FLASH REPORT Cohort 11 – Anna Robertson

QI Project Team:

NHSH Cancer Trials

QI Project Aim:

By December 2025, we will reduce perceived stress levels by 50%, when carrying out a new trial patient screening to randomisation process, in line with the NHSH together we care strategy 2022-2027; Outcome 7, Nurture Well

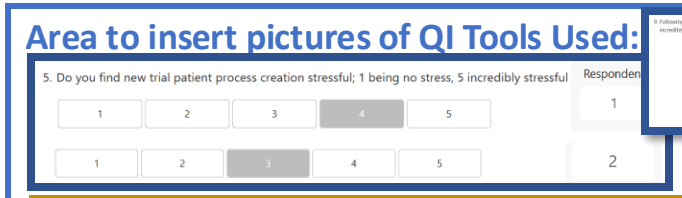
Stage of QI Journey:

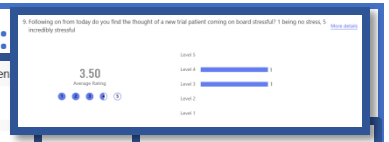
Testing Change

Change Idea I am going to test below:

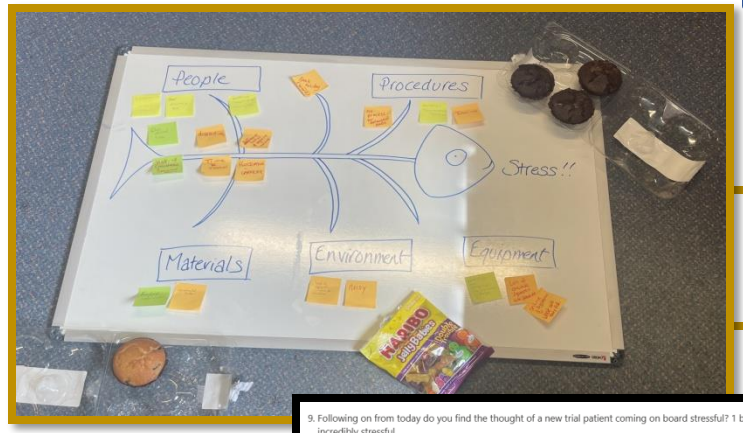
Carry out mock visits with the backup nurse/data manager to help feel more prepared in advance of a new patient visit

Area to insert pictures of QI Tools Used:



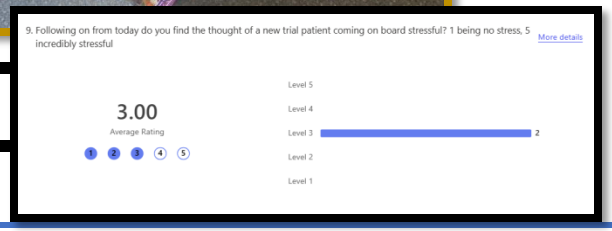


Pre-Test



The QI Discovery

Post Test



ACT

I've only completed 1 test so far. First I want to **repeat** the test on the original two nurses now they understand the process.

Then I intend to **adapt** the test with the below options

1. Test on a nurse that hasn't previously registered a patient for that trial
2. Test back up nurse taking on the lead role
3. Test Data Manager tasks
4. Ask Data Managers to run through PDSA process with the nurses doing the test
5. Test back up nurse taking notes during test.

PLAN

PREDICT:

Constraint to Test: We can't run through all procedures of the trial as we can't register a patient and that can throw up issues on the day

I think by running through the rest of the main elements it should **reduce some stress** related to anticipation of a new patient.

Information to gather

I will observe the trial run and see how they feel during it and then request they carry out a survey asking the **below** questions and some of the initial survey questions.

TASK List

Lead nurse needs to read all manuals and protocol and create new patient screening visit plan

Back up Nurse needs to be familiar with trial to point out errors etc

Lead nurse needs to prep as if a visit is taking place.

I will ask if we can use our boss's office to carry out the test.

Organise a suitable day/time to carry it out

What do we want to know?

1. Do they have a better understanding of what they need to do when a patient comes?
2. Did they have all the right tools/equipment?
3. Do they need any additional help during the appointment – eg Data Manager to take samples to labs etc
4. How much time did it take to run through the appointment test?
5. Do they feel more prepared for a real appointment?

STUDY

The nurses both completed the survey, the main question was whether the overall stress had reduced. One nurse dropped a full mark whereas the other kept hers the same. So the initial response was good but we need to do more tests to see whether it is consistent. The nurses also commented that were keen to repeat the test to see if it helped further now they understood the process of the test. They also provided feedback that it highlighted items needed for the visit, that they didn't have prepared so although not reducing stress before a visit it has reduced potential issues and efficiency on the day of a real patient.

DO

The nurses weren't really sure what they needed to do, e.g. actually having trial sample tubes ready, manuals to hand etc. I explained in more detail that we would run through the whole visit appointment as if you were with the patient. Noting information from the patient, saying out loud what procedures that you might be carrying out. e.g I'm taking blood tube A, B, C.

The nurses also decided that they wanted to run the test on one of the trials that Nurse 1 had previously registered a patient but not for over 6 months and Nurse 2 had never registered anyone. Nurse 1 would act as the patient and Nurse 2 would run the test as mock Lead Nurse

As the LEAD Nurse ran through the procedure, she stopped and checked procedures with Nurse 1 (pretend patient) as she had a better understanding of the trial.

