

FLASH REPORT Cohort 12 - Rachel Brennan and Phyllis Smith

QI Project Team:
Rachel Brennan &
Phyllis Smith:
Health Protection
Nurses

QI Project Aim: By mid-August, the entire HP Nursing Team will reduce their interruptions with the SHPN by 50% to help increase efficiencies within the team. This fits with Healthcare Improvements Scotland and PHS: Scotland's Population Health Framework 2025-35

Stage of QI Journey:

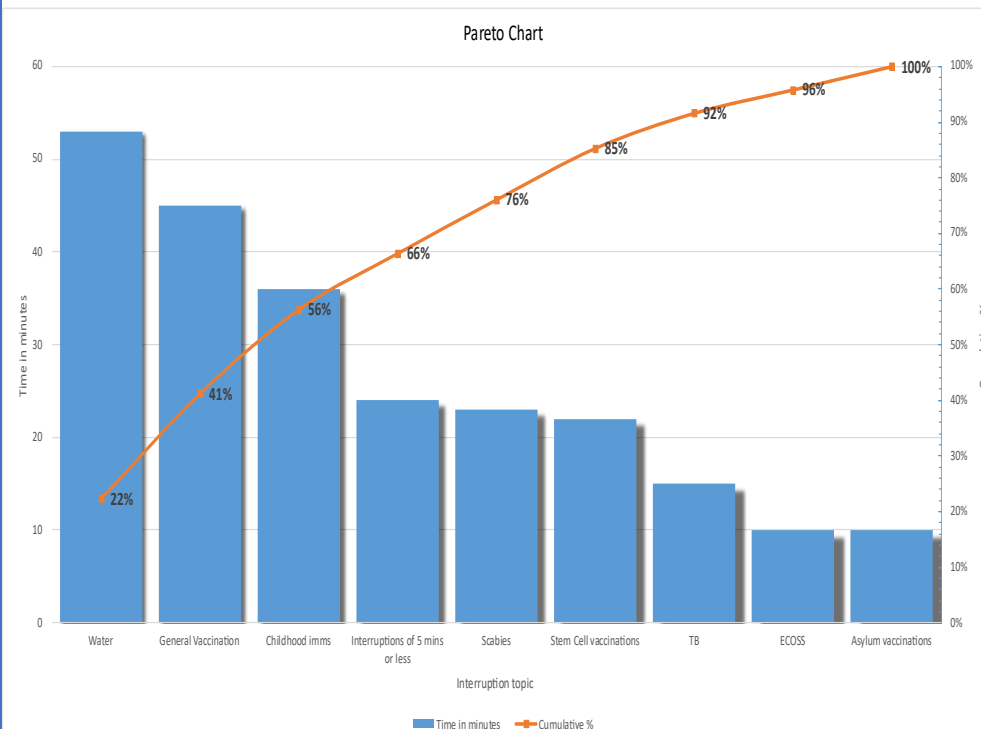
Testing Changes



Change Idea I am going to test below:

Introduce Daily Nursing Huddles

QI Tool used – Pareto Chart



ACT

Due to the success of this test of change, interruptions reduced to nearly zero and duplication of work avoided with shared discussion and learning the team have decided to **ADOPT** a daily 30- minute nursing huddle.

The timing works well – doesn't take up too much time out of our day but also allows enough time for effective discussion.

Will aim for 11:30 slot when suitable but can be flexible

STUDY

Nursing huddle found to be beneficial immediately with team, concise Q & As quickly resolved and duplication avoided. Team felt comfortable to share and update in a safe environment which not only improved our shared learning which we had hoped for and expected but also enhanced our team morale and feeling of well- being which was unintended benefit.

Initially believed this would benefit our Line Manager the most but surprised with the immediate benefits for all. Interruptions with SHPN reduced to nearly zero!

PLAN

Test: To try a daily nursing huddle at 11:30 to reduce interruptions during the day to the SHPN

Predictions: We predict that all nursing staff will attend and report that they preferred the huddle approach. Our interruptions to SHLN will reduce by 50% of our current baseline which we recorded in the previous week. Duplication of work will also reduce by 50%.

Tasks: Book room for huddle on CABs, share via email with all staff, create an agenda for huddle

DO

- Daily Nursing huddles commenced – no longer than 30 minutes per day to fit around Line Manager's commitments – best time found to be around 11:30
- Nursing staff listed approx. 6 queries which required double checking and/or discussion with team
- Noted nursing staff did not interrupt SHPN prior to or post huddle with non -urgent issues
- All nursing staff at work attended and the feedback was very positive

Area of Learning: Areas of learning needs within the nursing team identified on the pareto chart.

Successes: Interruptions with SHPN reduced to almost zero immediately. Much more cohesion within the nursing team through shared learning and developing shared goals. Staff morale and feelings of well -being increased, this was an unintended benefit.

Challenges: During the initial data collection stage, we had staff absence/illness/ annual leave which impacted on the numbers collated. School holidays also reduced the volume of incoming queries received.

