

FLASH REPORT Cohort 14 - Rebecca Kennedy

QI Project Team:

Rebecca Kennedy
Team Lead for CTAC &
Vaccinations East Argyll
& Bute

QI Project Aim:

By January 2027 to implement a standardised patient feedback process across covid vaccination clinics in Cowal & increase patient response rates to 50% in alignment with QI priorities of Healthcare Improvement Scotland.

Stage of QI Journey:

Testing
Changes



Change Idea I am going to test below:

integrating a brief patient feedback questionnaire into vaccine clinic workflows, trialled at different points in the patient journey and supported by volunteers, particularly during quieter campaigns, to determine whether it can be implemented without increasing staff workload.

Driver Diagram

Aim

In order to
achieve this Aim...

Primary Driver
We need to
ensure...

Secondary Driver
Which requires...

Change Ideas
Ideas to ensure this happens...

Patients
engage and
share their
feedback

- Gaining feedback at the right time from our patients
- Ensure questions are relevant to people using our service
- Equality of access
- Options for anonymity

- Trial iPad Survey first
- Ask patients to complete surveys while waiting for their appointment to save time/give everyone opportunity.
- Offer a variety of question types to understand which is most often completed (qualitative/quantitative)
- Keep surveys anonymous to encourage honest feedback.

Staff feel
supported
throughout
the process

- Clear communication with staff
- Involvement of staff in building the process to gain feedback
- Training on what to expect when asking for feedback & what to explain

- Train staff on how to explain the survey and support patients if needed.
- Monitor the impact of the survey process on staff workload – staff feedback, impact on duties
- We will only ask patients about areas we, as a team, can affect positive change in such as clinic organisation, access & parking, staff friendliness & waiting times

Feedback is
responded to
and shared
appropriately

- Timely review of feedback
- Dedicated improvement team to review results
- Feedback is shared to ensure transparency (all identifiable data removed)

- Schedule regular meetings to review feedback – lead with positives and brainstorm what we can do about areas for improvement
- Invite staff to be part of the improvement team
- Clearly share patient feedback to staff & patients using a "You Said / We Did" approach/board

QI Project Aim:
By January 2027 to
implement a standardised
patient feedback process
across covid vaccination
clinics in Cowal & increase
patient response rates
to 50% in alignment with
QI priorities of Healthcare
Improvement Scotland

ACT

Do you plan to adapt/adopt/abandon?

The iPad/Microsoft Forms test was temporarily abandoned due to licensing and compatibility issues with pandemic-issued devices. The process was adapted to paper questionnaires and QR codes. Patient engagement improved, but staff reported concerns about the time needed for manual data entry. Questionnaires will now be given at the end of the patient journey following patient feedback

STUDY

How do your predictions compare to what happened?

The digital process did not work as planned due to technical issues. Initially, I believed the iPad feedback process would be the most effective option; however, this proved unsuccessful in practice. Paper questionnaires and QR codes improved patient engagement and worked best overall, although the process still requires some final adjustments. Learning identified that reliable technology, reduced staff workload, and timing of questionnaire distribution are important.

PLAN
Test:
Trial a standardised patient feedback process in Cowal COVID vaccination clinics using iPads and Microsoft Forms

- Tasks:**
- Introduce feedback form in clinic
 - Support patients to complete questionnaire
 - Monitor response rates and staff feedback

- Predictions:**
- Patients would engage with digital feedback
 - iPads would simplify data collection
 - Response rates would improve

DO
Write what happened when you ran your test
The test started in one Cowal clinic. Two forms were completed before Microsoft Forms stopped working due to iPad licensing issues. Staff found troubleshooting time-consuming. The process changed to paper questionnaires and QR codes, which improved patient engagement. Staff raised concerns about manual data input. A patient also reported that completing the form at the start did not reflect their final experience.

Area of Learning: Testing different methods of collecting patient feedback and understanding the impact of technology, staff workload, and timing on patient engagement.

Successes: Paper questionnaires and QR codes improved patient participation and engagement compared to the iPad process.

Challenges: Technical issues with iPads and Microsoft Forms, increased staff time for manual data entry, and identifying the best time during the patient journey to collect feedback.