We went back and forth a little working out what they needed to have with them

A few things were highlighted that were required for a visit that LEAD nurse didn't know she needed.

The test took roughly 45min but I think the newness of the process effected timing and queries. I took minutes of the visit and passed them back to the nurses after. The nurses advised they both spent roughly 30-45minutes prepping for the test.

Area of Learning: I now have a much better understanding of all the QI tools; I had thought it was about how I implement my own ideas on fixing a problem, whereas I have learnt on the course that is about not only finding a solution with the team but measuring, recording and analysing the data to ensure the change is actually an improvement.

Successes: By using the QI tool, the whole team had a really lovely afternoon openly discussing idea's and issues with a system that we have very little control over. Within this discussion, we came up with a different change idea than what I'd thought of initially. This meant the team was then really enthused to try it out. It was also easier to create a process for, test and measure.

Challenges: Initially coming up with my aim, mainly because I hadn't really understood the system or my problem when I started! I think I was halfway through the course before really understanding what I needed to actually do to create the aim! Alongside my slow start and not being able to prioritise enough time to the project I only completed one test however I set the aim to December so still have more time!

FLASH REPORT Cohort 11 – Collaborative Care Home Support Team

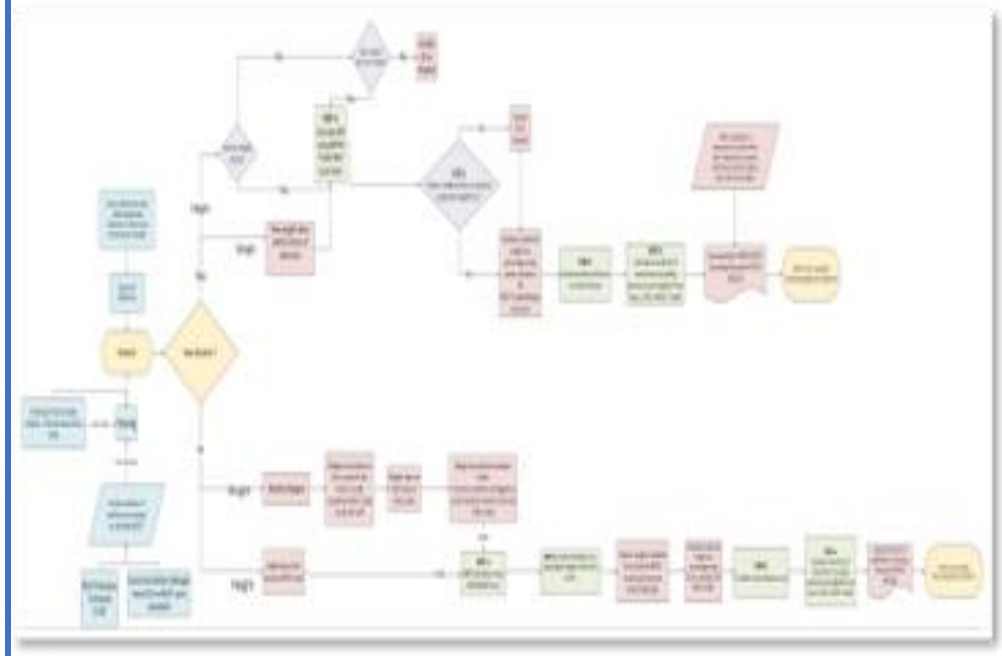
QI Project Team:
Collaborative Care Home Support Team

QI Project Aim: By 30th September 2025, we aim to ensure that all the staff responsible for calculating Malnutrition Universal Screening Tool (MUST) scores are fully trained and competent in1 Care Home. As outlined in the Quality Framework for Care Homes for Adults and Older People (2022) and BAPEN Nutritional Screening (2003).

Stage of QI Journey:
Testing Changes

Change Idea I am going to test below:
PDSA cycle 1: 29/06/25
Competent inhouse trainer to train identified member of staff who had MUST errors.

QI Tools Used: Process Map



Nutrition QI Process Map.vsdx

ACT - Adapt

Next cycle..

- Due to start during August weights
- Arrange meeting with Care Home staff to agree next PDSA change idea
- Suspected that 'unintentional error' resulted in incorrect unplanned weight loss score
- Consider themes for change idea such as providing protected assessment time and space, managerial audit

PLAN

- **Objective:** Nutritional Champion SCW on MUST training to train staff member responsible for incorrect scores.
- **Prediction:** Ensuring staff get previous weights for 3-6 month Prevent incorrect BMI calculation, prevent incorrect weight loss scores, Zero incorrect MUST score in July 2025.
- **Plan:** Cycle to start on 29/06/25.Discuss plan with Lead SCW & Managers. Training planned for29/6/25.
  - **Plan for data collection:** Sarah, Doreen & Rosie will collect data on 11/7/25.

STUDY

- **Feedback from staff**- due to capacity issues and internal pressures,there was a delay in gaining weights + MUST score data. We did not predict this
- **Our prediction**- did not meet prediction of accurate MUST scores.
- We found an anomaly in weight data– steep weight gain in resident
- Factoring in delay between weights and MUST score calculation

DO

PDSA cycle 1: **Carry out Plan**
Nutrition Champion SCW trained SCW on MUST calculation
Record problems & observations- SCW responsible for errors completed training, however still found an error. Exploring cause of this error by a trained member of staff
CCHST Team collected MUST score data on 23/07/25
Begin analysis of data- Staff recorded 5.2% weight loss instead of 2.9% unplanned weight loss. Significant weight increase of 6kgs in 1 resident to be analysed

Area of Learning: Incorrect score was not due to untrained staff as we had previously predicted. Staff member who made error was trained, but likely was unintentional error. We didn't predict that they filed away previous MUST score charts. We didn't encourage a system of counterchecking accuracy of scores.