FLASH REPORT Cohort 12 Padraig Lyons

QI Project Team:

Highland Alcohol and Drug Partnership (ADP) team

QI Project Aim:

To increase service users confidence accessing information relating to residential rehab facility referrals by one point on a five-point scale by end 2025, in line with the Highland ADP Action Plan 2025.

Stage of QI Journey:

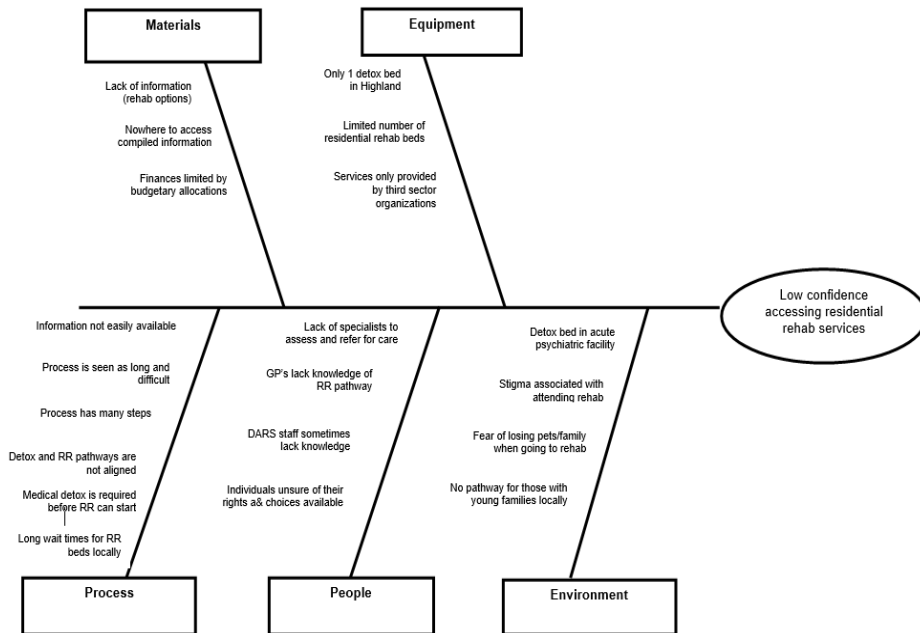
Testing changes



Change Idea I am going to test below:

To develop and introduce a standardised template for residential rehab facilities out of area to provide information regarding their services to those seeking rehab as a treatment option.

Area to insert pictures of QI Tools Used:



ACT

Adapt/Adopt

- Implement suggested edits from SDF members to template
- Publish reviewed template on HADP website

Adapt

- HADP meeting to present findings of PDSA and plan next cycle.
- HADP team to review overall aim of project
- Discuss fishbone and complete a driver diagram in next cycle

PLAN

- **Objective** – develop and introduce a standardised RR template & test confidence in accessing information before and after
- **Planning**
 - Meet with Scottish Drug Forum (SDF) to collect information
 - Introduce new template
 - Assess satisfaction with template
- **Tasks**
 - HADP meeting
 - Contact SDF
 - Complete before/after satisfaction surveys

STUDY

- The template was completed and will be uploaded to the HADP website
- Confidence in RR referrals, measured before and after template introduction, did not change
- Feedback suggested further understanding was required on where and how to access residential rehab
- The fishbone tool was updated using SDF & HADP team feedback
- This PDSA cycle met the objective of introducing the standardized template, however we did not reach the overall stated aim

DO

- Collected information relating to barriers and facilitators to accessing rehab
- Measured confidence accessing information relating to residential rehab (scale 1-5) prior to introducing new template
- Gathered verbal feedback on template
- Reassessed confidence after introducing new template
- Compared confidence before & after intervention

Area of Learning: The template developed in this PDSA cycle will be published on the HADP website however, this PDSA cycle did not address the most pressing needs of the service users – where/how to access service information. The project could have been rolled out on a smaller scale discussing the change idea with one specific service user rather than the wider SDF team.

Successes: The HADP team have an improved understanding of the residential rehab pathway particularly looking at service users' needs. This PDSA cycle identified a clear need to increase knowledge and understanding of how to access residential rehab.

Challenges: Overall, the impact of the intervention was minimal in terms of increasing users confidence accessing information relating to the RR pathway. It was a challenge to identify individuals who would specifically access out of area referrals, as these are quite uncommon, therefore our feedback was comprised of those who did not use this service pathway directly.

FLASH REPORT Cohort 12 Owen McDonald

QI Project Team:

Owen McDonald
Nicola Schinaia
Yvonne Sutherland

QI Project Aim: To increase the staff awareness of the aims of medical student placements and self-reported confidence in working with medical students to 50% by August 2025 in line with the NHS Highland aim to deliver high-quality medical education.

