

| No.   | PROJECT LEAD                             | POSITION                 | PROJECT TITLE   | PROJECT TEAM  | DEPARTMENT                    | AIM  |
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| <b>QUALITY OF THE INPATIENT CARE PATHWAY</b>            |  |                          |   |   |                               |  |
| 1   | Jane Cheeseman                           | Clinical                 | SCAMPER - improving the structure of ward rounds in acute psychiatry  | Jane Cheeseman<br>Hamish Jack   | Psychiatry                    | All acute adult wards to be completing SCAMPER on a weekly basis for 100% of patients.   |
| 2   | Sean Harper                              | Clinical                 | Improving the therapeutic milieu in acute inpatient settings at the Royal Edinburgh Hospital-a pilot project          | Dr Sean Harper<br>Jon Patrick<br>Susan Hood   | Clinical Psychology           | To apply a psychological model of care to acute menatal health.  |
| 3   | Mike Reid<br>Sharon Smith<br>Arun Chopra | Clinical                 | Improving the Adult Acute Care to minimise patients hospital stay whilst improving patient and carer experience       | Mike Reid<br>Sharon Smith<br>Arun Chopra<br>Debbie Cooper<br>Simon Mallon<br>Eileen Clark   | REH                           | Improving the Adult Acute Care to minimise patient hospital stay whilst improving patient and carer experience.  |
| 4   | Tracy Sanderson                          | Clinical<br>Non-Clinical | Review and update of LD Amission to Discharge Procedures  | Kristina MacKinnon<br>Linda Nicol-Smith<br>Kirsty Holt<br>Peter Rennie<br>Stella Morris<br>Courtney McEwan<br>Andy Williamson<br>Leslie Malone<br>Gallian McVeigh | Learning Disability           | To complete the paperwork review by July 2017, to be compliant with agreed processes and procedures by October 2017, to demonstrate improved outcomes by January 2018.   |
| 5   | Bethan Cameron                           | Clinical                 | Improving ward round documentation (SCAMPERS) for boarded patients  | Bethan Cameron<br>Dr Chopra<br>Dr Cheeseman   | Acute general adult wards     | I would like boarded patients to be discussed at ward rounds and SCAMPERS completed every week. This should be close to 90% of the time, which was the case for non boarded patients when audited in May 17. I would like this to happen by 3-6 months time. |
| 6   | Eileen Clark                             | Non-Clinical             | Reduce the number of inappropriate missing person reports made to police from Inpatients adult mental health services | Eileen Clark<br>Kathleen Stewart<br>Jane Cheeseman  | Acute general adult wards     | Reduce the number of inappropriate missing person reports made to police from inpatient adult mental health services   |
| 7   | Eileen Clark                             | Non-Clinical             | Adult Acute Admission Wards at REH  | Eileen Clark<br>Fiona Hutcheson   | Acute general adult wards     | All pass plans are accurate and up to date for all adult acute wards at REH by end of January 2018.  |
| 8   | Eileen Clark                             | Non-Clinical             | Adult Acute Admission Wards for Edinburgh at REH  | Eileen Clark  | Acute general adult wards     | All discharge related tasks are documented, allocated to a responsible person, completed and signed as completed by end of February 2018   |
| <b>IMPROVING MENTAL AND PHYSICAL HEALTH OF PATIENTS</b> |  |                          |   |   |                               |  |
| 9   | Gail Denholm                             | Non-Clinical             | One Stop Shop evaluation- CMHT and SMS clients physical health programme  | Gail Denholm  | Adult community mental health | To improve the physical health and encourage a healthier lifestyle of people involved with our service who are reluctant to go to GP.  |
| 10  | Chris O'shea                             | Non-Clinical             | Reduce number of falls within old age ward  | Chris O'shea  | REAS                          | Reducing percentage of falls within old age ward, with focus on Ward 14 at the beginning with possible expansion to Canaan and Pentland ward.  |
| 11  | Frances Aitken                           | Clinical                 | A reduction in the number of incidents of violence and aggression by patients, Ward 14, Royal Edinburgh Hospital      | Chris O'shea<br>Frances Aitken<br>Frank Charleston  | REAS                          | A reduction in the number of incidence of violence and aggression by patients against fellow patients/staff/other by 30% by December 2017  |
| 12  | Rebecca Hammersley                       | Clinical                 | Emergency Drills  | Alex McLean<br>Pauline McConville<br>Jane Cheeseman<br>Rebecca Hammersley<br>Brenda Binnie<br>Colin Halliday  | REAS                          | A significant reduction in the mean time to complete the emergency drill by June 2017.   |

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| 13 | Ommar Ahmed         | Clinical     | Monitoring physical health of patients being treated with clozapine   | Ommar Ahmed<br>Marianne Van De Lisle<br>Jane Cheeseman   | REAS                                     | Physical Health parameters monitored as per new national standards in at least 80% of patients taking clozapine by December 2017.  |