FLASH REPORT Cohort 14 – Leigh Marshall

QI Project Team:

Leigh Marshall
Emergency Nurse
Practitioner
Islay Community Hospital

QI Project Aim: To reduce by 10% inappropriate antibiotic prescribing for suspected UTIs in people aged 65 years and over by August 2026 in our community hospital setting, in accordance with local, National & Global targets (SAPG, Scottish Government, NICE, WHO)

Stage of QI Journey:

Testing Changes

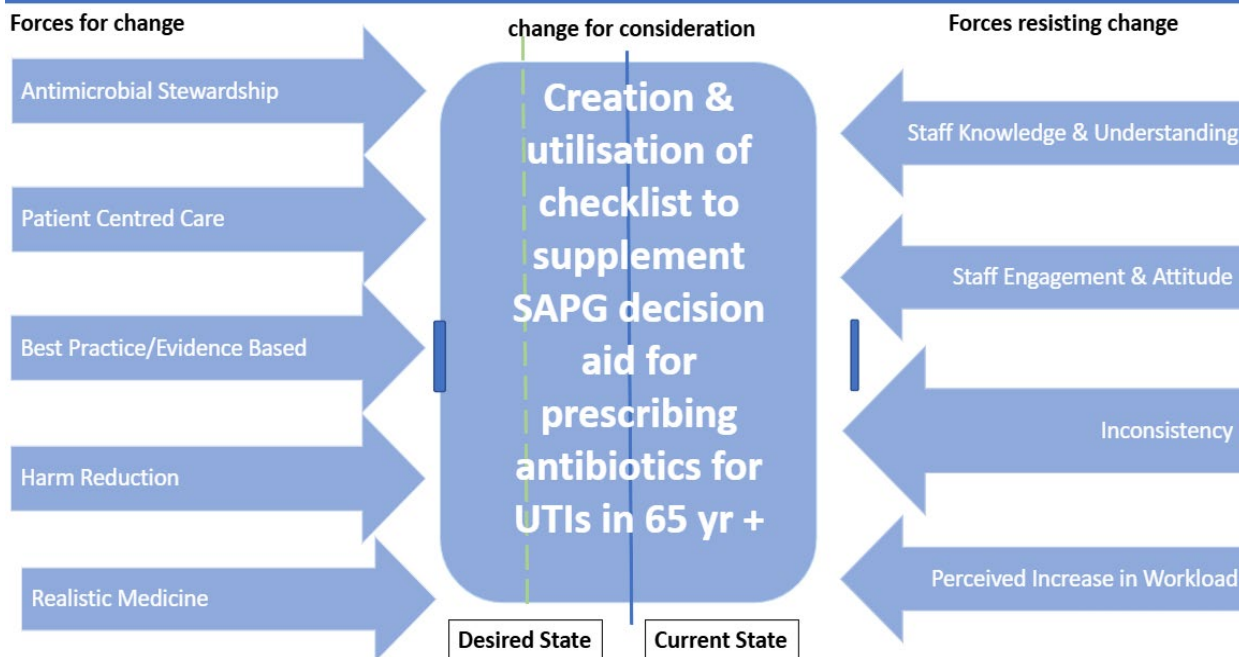


Change Idea I am going to test below:

The creation and utilisation of a checklist to sit alongside the SAPG decision aid to help guide the appropriate prescribing of antibiotics for UTIs in those aged 65 years and over.

QI Tool used:

Forcefield analysis



Area of Learning: If not all staff buy in to the idea, then change is either inconsistent or doesn't happen. Staff may need to see effect of better patient outcome

Successes: Checklist was well received by the GPs, who felt it helped focus on the symptomatic triggers & led to best practice. Most of the nurses supported it & felt it helped empower their nursing care planning & daily care plan prescription of care.

Challenges: Not all staff supported the need for the checklist. Educating staff that this wasn't just another piece of paper to complete.

ACT – Next step, Adapt

Overall the checklist has shown to be beneficial in signposting symptomatic triggers when utilised. However, staff education may need to be increased to try to encourage the involvement of all the team. The success relies on all the team supporting implementation.