Successes: We have started to use data to inform our team strategy for Nutrition and frailty in care homes. Learnt the value of gathering baseline data and explore what type of data was required. We now understand QI methodology which has informed our individual practise and team focus. We were able to identify problems in the system, creating the process map, helped the care home gain an understanding of these problems which ultimately improves health and wellbeing of residents. Staff have been accommodating and welcomed the project.

Challenges: Due to team demand it has been hard to allocate enough time to fully focus on all the needs of the project.
We have had to change our aims statement 2 times. We found the timescales difficult to reach. Working alongside the care home itself had its own challenges due to their staffing/ demand

FLASH REPORT Cohort 11 Lani MacRae

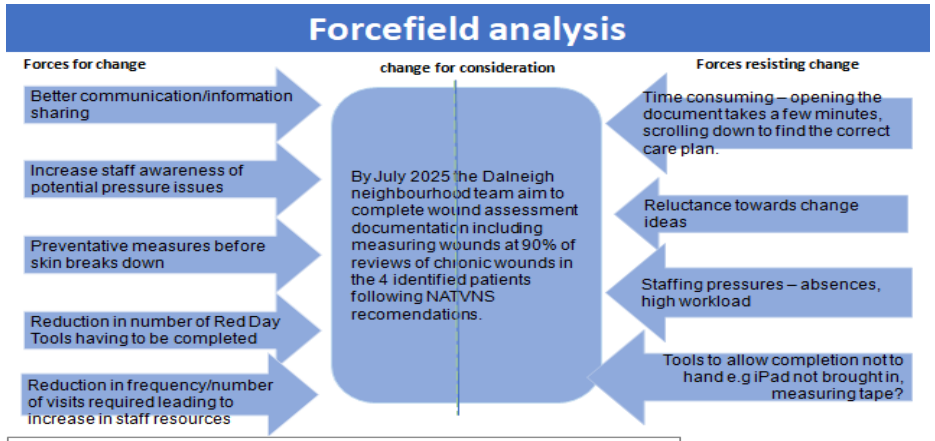
QI Project Team:
Lani Macrae
Inverness West Community

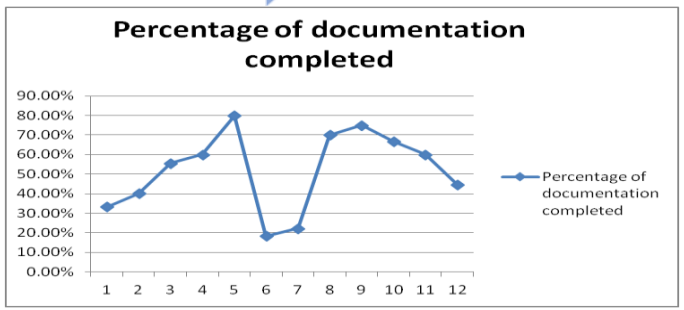
QI Project Aim:
By July 2025 the Dalneigh neighbourhood team aim to complete NATVNS Wound Management – Assessment and treatment plan at 90% of reviews following NHS Highland policy recommendations.

Stage of QI Journey:
Testing a change

Change Idea I am going to test below:
In order to remind staff to complete the form, a note was added on the memo of home visit appointments on the IT system they use for documentation.

Area to insert pictures of QI Tools Used: Median is 58%





ACT
A second consultation was had following the unsuccessful trial, and staff came up with the idea of the team leader directly asking them at daily handover if they had completed the documentation, to make each member more accountable. This will be the second PDSA cycle.

PLAN
Add a reminder to the memo of x4 regular patients that the documentation needs completed at every time the patient is seen. Staff were asked for their ideas using a forcefield analysis tool and were involved in the decision about what test of change to trial. We wanted to establish what made it difficult to complete this document every time.

STUDY
There was random variation noted in the first cycle of data collection. It appeared initially that the note on the memo had improved the stats on documentation completion but then the results fell down again. Reasons for non-completion were staff didn't take note of the memo, and the trial was not shared with all staff involved due to AL and working fewer hours.

DO
The team leader amended the notes on each of the 4 patients rolling appointments and collected the data every week on whether the documentation had been completed.. The results improved somewhat, then took an astronomical dive one week (with an unexplained reason) and then improved again then petered off. Random variation meant that the test of change made no improvement.

Area of Learning: Getting staff to be enthusiastic about change was a learning curve. Micromanagement is not what the desired outcome was, but at staff request, they wanted to be accountable at each planned appointment.
Successes: Adopt, Adapt, Abandon became a bit of a mantra when trying out new processes. Involving the team in the process is easier to get them on board rather than telling them what change is going to occur and to apply.
Challenges: Collecting the data in a timely fashion. Realising a failed cycle is not the end of the QI journey but an idea explored that wasn't correct for making a difference. Time to try a different tack. Also, that going back to the drawing board is ok, and taking a step back to understand the process before jumping to a solution.