Stage of QI Journey:

Testing changes

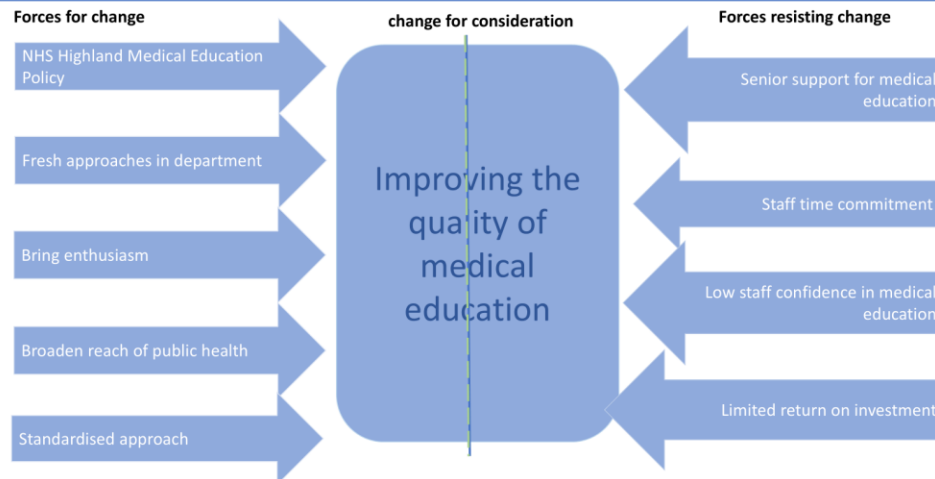


Change Idea I am going to test below:

Directorate wide short presentation on the aims of medical student placements within the department

Area to insert pictures of QI Tools Used:

Forcefield analysis



ACT

Although awareness has risen to meet the desired target, confidence remains lower than 32%. The test of change to raise awareness can be adopted but, a different approach needs to be used to develop confidence. This could include sessions with small groups Or even individuals

PLAN

Develop a session on medical student placements which cover key aims and curriculum
Use findings from initial staff survey to highlight areas of need

STUDY

The survey showed that amongst the people who attended the session: awareness rose to 63% from 11% and confidence rose to 32% from 21%. The effect on confidence was lower than predicted

DO

Deliver a large group session to the public health directorate as part of the monthly meeting.
Do a post session survey on awareness and confidence around medical student placements

Area of Learning: Learned awareness and confidence were lower than I would have expected. Use of surveys can provide rich data for many participants in short period of time.

Successes: Large number of survey responses, awareness increased.

Challenges: Only 1/3 of directorate responded which leaves room for bias and inaccurate results. Large group sessions suitable for awareness raising but, not confidence raising

FLASH REPORT Cohort 12 Louise Maclean, Yvonne Sutherland

QI Project Team:

Louise Maclean
Yvonne Sutherland,
Public Health Admin
Team

QI Project Aim:

Improve access to details of current venues used for training purposes by 80% within Public Health Directorate by 7th August 2025 aligned to efficient working policy.

Stage of QI Journey:

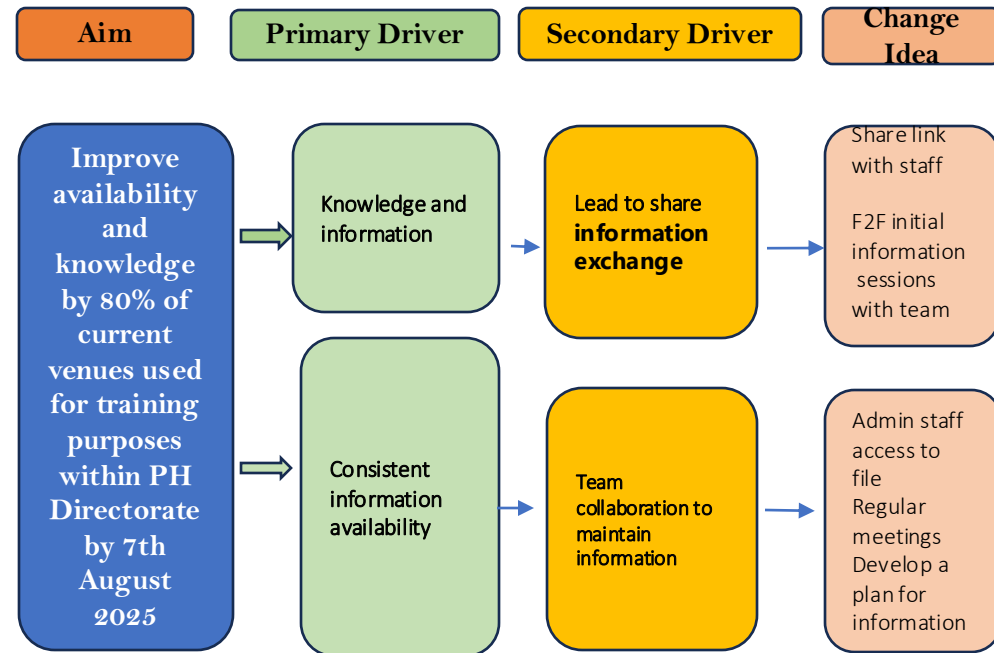
Testing of changes



Change Idea I am going to test below:

Based on feedback from admin staff we are going to create a process for all admin staff to collate all relevant external venue booking information.