STUDY

I predicted that we would see a reduction in inappropriate antibiotic prescribing with the checklist signposting symptomatic triggers. This was the case however, some staff (predominantly nurses) still required prompting to use the tool. I also predicted that buy in from the nurses may be challenging in some instances. This has shown to be the case. Conversely, many nurses & all the GPs have found the checklist to be beneficial in supporting antimicrobial stewardship, the daily care plan prescription of care, shared ownership/decision making within the team, harm reduction, evidence-based practice, realistic medicine.



PLAN

Test:

Trial adoption of checklist which compliments SAPG decision aid

Tasks:

Create checklist, Staff education (nurses & GPs), Support staff undertake checklist, monitor staff feedback

Predictions:

Intermittent utilisation of checklist.
Reduction inappropriate prescribing

DO

Write what happened when you ran your test

1st cycle: weekday day shift – checklist was utilised with enthusiasm, helped signpost nurses & GP to most appropriate treatment plan. 2nd cycle: weekend day shift – reluctantly completed by nurse after GP prompting, the nurse felt antibiotic required, this wasn't supported by checklist. 3rd cycle: nightshift – utilised well by nurse & GP guiding treatment

FLASH REPORT Cohort 14 - Seonaid Morrison

QI Project Team:

Diabetes Education Team A&B –
Seonaid Morrison &
Jessica Fletcher

QI Project Aim: Test a digital education package on diabetes for Health and Care staff in Argyll & Bute HSCP aligned to Health and social care: national workforce strategy 2022, this package must receive >80% positive staff feedback before adding to the Turas platform by June 2026.

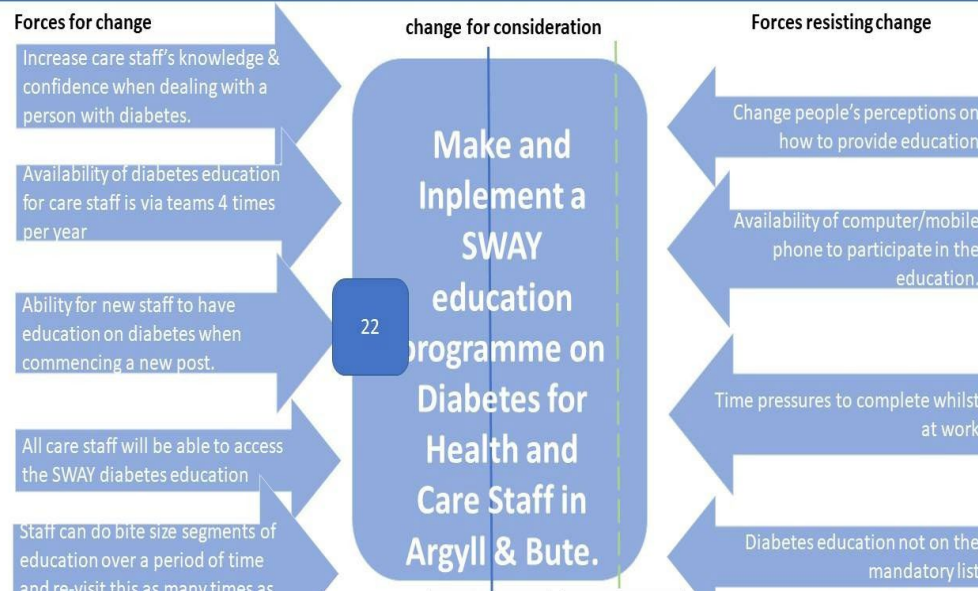
Stage of QI Journey:
Implementing a Diabetes digital programme of diabetes education



Change Idea I am going to test below:

Test using a Sway diabetes information resource to improve staff's knowledge and confidence in caring for people with diabetes.

Forcefield analysis



ACT- Adapt

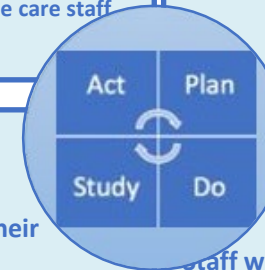
- From this test we have reviewed the Sway and added short bite-sized videos along with quizzes to reinforce learning.
- To support staff with limited digital skills the link will go directly to the education resource
- From the feedback received staff felt more able to deal with hypoglycaemia and hyperglycaemia and had a better understanding of carbohydrates and how they affect blood glucose control.
- Next steps will be to re-test the updated Sway to more care staff across Argyll & Bute

PLAN

We approached one Care Home and asked if they would test the first version of our Sway digital education package and the manager agreed to this. 12 staff were given the link to the Sway and asked to complete within two weeks, the manager agreed to provide us with feedback from this group of staff, we would then review these findings and update the Sway.