| 14 | Georgina Weatherdon | Clinical     | Can improving suture skills of junior medical staff in a psychiatric hospital reduce transfer of inpatients to Accident and Emergency for care of self harm wounds? | Dr Darragh Hamilton<br>Dr Georgina Weatherdon<br>Dr Tim Buick (clinical fellow- plastic surgery- SJH)<br>Dr Graeme McAlpine (Emergency Medicine consultant- RIE) | NHS Lothian                              | The aim would be to see an increase in confidence and skills of junior medical staff in managing simple wounds on inpatient psychiatric wards. Also a decrease in the number of avoidable transfers from REH to A&E at RIE for simple wound closure. Also an improvement in the patient experience.<br><br>We hope to have achieved this by the time we re-audit (before August 2017). |
| 15 | Andrew Lawton       | Clinical     | Inpatient experience of Mental Health Tribunals   | Andrew Lawton  | REH                                      | To quantify and reduce the negative impact of the Mental Health Act tribunal process on psychiatric inpatients.  |
| 16 | Douglas Murdie      | Clinical     | Physical health monitoring of patients taking Clozapine in the East Lothian area  | Douglas Murdie<br>Basel Switzer<br>John McGovern<br>Karen Darroch  | CMHT                                     | 100% attendance of those physically able to do by Summer 2019  |
| 17 | Craig Stenhouse     | Non-Clinical | Physical observations   | Craig Stenhouse<br>Danny Low<br>Arthur Thorne<br>Paul Brown<br>Matt Senior SCN   | REAS                                     | To have 100% of all rehabilitation patients having physical observations completed by December 2017.   |
| 18 | Stuart Hunter       | Clinical     | Antipsychotic Monitoring in an Outpatient Psychiatry Setting  | Dr Stuart Hunter<br>Dr Rebecca Orr<br>Dr Katie McKenzie<br>Dr Emma Bain  | Midlothian Community Mental Health       | Target 100% concordance with NICE guidelines by May 2018.  |
| 19 | Catriona Howes      | Clinical     | Psychodermatology Combined Clinic Service instigation for NHS Lothian   | Catorina Howes<br>Stephanie Ball<br>Nicola Salmon<br>Wojtek Wojcik<br>David McKay  | Renal/Transplant/Dermatology Directorate | Able to offer an established fortnightly joint clinic by January 2018.   |
| 20 | Rachel Brown        | Clinical     | Making IHTT more personality disorder friendly  | Julie Somerville<br>Kirsty Stewart<br>Agnes Murphy<br>Rhona McLeod<br>Michelle Macleod<br>Louise Munro   | REAS                                     | By December 2017 patients with a primary presenting problem relating to personality disorder, under the care of IHTT, will have crisis plans, self-help material relating to their diagnosis, and a consistent approach to encourage self-management from all staff within IHTT.   |
| 21 | Tara Hargreaves     | Clinical     | Dietetic Service improvement for REH inpatients (Craiglea ward)   | Tara Hargreaves  | REAS                                     | Identify the type of support obese patients on Craiglea ward at Royal Edinburgh Hospital require to ensure weight loss.  |
| 22 | Andrew Williamson   | Clinical     | To reduce the frequency of physical aggression and improve the quality of life with regard to a single patient resident in in-patient services                      | Learning Disabilities Multi Disciplinary Team  | Physical Services                        | A reduction in the frequency of physical aggression and more frequent provision of and engagement in activities by July 2018   |
| 23 | Jennifer Harrington | Clinical     | Physical Monitoring of Inpatients on Long term Anti-Psychotic medications at the Royal Edinburgh Hospital   | General adult psychiatry   | REAS                                     | Improvement in SIGN compliance by April 2018   |

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| 24                      | Frank Charleston                 | Clinical     | Implementing the national objective to end Prone/Face Down Restraint   | Frances Aitken SCN, John Mackenzie SCN                | REAS   | Minimise harm resulting from current restrain and seclusion practices at Pentland, Canaan and Harlaw wards by March 2018.  |
| 25                      | Jo Brown                         | Clinical     | Physical Health Observations in long-stay medium secure psychiatric care   | Jo Brown<br>Gordon Leslie                             | REAS   | Improve recording of physical observations in all patients on one ward at the Orchard Clinic and ensure appropriate clinical responses.  |
| 26                      | James Lambie                     | Clinical     | Screen and refer people in North-East Recovery Hub services by end of Feb 2018 for potential undiagnosed COPD  | James Lambie<br>Dr Judith Craven<br>Adeline Tan       | REAS   | Screen 20 OPDP attending the North-East Recovery Hub services by end of Feb 2018 for COPD – including performing spirometry if appropriate - and refer on for appropriate treatment.   |
