

Creating a culture of Quality Improvement in the Cancer Nurse Specialist workforce

Project Team: Louise Porritt Macmillan Deputy Lead Cancer Nurse, Debbie Redfern Quality Improvement Manager and CNS Teams

Quality improvement (QI) involves the use of a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement within the health care setting. (Health Foundation, 2021). We knew that implementing QI would be challenging in a Cancer Nurse Specialist (CNS) workforce already stretched due to increased expectations and workload. However, Berwick (2003) noted “staff can often best find the gaps that matter by listening to the people they serve: patients and families”. QI initiatives are more successful where they have developed from the ground up and CNS teams have been able to “grab hold of the QI initiative and make it their own”

‘Macmillan Cancer wants to create and sustain a culture of continuous learning. This work is a great example’.
Ian Ainscough- Macmillan Partnership Quality Lead

Our Aim

CNS Teams to implement their own QI within their area of practice

‘My first experience of QI was daunting. This more structured approach allowed CNS teams to embrace a ‘can do’ mind-set. They delivered on some great projects to improve their patients care’ Louise Porritt Macmillan Deputy Lead Cancer Nurse

- What we did**
- Asked CNS teams to present an idea for a QI
 - Engaged with our Quality Improvement Lead (QIL) and Macmillan Cancer Support Partnership Quality Lead for their knowledge and expertise in QI
 - Learnt the principles of QI and tools to use
 - Established ground rules for team building aligned with the Trust Values and created a group vision ‘to continuously improve standards of healthcare with the patient in mind’
 - Set up ongoing bi monthly Action Learning sets driven by QIL.
 - Utilised tools known to be effective in QI e.g. PDSA, stakeholder analysis and identified/collected data that was meaningful to stakeholders
 - Provided ongoing feedback at CNS forum to engage all CNS

- What we found**
- QI is a process more than just a good idea. CNS teams found QI to be a bottom up process where they could implement their own QI
 - Action Learning provided a cost effective way of embracing a coaching methodology. The sessions allowed CNS teams to work on real problems, take actions and identify learning in a safe environment.
 - Aligning each QI to the Trust strategy and values enabled sustainability
 - Effective and compassionate leadership from our QIL ensured momentum

- What we delivered**
- Acute Oncology CNS Team has improved how they obtain patient feedback via a QR code on their business card. This will allow for a more patient centred service.
 - Introduction of venupuncture in Gynae CNS outpatient clinics to improve patient experience and reduce care delays
 - Implementation of early Head and Neck CNS clinic. This will streamline the patient pathway, support delivery of cancer targets and improve the patient experience in a cost effective way.
 - The Lung CNS Team have restructured their clinic templates. This has improved access to the Lung CNS for the right patient at the right time.
 - Upper GI and HPB CNS have restructured in-patient referral process. This has allowed earlier patient access to a CNS. Feedback suggests this has streamlined the patient pathway and improved the patient experience.
 - **NEXT STEPS**- for additional CNS teams to engage and deliver on QI within their service

‘We wanted to test a new approach to engaging and supporting teams in developing their ideas for improvement through a QI action learning set approach, to blend QI methodology teaching and mentorship with peer support, advice and encouragement from colleagues
The team embraced this approach and great to see their ideas for improvement come to fruition, they showed motivation and enthusiasm for QI which ultimately led to the benefit for their patients.’
Debbie Redfern-Quality Improvement Manager (Bolton NHSFT)

Contact us

For more information or to network and share ideas, please email: Louise.Porritt@boltonft.nhs.uk

References: Berwick DM (2003). Improvement, trust and the healthcare workforce. Qual Safe Healthcare 12(suppl 1):i2-6
Quality Improvement made simple. The Health foundation (2021) (www.health.org.uk/publications/quality-improvement-made-simple)