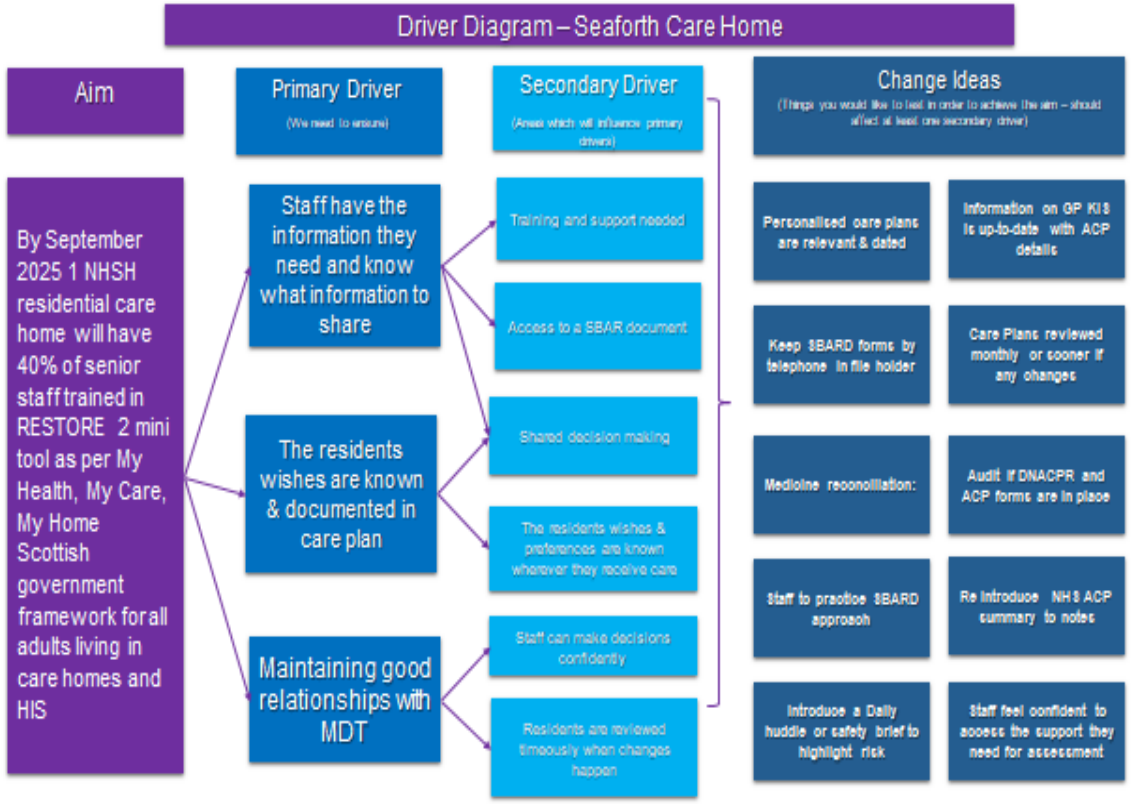
FLASH REPORT Cohort 11 Lisa Robertson

QI Project Team:
Lead Nurse Care Hoes and Care At Home

QI Project Aim: By September 2025 1 NHS Highland residential care home will have 40% staff trained in the RESTORE 2 mini tool as per My Health, My Care, My Home Scottish government framework for all adults living in care homes and Healthcare Improvement Scotland

Stage of QI Journey:
Testing changes

Change Idea I am going to test below:
Staff will report an increase in knowledge and confidence in reporting escalations in practice by providing staff training in the RESTORE 2 mini training



ACT

I will adopt as the questionnaires successfully demonstrated that following training staff's knowledge increased,

PLAN

Staff will complete pre and post questionnaires on their knowledge on reporting escalations. 75% of staff will report an increase in knowledge following the training

STUDY

Pre training -16 staff reported 100% that they had good knowledge Post training of 11 staff reported a 82% increase in their knowledge which was higher than predicted

DO

11 senior care Staff attended in person training in their workplace at Seaforth for 1 hour, good conversation and positive feedback given to manager post training

Area of Learning: I changed my aim several times during the course which delayed developing questionnaires and me speaking to the manager and deputy who kindly then organised suitable training dates and times for staff
Successes: Good support from care home manager and deputy who pulled out all the stops for me
Challenges: Changing my aims hindered my progress in hindsight I would have developed my questions earlier which would have allowed time to run a PDSA cycle

FLASH REPORT Cohort 11 – Melissa MacDonald

QI Project Team:
Melissa MacDonald - Project Manager
Whole Family Wellbeing, Alcohol and Drugs

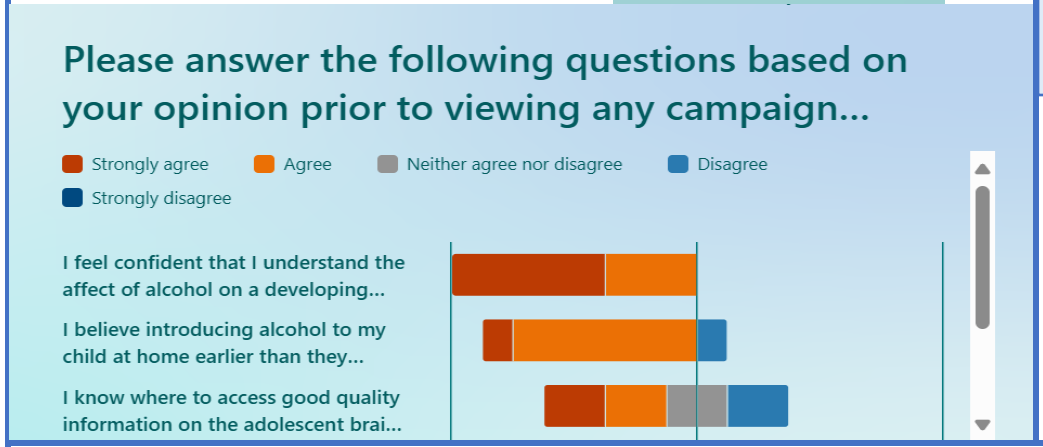
QI Project Aim: To reduce by 20% the number of parents who believe introducing alcohol to young people at home is safe or beneficial, within 6 months, through a series of targeted interventions. This aligns with both the Scottish Government Alcohol Framework 2018 and the HADP Health Needs Assessment 2025 findings.