STUDY

- 10 of the 12 staff managed to access the
- Sway digital education 2 people struggled as their computer skills were poor
- Feedback was positive and all staff felt they learned from the education
- Staff liked the format but felt more videos and quizzes would enhance the Sway



DO

Sway resource link was emailed to manager To provided to 12 members of staff. Staff were to include care staff, kitchen staff, night and day shift to get an overview from each shift. Manager agreed that staff would complete and give us feedback within a two week period.

Area of Learning: Successes: This programme will be a positive addition to our education services, helping staff to understand and manage Diabetes appropriately, it strengthens our education offerings by making it more accessible, engaging and easy to understand.

Challenges: Learning how to use different digital platforms and the time it takes to video yourself and make changes this was definitely harder than I thought this would be, as well as the time factor involved we both did a lot of this out with our working hours.

FLASH REPORT Cohort 14 Elaine Farrell & Della Veillet

QI Project Team:

Cowal Community Nursing Team and A&B Tissue Viability Specialist Service

QI Project Aim:

By January 2027, 100% of patients under the care of the Cowal Community Nursing Team who present with a lower limb wound and have an absence of PAD will have immediate and necessary care implemented as per the NHS Scotland Modernising Patient Pathways Programme: Venous Leg Ulcer National Pathway (2025) from: www.woundsuk.com

Stage of QI Journey:

Testing Changes



Change Idea I am going to test below:

Organise a grab bag with paperwork and the supplies needed for 1st visit to lower limb wound patient

Include an Aide Memoir in the Grab bag

Aim

In order to achieve this Aim...

Primary Driver
We need to ensure...

Secondary Driver
Which requires...

Change Ideas
Ideas to ensure this happens...

Competent & confident staff

- Staff have opportunities to attend training to create expert practitioners
- Staff report feeling confident providing this care
- We create a learning system

- Share our learning at monthly case study review
- Offer buddy system to pair staff with varying experience
- Offer masterclasses to staff to maintain competencies

Time for assessment

- We protect practitioner time
- We triage patient review as high priority

- Test allocating 1 hour slot of nursing time to 1st appointment
- When referral comes in, triage priority and allocate practitioner to undertake

Equipment required is available

- Identify what equipment is required as minimum
- Create a stock process to ensure availability & timely ordering

- Test a grab bag with all equipment available quickly including an aide memoir
- Test a sign in/out sheet for the grab bag to highlight need for restock

Person centred care

- Shared decision making in creating an individualised plan
- Equitable care for rural patients

- Written information given to patient to support understanding importance of compliance
- To ensure rural patients get the same treatment as everyone else take an additional grab bag to ensure supplies available

By Jan 2027 100% of patients referred to Cowal Community Nursing Team who present with a lower limb wound AND have absence of PAD will have immediate care delivered as per NHS Scotland national leg ulcer pathway

[Venous leg ulcer national pathway | Right Decisions](#)

Successes:

Staff are engaged and motivated. Process has increased awareness around best practice and immediate and necessary care.

Personal learning curve about QI process
Enjoyed working as a Team and sharing ideas.

Challenges:

Challenges: maintaining the momentum and following the process, try and not jump to the end point before testing!

Staff thought they were already implementing immediate & necessary care but data showed it was not happening all the time

ACT

Adapt:

Will add in consent form and tape measure

Considerations:

Having enough stock ordered from PECOS to replenish bag as liners used but no others in stock to immediately restock bag.

Having Formulary products accessible on PECOS

PLAN

Test the Grab Bag with Aide Memoir with 2 members of staff and 2 patients

Tasks:

Grab Bag prepared and stock cross checked with stock list.

Communicate with staff that the bag is available

Predictions:

Bag is used and Staff find it helpful.
Reduce delays in commencing treatment.

STUDY

1st PDSA cycle:

Predictions met with what happened.