QI Tools Used:



ACT

- This has been a successful test with the team agreeing to formulate a folder within PH drive to collate all current available locations for external venue bookings.
- Test highlighted one issue that the folder would need to be available to more than just the admin staff as a lot in the directorate plan events/training themselves so we will expand the test and **adapt** to include others.
- To keep this up to date we would review every 4 months in our team meetings but be open to feedback as we expand.

STUDY

- Following feedback from the survey sent out each member of admin staff had their own information held with locations available to book and were happy to share this.
- Predictions excelled as we have managed to gather 19 locations as opposed to the original 5 that we thought were available.

PLAN

We plan to test dedicating a single place on a dedicated folder to collate all relevant external booking information
Prediction: We predict that all staff will use this folder. We predict there will be at least 5 entries in this folder. We predict that when the next booking is scheduled, we will use this folder first and we will receive positive feedback.
Tasks: Launch file within PH drive making all PH team aware of its availability. Ensure all admin staff have full access to folder on their laptop. Make sure file is accessible to admin staff so that this can be updated/amended as required to avoid additional work and duplication elsewhere

DO

- Over the few weeks of testing we have been told that the folder location brought more options that were otherwise thought to be unavailable.
 - Staff noted the time saved having to not search for alternative venues as they were all pulled together in one place.

Area of Learning: Finding a quality improvement project small enough to complete for this module and dismissing other 'big' ideas, learning from what other Cohorts have worked on. This helped us realise what was achievable within our directorate.

Successes: Information collected from survey enabled us to choose from several improvement ideas. The team each had their own information collated but with differences, causing others to be unaware of available resources. Thus, reaffirming that this was the best improvement idea to implement.

Challenges: Reluctance from staff to complete the information and share with others to avoid duplication. Sustainability of process.

FLASH REPORT Cohort 12 Laura Stephenson

QI Project Team:

ADP ST
Community Learning
Development
Scottish Recovery
Consortium

QI Project Aim:

By April 2026, we will increase the number of engagements with people with lived experience of alcohol & drugs by 50% to inform Alcohol & Drug Partnership priorities in line with the A&B HSCP Community Engagement Framework

Stage of QI Journey:

Testing changes

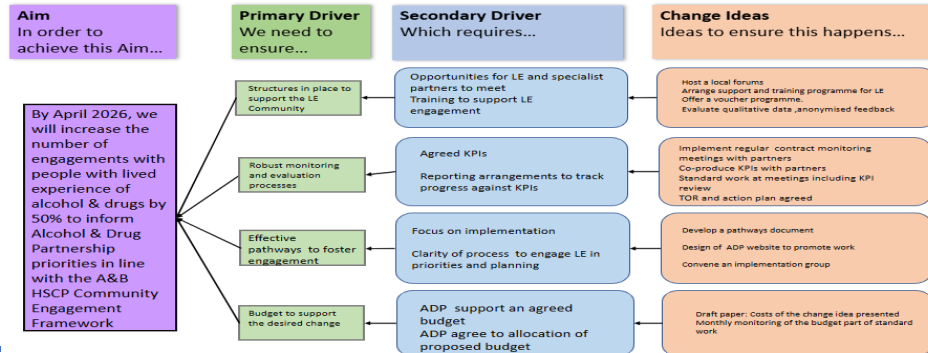
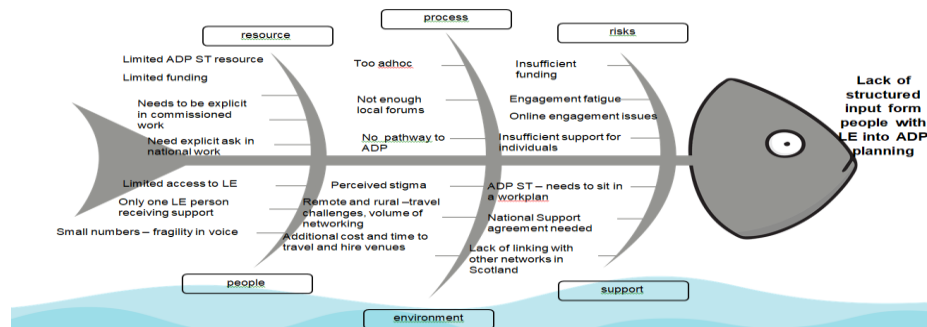


Change Idea I am going to test below:

In one locality, I will implement support to enable people with LE to engage with ADP priority setting and planning.

Area to insert pictures of QI Tools Used:

FISHBONE DIAGRAM



ACT decide on Adopt, Adapt, Abandon

- Adapt. Further meetings will be held with partners to explore the detail of support for people with LE.
- More work to be done on involving LE to help to identify the pathways/mechanisms to link local progress and engagement into the wider ADP.
- More time from partners with expertise in LE engagement is needed to plan the supports for people with LE to feel safe and confident to engage further discussions.