| 27                      | Seamus Culshaw                   | Clinical     | How well are sexual side effects identified and managed in the Royal Edinburgh Hospital?   | Seamus Culshaw<br>Fiona Clunie                        | REAS   | All patients are offered screening for sexual side effects and if problems are identified possible management is discussed with the patient and then acted upon.   |
| 28                      | Evonne Rendall,<br>Tracy Sneddon | Non-Clinical | Patient awareness of REH smokefree policy  | Merchiston team                                       | REAS   | To increase patient awareness of REH smokefree policy on Merchiston Ward to ??% by ?? possibly end of March 2018 ... % to be decided once baseline level of awareness is established. By when to be completed in line with Tracys start date of 12th February)   |
| 29                      | Evonne Rendall,<br>Tracy Sneddon | Non-Clinical | Recording of smoking status on admission   | Merchiston team                                       | REAS   | To increase recording of patients smoking status on admission to Merchiston Unit to 95% (check this is good comparison to baseline) by end of February 2018 (check this is realistic timeframe to enable audit of current level and in line with Tracy's start date – 12th Feb)  |
| <b>IMPROVING ACCESS</b> |                                  |              |  |   |  |  |
| 30                      | Kim Mooney<br>Health in Mind     | Non-Clinical | Midlothian Access Point ( access to Psychological Therapies by self referral) and future evaluation  | Kim Mooney<br>Kaye Skey                               | Integrated project within NHS and Health in Mind | To improve access to community resources and psychological therapies in Midlothian by self referral. Promotion of social prescribing model. Improved access to Psychological Therapies.  |
| 31                      | Belinda Hacking                  | Clinical     | Increasing Access to Sexual Problems Clinic by Reducing Waiting Times  | Belinda Hacking<br>Lesley Whitton                     | Physical Services                                | Improve access to sexual problems clinic by reducing waiting times.  |
| 32                      | Cathy Richards                   | Clinical     | Improving the use of clinical capacity in the Child and Adolescent Mental Health Service by understanding and addressing patient non-attendance                                      | Cathy Richards  | CAMHS  | To reduce combined DNA and CNA for 1st appointments by 5% by June 2016 and by 10% by end of September 2016 (achieved). Data are being collected in order for new process to be monitored. Recently collected data still to be reviewed.  |
| 33                      | Cathy Richards                   | Clinical     | Reduce number of 1st appointments offered by 10% by end of September 2016 and by 20% by January 2017.  | Cathy Richards  | CAMHS  | East Lothian CAMHS Triage Project. The number of 1st appointments offered was reduced by 25% by the end of September 2016. Data collection is ongoing in order to review data in January 2017. This improved process has now been rolled out to all the out-patient teams. Input from Quality Directorate at this stage is to monitor the project and report progress. |
| 34                      | Caroline Cochrane                | Clinical     | Improve attendance rates by 10% in those referred to Astley Ainslie group of services by June 2017. This aim has been revised to relate only to patients in pain management service. | Elizabeth Bream<br>Caroline Cochrane<br>Joanna Gouick | Physical Services                                | To reduce non attendance rate of OP return appointments by 10% within 12 months.   |
| 35                      | Peter Littlewood                 | Clinical     | Improving Service for people with co-morbid alcohol dependence and Traumatic Brain Injury (TBI)  | Peter Littlewood<br>David Gillespie<br>Joanna Gouick  | Physical Services+AMH                            | Improve access to effective treatment and support for people with co-morbid problematic alcohol dependence and TBI.  |
| 36                      | Amanda Michie                    | Clinical     | Improving access to psychological therapies for people with a learning disability and anxiety.   | Amanda Michie<br>Lesley Malone                        | Physical Services                                | To have accurate information on the barriers to accessing psychological therapy for people with a learning disability by February 2017.  |
| 37                      | Katherine Russell                | Clinical     | Improving access to low intensity interventions in the OC Service  | Katherine Russell                                     | Physical Services                                | To ensure that all appropriate patients have the opportunity to attend low intensity interventions Orchard Clinic Service by summer 2018.  |

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| 38 | Alana Davis                                      | Clinical | Reducing DNA rates in psychology appointments offered at the Willow Service   | Alana Davis<br>Suzie Black<br>Kirsty Pate<br>Fern Langan-Fortune                                       | AMH               | We aim to reduce DNA rates of psychology appts at Willow by half by March 2018  |