Stage of QI Journey: Testing changes

Change Idea I am going to test below:
Test types of information to give to parents to dispel myths about "continental" approach to underage drinking.

QI Tools - Survey

https://forms.office.com/e/MBDTrFHhWe



ACT - Adapt

Learning from the first parents feedback will be brought into the further versions and plans for sharing the resources more widely.
Once more PDSA'a have been run and we are happy that the resources provide what we aimed for we can share more widely across the partnership, such as schools, Planet Youth, HADP and other stakeholders, possibly parent councils.

PLAN

Survey a group of parents on attitudes of providing alcohol before legal drinking age to confirm the need for change in group. From that follow up with impact of giving them easy to understand information to change their attitude. Predict this will change an appropriate percentage of parents' views.

STUDY

Surveys were compared prior to and post parents reviewing resources to assess their effectiveness at changing attitudes Wider information will also be gathered about parental opinions on best ways to communicate the information to allow plans to take account of this also.

DO

I gave the resource to the surveyed parents. I asked if they had any questions to just contact me. I waited to find out whether this information changed their perspective. They told me via the follow up survey they had changed their opinions.

Area of Learning: It would have been better to hold a focus group with the parents and get real time information on their views of resources rather than to do individually with them. I intend to do this as part of the overall project and bring the parents together to finalise the resources; this would likely be in August / September 2025.

Successes: Parents seem more open than I expected to the fact that alcohol may cause damage to a younger mind and less stuck on the idea than I imagined, despite the data showing where children usually access alcohol the time could be right to promote these resources.

Challenges: I did not focus my aim quickly enough. My initial project was too big and wouldn't have been possible to show at all in the time we had. I should have focussed more on finding something out that I didn't know first rather than pushing a project toward my idea if what would work. I have learned how to take a quality improvement approach which has really changed my thinking on how to start and manage projects I am involved in.

FLASH REPORT Cohort 11 – Nora MacDonald

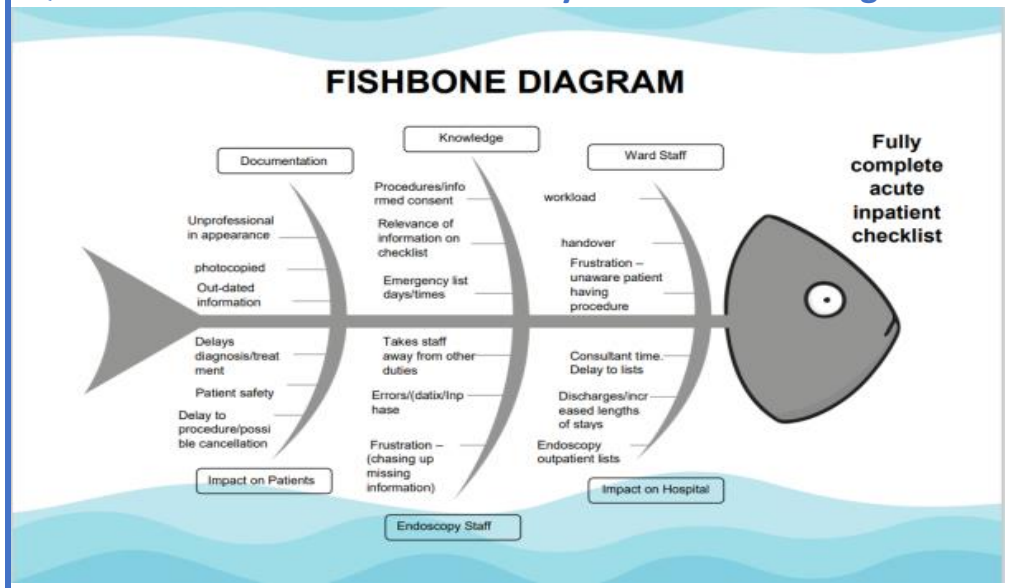
QI Project Team:
Nora Macdonald
Endoscopy Department

QI Project Aim: Fully completing the acute inpatient emergency checklist, from a baseline of 42%, to achieving a full completion rate of 95% by December 2025, aligned with JAG and SPSP

Stage of QI Journey:
Testing change
PDSA Cycle 1 complete
One Staff Nurse on 7c asked to complete the amended checklist.
Audit result – not fully completed

Change Idea I am going to test below:
Amend information on the present checklist which is no longer relevant. Ask one nurse on Ward 7c to fully complete the checklist and study if all the questions on the checklist are completed

QI Tool – Fishbone to understand system and knowledge



Baseline audit on fully completed checklists received for patients pre-procedure – result 42% over a 4 week period.
Work with willing - 7C

ACT

Decision to adapt the form further following feedback and run a new PDSA cycle

STUDY

The revised form was not completed as expected

PLAN

Meet and Agree Plan with:
Charge Nurse (7c)
Endoscopy Charge Nurse and staff
GI Consultants