STUDY

Reflections from the event and evaluations was that more time was needed for workshop discussion and tasks were not complete. Presentations were informative and increased knowledge which was useful in the small group discussions. Another session is needed to complete the exercise to develop LE engagement. 6 people with LE engaged in the workshop but more support is needed for ongoing engagement as some people didn't feel confident to contribute.

PLAN

Objective: For CLD to facilitate 1 engagement session for people with LE
Prediction: People with LE who attend feel supported to engage with services and planning local supports.

Planning: Consult ADPST, CLD, SRC and WY to understand how to best develop these engagement sessions. Agree aims and how to structure the engagement workshop

Tasks – Date identified that partners could attend and support offered to assist people with LE to attend. Input from partners agreed. A venue was agreed and booked and a Save the Date flier went out prior to the flier with the details of the event. Agree small group questions

People with lived experience will share their learning from this process.

DO

Presentations were delivered on what the ADP has done with previous engagement exercises "you said, we did", the new ADP strategy, the role of partner organisations in supporting voices of LE.

6 people with LE engaged in facilitated small group discussions which helped to identify the TOR of the local forum and what LE needs are for ongoing engagement. An informal evaluation of the workshop was held using post-its.

Area of Learning: Learning to break down the steps logically and how to measure them

Successes: positivity and using the tools to guide the thinking process

Challenges: working out the outcomes measure, there are advantages and disadvantages on what to measure, the number of engagements, or number of people involved and further measurement will need to provide information on the quality of those engagements and how it feeds into planning.

FLASH REPORT Cohort 12 Francis Idebolo

QI Project Team:

Francis Idebolo

QI Project Aim:

To reduce the average review time for unfamiliar/historic HP Zone cases from approximately 10 min to <5 min in 3 months, using structured summaries and clear documentation in line with the Clinical Governance framework

Stage of QI Journey:

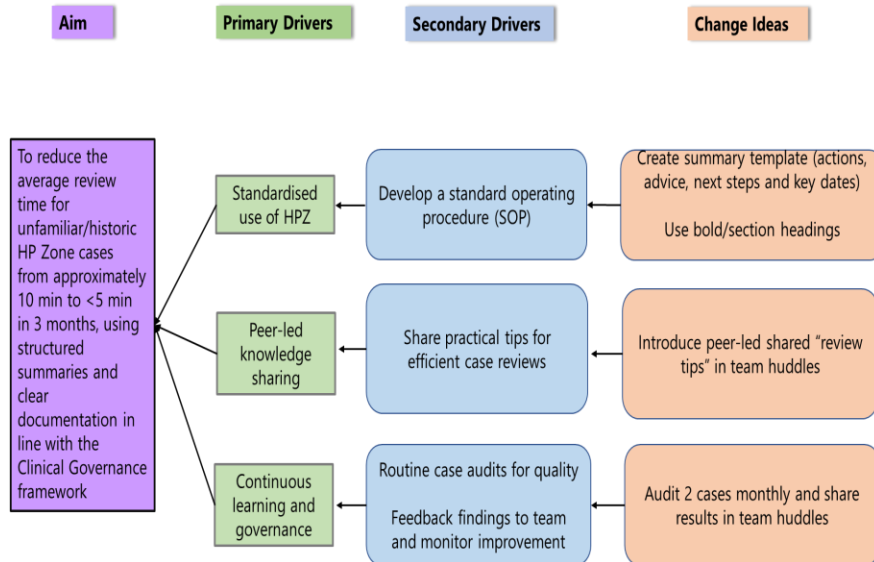
Testing Changes



Change Ideas I am going to test below:

- Create a summary template (actions, advice, next steps)
- Use highlights/bold text, and subsections for summaries

Area to insert pictures of QI Tools Used:



ACT

- Template will be refined based on the feedback and change ideas retested
- Plan to test on two more cases with different colleagues

PLAN

- Staff survey collected through MS Form showed some difficulties reviewing historic HP Zone cases, with 50% reporting it takes more than 10 minutes
- Test if a structured case summary and use of highlights/bold text, and subsections help to reduce review time by applying it to one complex case and asking a colleague to review it

STUDY

- Review time was shorter; 44 seconds to review the summary and understand the case, public health actions completed ,and outstanding actions
- Compared to 30 minutes when all the over 100 HP Zone case entries are reviewed individually

DO

- Apply the case summary template, including use of bold text to a historic case with over 100 event entries
- Share the HP Zone case file number with a colleague unfamiliar with all the case details for review
- Measure time taken to review the case

Area of Learning: Small-scale testing helps to quickly assess if a change idea is useful before a wider rollout. Structured summaries support faster case understanding

Successes: Quick feedback from colleagues and the review time was significantly reduced which could improve team efficiency

Challenges: Further work is required to identify the appropriate placement of summaries within the HP Zone case file, as the events could still be evolving, the use of "Actions" function within HP Zone is a better way to record outstanding actions rather than solely in the summary notes

FLASH REPORT Cohort 12 Ewen Mackay

QI Project Team:
Public Health
Business
Management

QI Project Aim:

To increase the completion rate of colleague appraisals in the **North Highland area** of our **Public Health Directorate** from a baseline of **60% to 70% by August 7th, 2025**, as a step toward achieving the Board's overall target of **95% appraisal completion**.