Too early to compare to collated data to see if the change yielded the desired result in terms of 100% of patients receiving I&N care – data collation will continue beyond the 1st cycle to monitor change over time as the grab bag is implemented and utilised by the whole Team.

DO:

Referral received x 2 for patients with lower leg wounds
Prompted staff to take grab bag and report bag
Asked them 3 questions:

Did you use aide memoir?

1 user described not using aide memoir as forgot it was in there but had felt had enough clinical knowledge to decide on a plan of care.

1 user assessed lower limb for red flags using aide memoir and assessed patient was appropriate for compression

Was bag useful?

1 user loved bag because it had all products in one place
1 user described good having all appropriate dressings to apply

Any changes/improvements?

1 user felt would be improved by having paperwork in bag for photography consent and material tape measure rather than a paper one

1 user felt no improvements required

FLASH REPORT Cohort 14 Natsai Mukahlera

QI Project Team:

N.Mukahlera
Senior staff nurse on Ward A
Surgical ward

QI Project Aim: To reduce staff sickness absence on Ward A by 20% by the end of March 2027 through interventions aimed at improving staff morale, communication and staff engagement aligned to the Essentials of Safe Care driver diagram.

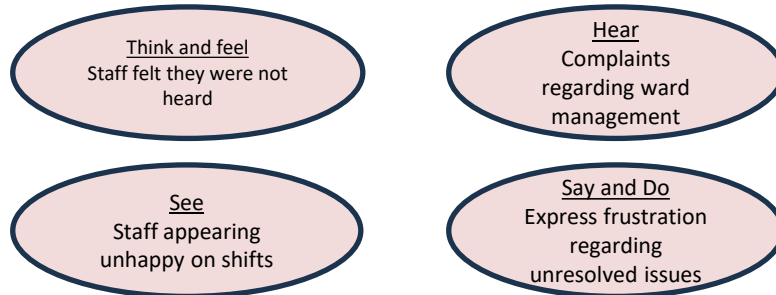
Stage of QI Journey:



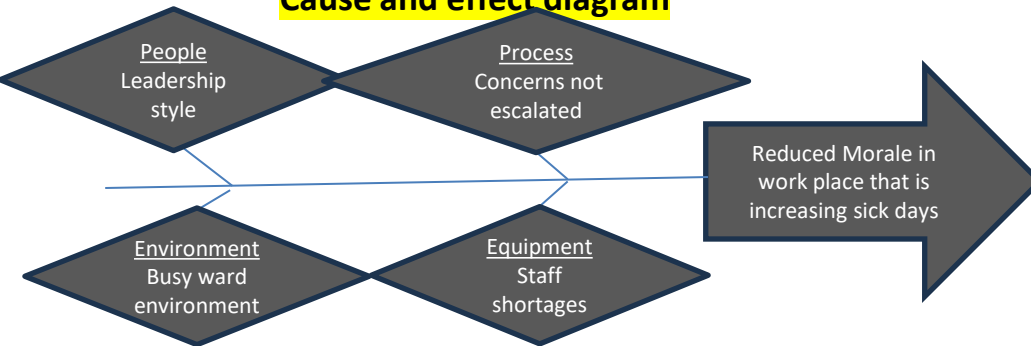
Change Idea I am going to test below:

Improve communication and staff engagement through questionnaires, safe spaces for discussion and improved rota flexibility would reduce the rate of sickness on the ward.

Empathy Map



Cause and effect diagram



ACT

Based on feedback of this staff member I will adopt the safe care place and trial it on other staff members to find out if this will also increase their morale and joy in work.

PLAN

Test:

To test whether providing a safe space for staff to raise concerns will improve staff morale and contribute to a reduction in sickness absence on Ward A

STUDY

The findings found that staff member felt happier after conducting the safe place theory. They felt valued and listened to.

DO

I chose one staff member to conduct a meeting with, in a safe space in ward A. Allowing them the time and privacy to raise concerns and explore ways in which we could increase their joy in work.

Area of Learning: The importance of gathering feedback before implementing change. How relevant it is to involve staff in decision making and change processes.

Successes: A significant change in staff attendance of shifts and decreased number of sick days

Challenges: Not all staff completed the questionnaire which could produce biased results.