TEST
Ask one Staff Nurse on 7c to complete the amended acute impatient emergency checklist

DO

Test one amended checklist with one Staff Nurse on 7c
Meet with staff nurse to discuss how they felt filling in the amended checklist

Area of Learning: undertaking the SCIFS course has taught me the importance of understanding the system you are proposing to change. Understanding that one person cannot makes changes alone. Including others in what you are trying to achieve opens up new ideas and ways in which to achieve them. Learning about the QI tools and how they can help with your idea has helped by peel back the layers in my idea for change.
Successes: meeting and talking with Charge Nurse and staff on 7c, their by in and the information they provided, which helped me construct my fishbone QI tool and made me look at my AIMS from a totally different perspective. This is just the start of our journey on this project. Working with the willing.
Challenges: realisation that my idea was too big and how I would be able to move forward with it. Getting out of the PIT

FLASH REPORT Cohort 11- Rachel Robertson

QI Project Team:

Rachel Robertson – Raigmore/acute

QI Project Aim:

By August 2025, 80% of the senior acute Occupational Therapy team will understand the theory and benefit of Functional criteria Lead Discharge, in line with the Scottish Governments Discharge without Delay project for earlier discharge and rehab at home.

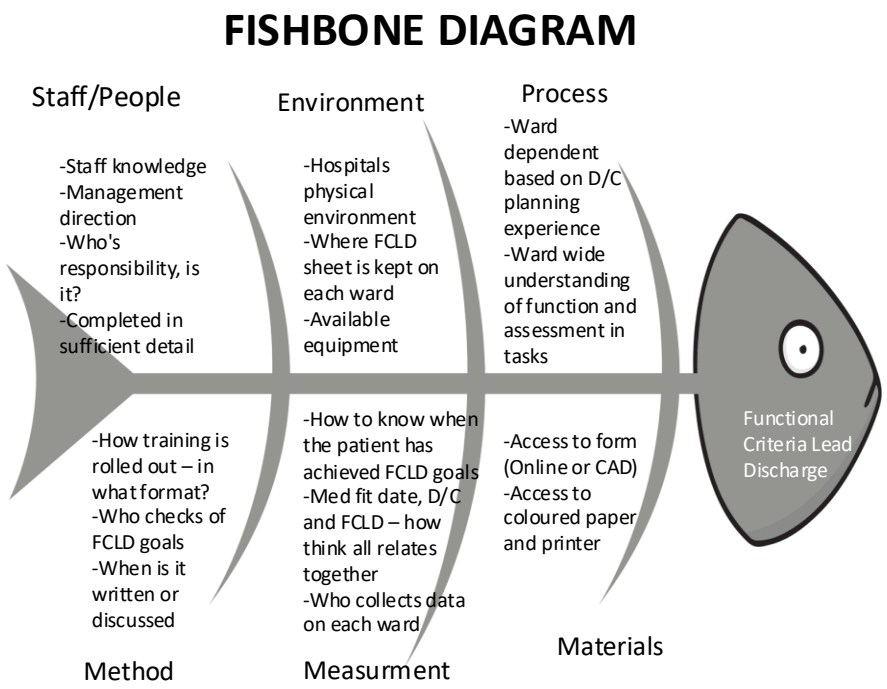
Stage of QI Journey:

Testing Change

Change Idea I am going to test below:

To create an online resource that can be emailed to one of the senior OTs with information regarding what FCLD is.

Area to insert pictures of QI Tools Used:



ACT

Update the information to ensure there are no spelling mistakes.
Add in an example of the FCLD sheet.
Consider adding in a case study with space to trial writing the FCLD as per feedback from the in-person training to ensure delivery of in person and online training are both in receipt of the same information.

PLAN

The OT will be able to complete the training via access to a computer.
The OT will have an increased knowledge regarding FCLD, what it is, how to set FCLD, who's responsibility and where FCLD sits within the D/C process.

STUDY

The data from pre training to post training is as below:

Pre:	Post:
Confidence re what FCLD is? - 60%	90%
Confidence in setting FCLD? - 60%	100%
Confidence using FCLD to facilitate D/C? - 60%	90%

This means on average, confidence in all areas increased from 60% to 93%

DO

I created 2 x online questionnaires to gather data – one for pre training and one for post training. The questionnaire asked the participant:
I ensured the learner had completed the pre training questionnaire, so I had pre training data. I created an online resource. On 19/06/25, I emailed the information poster to the learner and asked them to have it completed by 24/06/25. In the same email. I also sent a link to a post training questionnaire to compare pre and post data re confidence of FCLD.
The learner completed the training and post training questionnaire on the same day they received it – 19/06/25.

Area of Learning: The online learning was just as successful as the in-person training. Both wanted to visually see the FCLD sheet and some wanted practice setting FCLD goals.

Successes: Confidence of knowledge, using and setting FCLD increased by an average of 33% and the learner at the end of the training was very confident with FCLD.

Challenges: No Challenges. Quick to complete. Good feedback and easy access to the computer for this learner.

FLASH REPORT Susannah McIntosh Cohort 11

QI Project Team:
Susannah McIntosh and Acute H&S team members who deliver training.