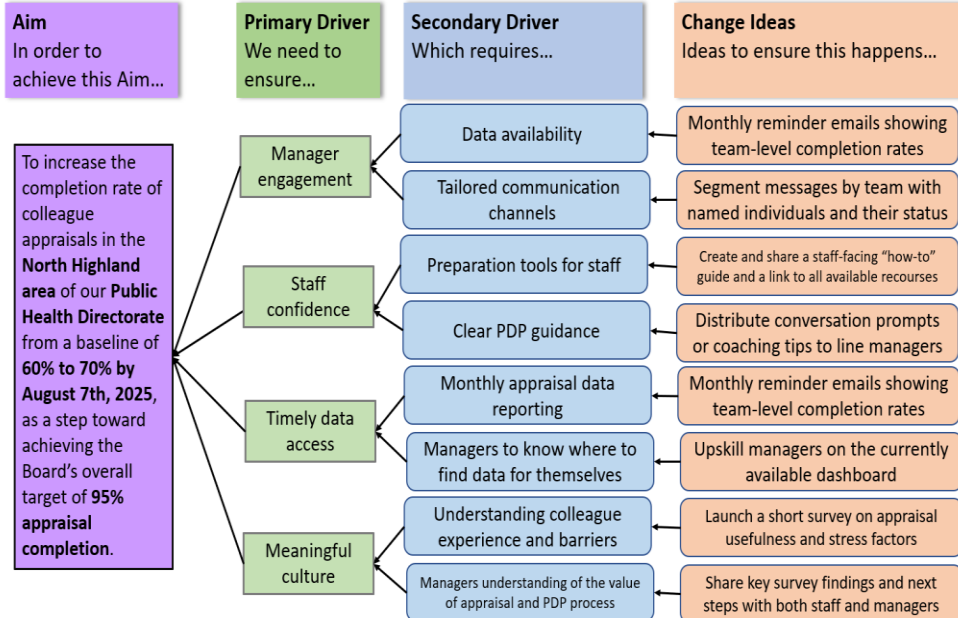
Stage of QI Journey: Testing changes



Change Idea I am going to test below:

Create and share a staff-facing “how-to” guide and a link to all available recourses

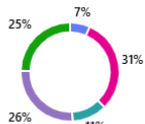
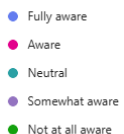
Area to insert pictures of QI Tools Used:



Survey 1

3. How aware are you of the materials and resources available to support you in completing your appraisal?

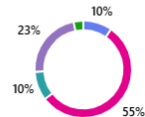
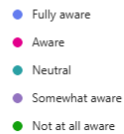
[More details](#)



Survey 2

4. How aware are you of the materials and resources available to support you in completing your appraisal?

[More details](#)



ACT

- Make “how to” guide more comprehensive - **Adapt**
- Work up some example appraisals and PDP's as per suggestion - **Adopt**
- Send a survey every 6 months to track engagement and improvement - **Adapt**

STUDY

- 1st survey gave a lot of useful information and will help a lot with future plans.
- With the question “How aware of resources are you?” there was an increase from survey 1 to survey 2 (highlight – 31% aware in 1st survey moving 55% in second survey).
- Feedback was positive and appreciative of having all resources in one place now.
- Colleagues and managers felt some examples of appraisals and PDP's would be useful.

Area of Learning: Brilliant course and really opens your eyes to new ways of managing change, so many real-world scenarios come to mind as to where this could be used. I learned to start small, I know we were told this at the start, but I only really learned the meaning of this when I started to get towards the end. Start small! This is about long-term change, not short-term wins.

Successes: I got a much bigger response to my initial survey than I thought, very insightful and data rich. This will really help me make lasting change going forward.

Challenges: Engagement going forward will be tricky, I want to present my finding to SLT to get their buy in. Time constraints were an issue during the course.

PLAN

- Create a simple “how-to” guide to help colleagues understand TURAS and to check when their next appraisal is due and share all available recourses currently available in on place (email).
- Create a short survey to benchmark how much colleagues know about the current appraisal process and how confident they are using it.
- Create a follow up survey to see if there has been any impact from the ‘available resources email’.

DO

- Distribute the 1st survey to the Directorate.
- The “how to” guide and all resources were shared with the Directorate who then reviewed this new support and fed back
- Share 2nd survey 1 week after sharing resources.