| 39 | Julie Burgmans<br>Martina Mungall<br>Beccy Brown | Clinical | Improving access to neurodevelopmental assessment   | Julie Burgmans<br>Martina Mungall<br>Beccy Brown<br>Leanne Galloway<br>Charmain Currie<br>Iain McClure | CAMHS             | Reduce longest wait from referral to outcome by 50% by June 2017. To improve the consistency that young people with neurodevelopmental concerns experience in their pathway through CAMHS.  |
| 40 | Katie Hardie<br>Sarah Anderson                   | Clinical | Consultation Communication  | Katie Hardie<br>Sarah Anderson<br>Tommy Blue<br>Claire Gittoes   | CAMHS             | All patient consultation activity in West Lothian CAMHS and Edinburgh Connect will be recorded on TRAK by March 2018. Improve communication re Looked After children's mental health needs so that decision making at A and E and out of hours is improved. |
| 41 | Margaret Monan<br>Gwyneth Bruce                  | Clinical | Improve the ASD Assessment Pathway in the South Edinburgh CAMHS team  | Margaret Monan<br>Gwyneth Bruce  | CAMHS             | Improve the decision making around the timing of formulation so that 80% of formulations result in a decision re diagnosis in the ADHD pathway in South Edinburgh by June 2017  |
| 42 | Donna Gilroy                                     | Clinical | Reduction in non-attendance by 5% of older adult psychology services  | Donna Gilroy<br>Lucy Birch   | Physical Services | Improvement in attendance of assessment and follow up psychology appointments.  |
| 43 | Fiona Barry                                      | Clinical | Management of psychological therapy waiting list in NW Edinburgh  | Fiona Barry<br>Maureen McKenna<br>Johanne Burns<br>Carol Mitchell                                      | AMH               | To reduce the number of patients waiting for psychological therapy in NW Edinburgh for over 18 weeks by 40% by Dec 2017.  |
| 44 | Maureen McKenna                                  | Clinical | Mandatory dataset compliance  | Alison Shanks<br>Jim Geekie<br>Fiona Barry<br>Alyson Falconer<br>Sean harper                           | AMH               | To improve compliance with the Mandatory Dataset to 90% across all general services by 31st March 2018.   |
| 45 | Alyson Falconer                                  | Clinical | Management of psychological therapy waiting list in SE Edinburgh  | Fiona Barry<br>Maureen McKenna<br>Carol Mitchell   | AMH               | Improve wait times over 18 weeks for psychological therapy in the South East sector by December 2017.   |
| 46 | Kathryn Watt                                     | Clinical | Improving West Lothian AMH Referral Triage Pathway  | Kathryn Watt<br>Sarah Long<br>Jackie Wilson<br>Allison Shanks<br>Patricia Graham                       | AMH               | We aim to reduce the number of accepted and/or inappropriate referrals by 10% by December 2017, with the overall aim of reducing the number of patients on the treatment waiting list.  |
| 47 | Jacqueline Wilson                                | Clinical | Decreasing waiting times by using therapy contracts to improve the flow of patients through a Psychology Dept in West Lothian | J. Wilson<br>A. Shanks<br>P Graham<br>G. Kidd<br>Mo McKenna<br>J. Burns                                | AMH               | By Dec 31st 2017, we want to be improving access to psychological therapy for patients on the WL Psychology Department waiting list.  |
| 48 | Lucy Birch                                       | Clinical | To increase access to psychological therapies for older people by reducing waiting times                                      | Lothian Older People's Psychology Service (LOPPS)  | Physical Services | For at least 90% of patients to wait less than 18 weeks for psychological therapy by August 2018.   |
| 49 | Linsay Brassington                               | Clinical | Increasing capacity for meeting psychological needs in LPMS   | Lothian Pain Management service  | Physical Services | Increasing capacity for meeting psychological needs of patients in the Lothian Pain Management Service by 30% by 31st March 2018  |

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| 50 | Claire Gittoes    | Clinical | Reducing drift and delay for looked after children in achieving permanence  | Claire Gittoes and the Permanency Consultation Group (Norma Godek (Team Leader for Fostering and Adoption), Sean Rafferty (Service Manager), Nicola Clark (Team Leader for Long Term Care Team), Ian Burdet (Social Worker, Post Adoption Support), Fiona Hare (Administrator) , Jen Fraser (Team Leader), Morag Brown( Social Worker), Gordon Wilson ( Solicitor) | CAMHS             | By December 2018 I would like to the confidence workforce elements of permanence planning to be in place (specifically to reduce the timescale for completion of permanence reports).  |
| 51 | Gill Kidd         | Clinical | Improvement of the provision of service to families through better allocation of clinical resources and increased access to evidence based treatment CAMHS LD | Hannah MacLean<br>Helen Downie<br>Doug McConachie<br>Louise McCool<br>Natalia Zamzam   | CAMHS             | Improvement of the provision of service to families through better allocation of clinical resources and increased access to evidence based treatment   |
| 52 | