high quality data and information.
Many QI projects fail because they lack sustainability - how would you ensure this did not happen in your trust?

The biggest thing about sustainability is making sure the staff who are experts in the system with the greatest evidence base are part of the process of redesigning, so staff engaged in the process own the process. Without this there will never be any sustainability. If the manager or leader turns their back and walks away then it won’t be embedded. Staff engagement is really important.

What are the critical success factors to ensuring sustainability of QI initiatives?

- Staff engagement
- Access to high quality (QI) information/data
- Time and headroom to make the improvements
- Accept that you may fail but fail fast and move on
- Team working

Tell us about a time when your colleagues got into conflict over a QI initiative and what you did to resolve the matter?

I sometimes encounter teams in organisation who think I am stepping on their toes and this results in them feeling threatened. Often I have to offer some uncomfortable truths as to why projects are not delivering.

The most common issue I have is when people question my involvement in their work area with comments such as; ‘why are you here’, ‘you don’t even work in this division, and ‘what authority do you have’. Then I have to justify why I may have been asked to provide the support. This is a bizarre scenario.

Fortunately I am usually able to win people around by being inclusive and engaging people. From their perspective they don’t always understand what you can offer and the benefit of an independent eye. Everything comes down to relationship building – you have to build trust with individuals and it takes time. For me as an individual that can be quite resource intensive as I too have to own the problem, bring it alive, create enthusiasm and gather the momentum to deliver solutions.

Tell us about the QI project you are most proud of?

An example of AQUIS in action was the local work undertaken with the team in the Emergency Department (ED) which included a number of small changes which together have had a major impact on efficiency, safety and patient experience.

The team made improvements in the rapid assessment of patients in ED through the 15 minute triage system and in ‘pit stop’ in majors. The aim was to meet the performance standard for 95% of patients, to be seen and discharged from ED within four hours. The whole experience is important for patients and staff as well as the bottom line performance figures.

I deployed various quality improvement tools as part of the project; these included, driver diagram, interdependencies map, staff engagement feedback, spaghetti mapping and SPC performance monitoring charts.

We used ‘spaghetti mapping’ to demonstrate the inefficiencies of the working environment and through observations which had identified nine interruptions of a Registered Nurse in 45 minutes. These findings led to the rearrangement of the environment, including creation of oversight bays and equipment stored more locally to where it was used, and relocation of the administration office/desk nearer to the consulting area. I refer to this action as ‘forcing function’ that is; designing the work environment to force the desired behaviour of staff.
The team is now working on improving pathways of care for specific groups such as neck of femur, laparotomy, sepsis and pneumonia. Patient experience is designed into the work and patients are shadowed to understand the impact on them personally.

**What was the impact for the service user, the team and yourself of the ED programme?**
There is still opportunity for improvement in performance but culturally we have seen a massive change. Senior managers have explicitly stated that there is an impact culturally within the department. Staff are more open about new ways of working and they recognise there are opportunities to make improvements and that they can have ownership of that which is hugely important.

Personally, I am satisfied that I am making a difference by helping to improve services for patients while making things easier for staff. It is also pleasing to see staff developing the confidence to make improvements and try new things.

**Biggest bug-bear in QI?**
Lack of connection within the system means we could be missing a trick. There is learning coming in from across the organisation, particularly from the data we have, but because of fragmentation and silo working we are not really able to maximize the potential impact of quality improvement.

**What have you learned as a QI leader and practitioner?**
You can’t do everything yourself and the importance of making strong connections across the organisation. You need to be very resilient and seek your own support at times. You need to be very positive and balance the need to find support elsewhere so that you can express concern and build your resilience - stay positive and upbeat. I have personally found this support from our Transformation lead and the Director of Operations as well as my line manager. I seek out like-minded people who can be a sounding board.

**What key characteristics/attributes make a successful QI leader?**
You have got to have the desire to make a difference. It is critical to connect with other people and recognise that it’s not your show and you are there to facilitate others and to help progress their ideas. You must enjoy teaching and sharing your knowledge so that people learn from you and by doing so you are increasing the capacity and capability of everyone in the process.

**What’s the most impressive outcome you have seen from yours/others QI work?**
When I worked in the council. I redesigned the commissioning process for vulnerable adults and young people. It was implemented through requirements to save money but also to ensure more equity in the provision of services in the local communities. We involved stakeholders and the user group in the design and used this evidence as the basis for decisions about where funding should be distributed. We were able to redistribute funding within the locality area and wards despite 25% budget reductions.

Due to the way we involved stakeholders and worked in a partnership manner we actually increased service provision and were able to work with other partners who brought in additional funding. We also had the ‘big lottery’ on board who were happy to replicate the funding model we had created in the community. We discovered that we had many community organisations who were delivering services in close proximity to each other so we reduced duplication and encouraged organisations to work together in the commissioning of the services so there was a host who would manage the contract for a particular ward.

The approach reduced duplication and meant we could access additional funding because we were now a more attractive offer for external funding. We brought in other partners and found connections around the agendas. It was all about joined up thinking and breaking down the silos.
What is your golden rule for QI?
Involve experts in the system and engage the people. Use data and information to really tell the story of the impact of change and improvement.

What advice would you give to someone starting out in QI?
Don’t be afraid of failure. Lose the mind-set which says everything has to be perfect. ‘Fail fast and learn quickly’. You need to establish good relationships, to find people you can work with and involve them in delivering the improvements.

What are you working on right now?
The ED programme continues. We are embarking on theatre improvement in relation to patient experience. It has become obvious that often people come with an idea and on further investigation what’s perceived to be a problem can turn out to be a different issue. I have to be open and honest and check how welded people are to their ideas as when I look at the information available I may have to challenge their assumptions.

Everything we do will involve stepping into patients’ shoes and living their experience. In my other work I am involved in lots of small projects and I am currently supporting the delivery of the retention strategy, the quality strategy and the nursing strategy.

What are your hopes/ambitions for the future - self, team, organisation, system?
For me – to embed my role more fully in the organisation so I can have maximum impact for patients and staff.

For the organisation - to deliver high quality care, consistently to patients and the community.

For staff - for them to become upskilled and able to replicate what I provide, so we create a critical mass of expertise ‘the best teachers teach their students how to do it so that you don’t need the teachers anymore’.