FLASH REPORT Cohort 12 – Debbie Stewart

QI Project Team:

Child Health
Commissioner, Public
Health Team member,
Equality Project Group

QI Project Aim:

Increase completion of the Children's Rights and Wellbeing Impact Assessment (CRWIA) section of published EQIA's from 42% to 60% by Dec 2025 in line with the UNCRC Act

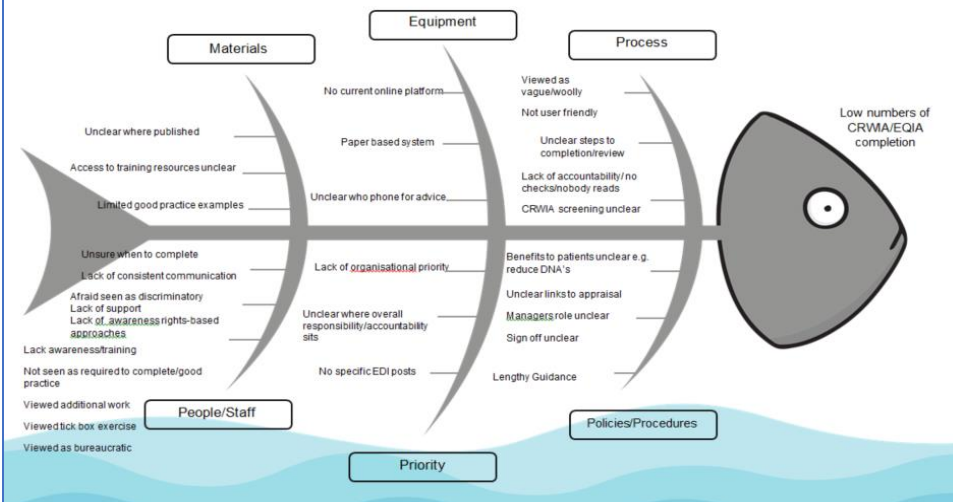
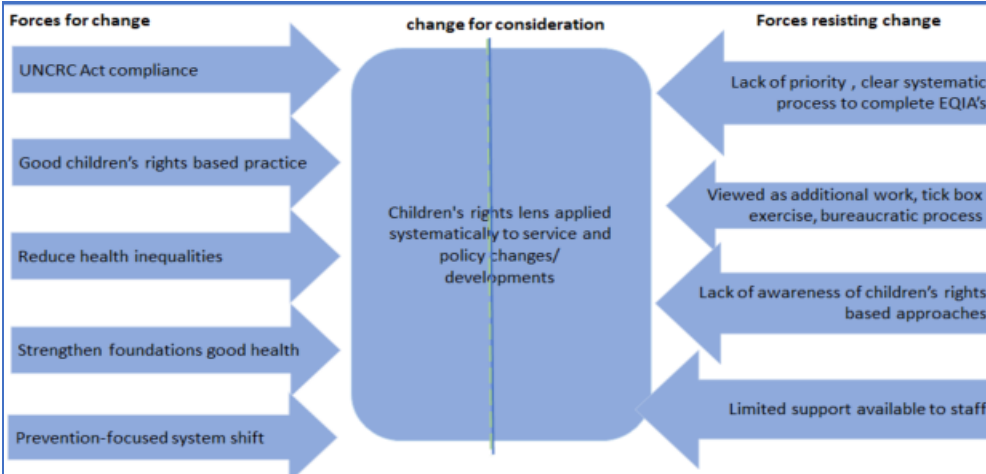
Stage of QI Journey:

Creating conditions
Understanding systems
Developing aims



Change Idea

Simplify CRWIA screening and completion instructions and provide individualised support to streamline process.



ACT

Adapt: Learned from professional on application to real work situations and how to focus instructions and support.
Test appeared successful based on my predictions and their outcomes.
I plan to run test again with 2 different professionals in public health team.
Additional next steps:
Feed learning in to work programme of Equality Project Group
Provide clear offer of support and increase awareness of simplified instructions via directorate meetings.
Change instructions and include offer of individualised support via future EDI webpage

PLAN

Test: I plan to test simplified guidance and provide direct support for completion with 1 member of the Public Health Team.
Predictions:
The Team member will find the simplified guidance and individualised support straightforward and provide positive feedback.
All sections of the impact assessment will be fully completed and published in a timely manner.
Time will be saved by streamlining the process for professionals completing the impact assessment.
Task: I will devise simplified guidance, identify the person to test with, set up a date and time to explain the process to them, review the completed assessment and then set up a time for feedback.

STUDY

Professional provided positive feedback on simplified instructions and individualised support.
All sections of CRWIA fully completed and published in timely manner.
Professional reported clearer and more efficient process and use of time.
Asked Professional for permission to use the completed CRWIA as a good practice example in the future which they agreed to. I learned from the professional on ways to apply the CRWIA to real work situations.