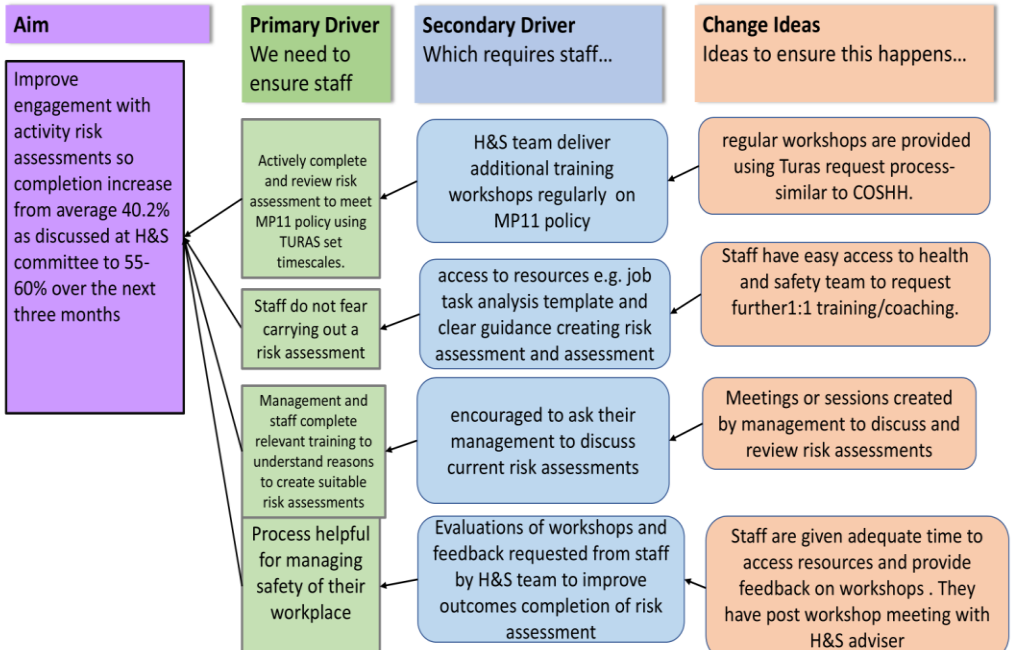
QI Project Aim: **Increase completion rate of task risk assessments from 40.2% (2024) to 55–60% by August 2025, as per H&S Board Committee report.**

Stage of QI Journey:

Initial stage trial out workshop testing change ideas

Change Idea I am going to test below:
Use of Coaching 1:1 with staff. Link to MP11 policy.
Provide additional resources ; task analysis on Power point.
Create engaging workshop, quiz and consultative delivery.

QI Tools Used: Driver for change



ACT

Will adopt 1:1 coaching, however will need to consider other methods and less people resource intensive going forward.
Actions: Arrange further meetings with staff and management to improve engagement with risk assessment tools to improve scope of risk assessments.

PLAN

Test the use of new workshops to train staff to assist development of task based risk assessments. Include access to post workshop 1:1 appointments and teams calls with H&S adviser. Consider 1 to 1 coaching as well by all staff in H&S team. Decide what to adopt , review if this helped with compliance with risk assessment reports.

STUDY

Reports from one local staff member that *all risk assessments completed after one coaching* session .
Some staff did engage more but some did not take up the coaching and did not complete surveys so need to find out if they had completed risk assessments without additional input.

DO

Delivered 3 workshops to 14 staff members at Belford hospital
- Introduced 1:1 coaching and task analysis resources to 3 staff members

- **Applied PDSA cycle to test and refine change ideas from QI tool.**
- **Additional H&S staff were involved in delivering workshops and 1;1 coaching.**

Area of Learning: Successes:- Positive staff feedback on workshops,- Early signs of improved engagement post-coaching. Use of PDSA and QI tool
Challenges:- Limited survey responses from staff,- Cancelled H&S meetings and low visibility at Belford management meetings.
Next Steps:- Continue coaching and resource support,- Strengthen staff engagement through follow-up meetings,- Link outcomes to senior management discussions. Conduct audit to review risk assessment rate.

Flash Report - SIFS Cohort 11 - Wendi Forbes

QI Project Team:
Wendi Forbes
Clinical Nurse Manager
Surgical Directorate

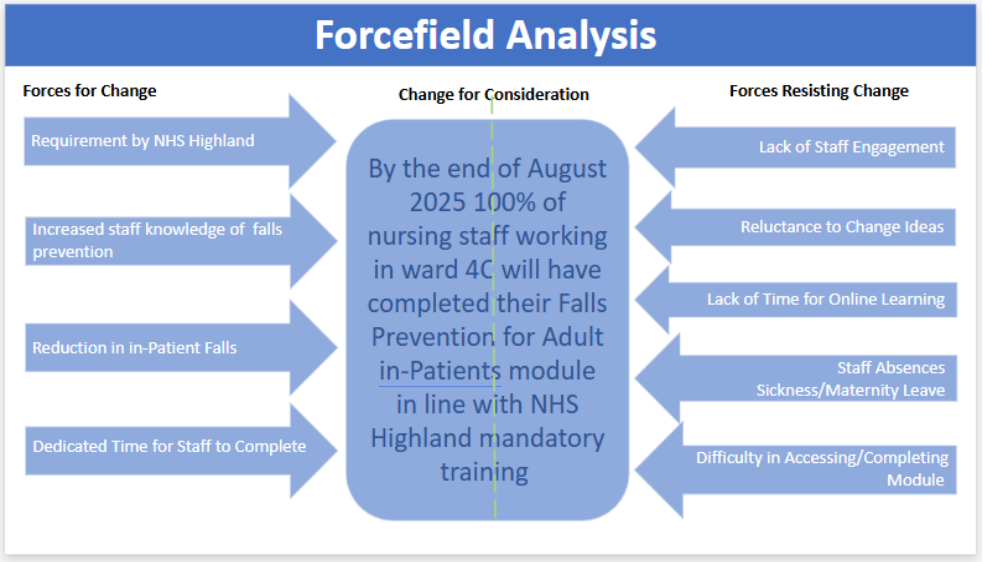
QI Project Aim:
By the end of August 2025 100% of nursing staff working in Ward 4C will have completed their Falls Prevention for Adult in patients module on TURAS in line with mandatory training.