DO

I gave the revised screening tool and instructions to 1 professional who completed the CRWIA
I reviewed the CRWIA and gave feedback to the professional on inclusion of children and young people's voice through consultation/research
I requested prompt publication once signed off via manager and this was done in 4 weeks
I asked how this test felt thinking about the whole process and received feedback from the professional that the process was clearer and more straightforward

Area of Learning: Overall numbers of EQIA/CRWIA completion small, need for simplified instructions and appropriate measures (Nos V's %), need to promote patient benefits/equality values, training, communication plan, organisational priority, online platform aids completion and reporting, stakeholders committed to improvement.
Successes: Clear baseline data established with insight into barriers, root causes and identification of further change ideas. Benefits of individualised support.
Challenges: Planning small test of change whilst larger system change underway adds to complexity. No dedicated EDI posts. Individualised support useful but challenging to sustain with any significant increase in future numbers of CRWIA.

FLASH REPORT Cohort Claire Wallace

QI Project Team:
NHS Highland Health
Improvement &
Dingwall Medical
Practice

QI Project Aim: To increase recording of
Gypsy/Traveller ethnicity status in Dingwall Medical
Practice, on the Vision system by 50% by December 2025;
in line with Scotland's Population Health Framework (PHF)
– a long-term vision for improving population health and
reducing inequalities

Stage of QI Journey:

Adopting Changes

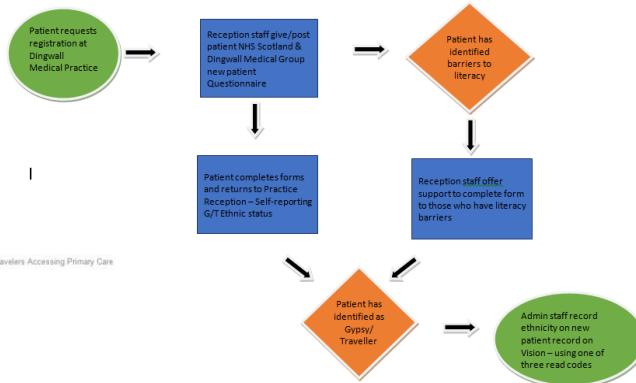


Change Idea I am going to test below:

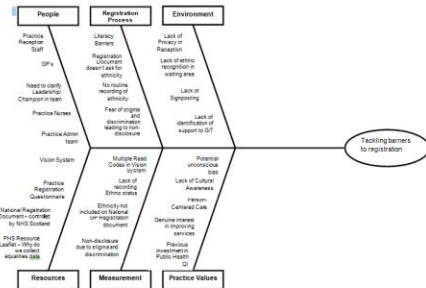
Asking patients about their Gypsy / Traveller Ethnic Status

Area to insert pictures of QI Tools Used: Fishbone and process map

Dingwall Medical Practice Registration and Gypsy/Traveller ethnic status identification Process Map:



Title: Understanding Barriers for Highland Gypsy / Travellers Accessing Primary Care



Claire Wallace, Senior Health Improvement Specialist, June 2025

ACT

- **What needs adapting:** Further use of PHS resource to build confidence in more practitioners to ask about equalities data also utilising the following resource: TURAS cultural awareness training
- **Continue to ask about ethnic status in consultations**
- **Also run another PDSA Cycle:** Speak to reception staff about spending one week sense checking the returned forms and prompting patient to complete ethnicity section.

Predictions – of all forms completed 100 % will complete this section with prompting from staff

STUDY

- **Process:** Discussion with Practitioner Dr Mack to understand how the changes have impacted on other parts of his consultation and relationship with patients
- **Findings:** Previous concerns about sensitivities on being asked about ethnic status were unfounded, patients were happy to disclose their ethnicity and this enhanced the patient / Practitioner relationship, this intervention did not interrupt the flow of the consultation
- **Outcome:** Improved numbers of Gypsy /Travellers ethnic status recorded from 0 – 12
- **Findings:** Too many read codes – choose 3 only for further PDSA cycles
- **Balance:** Discussion with Dr Mack re impacts on other parts of the system
- **Findings:** Vision doesn't pull ethnic status through to patient front page

PLAN

- Work with Dingwall Medical Practice GP team to collect Gypsy/Traveller status during consultations, in the hope that this contributes to the aim of improving identification and recording of G/T patients in Vision

Tasks: Identify a GP to test this, provide any training or support required to build their confidence, agree when the test will start

Prediction: The patient will feel comfortable talking to the GP about their ethnicity and the GP will feel confident conducting the conversation.

DO

Dr Mack spoke to patients during consultations to ask about their ethnic status, explaining why it is important for him to be able to offer culturally appropriate care.

Dr Mack recorded those that identified as Gypsy / Traveller on the Vision system

Area of Learning: Person Centred Values and co-production have driven this work – not systems and processes. Relationship integrity is key to change

Successes: Identified Practice Champion. Whole team collaborative support to adding ethnicity to registration questionnaire, entering on the system and running reports on the data.

Private room identified for support in completing registration documents.

Challenges: There are several different read codes for Gypsy/Traveller status on the Vision system. Work around stigma and discrimination is important for Gypsy/Travellers to be able to disclose their ethnicity.