Stage of QI Journey:

Testing Changes

Change Idea I am going to test below:
Identify 1 staff member who needs to complete their falls module and allocate 30 minutes protected learning time during their shift for them to completed the module

Area to insert pictures of QI Tools Used:



ACT

-This worked well and I will adapt this to try with different members of staff

PLAN

-Test with 1 staff member if giving them dedicated learning time on the ward during their shift will allow them to complete their falls module

-This will be protected time

STUDY

-They were able to complete their training

-They preferred to complete this training during work time rather than their own time as have no access to TURAS at home

-Other staff supported and celebrated this achievement as it increased the teams overall compliance

DO

-I found a laptop in the SCN office for a willing member of staff to complete their training

-They were able to complete their training during the chosen shift despite going 10 minutes later than planned due to wanting to complete a task first

Area of Learning: This is the first QI project I have led, I had to reduce my initial project aim and start small to allow me time to learn and grow in confidence
Successes: Staff engagement and working with the team has been a positive experience and I have enjoyed using the differed QI tools
Challenges: Finding time to work on the project which ironically is what staff sight as one of the main barriers to completing online training modules, I stopped line managing this team during this project so became dependent on someone else checking the team compliance on TURAS

FLASH REPORT Cohort 11 James McCreath

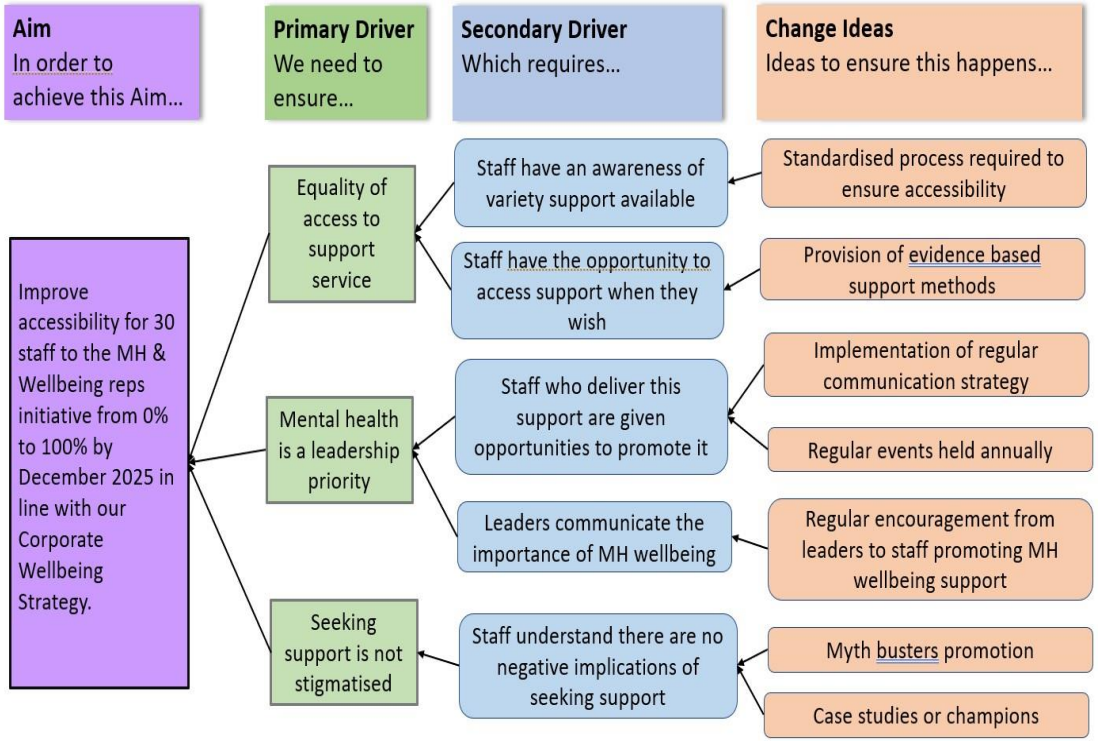
QI Project Team:
Mental Health & Wellbeing Representatives.

QI Project Aim: Improve accessibility for 30 staff to the MH & Wellbeing reps initiative from 0% to 100% by December 2025 in line with our Corporate Wellbeing Strategy.

Stage of QI Journey:
Creating conditions
Understanding systems

Change Idea I am going to test below:
Delivery formats for communications with identified excluded staff.

QI Tools Used:



ACT

Complete scoping exercise with 30 identified members of staff
Advise Senior Management on initial findings.

PLAN

Identify 10 members to complete review of current accessibility levels. Prediction of 50 % awareness
Arrange interview session

STUDY

Staff members interviewed had 100% awareness of MH&W initiatives in line with prediction.
(One member of staff)

DO

Undertake accessibility of MH&W initiative with staff members using microsoft form survey.
Provide posters for staff to view access routes to MHR initiative

Area of Learning: Culture and communication
Successes: Response from employees
Challenges: Resistance to change from individuals who were key to the process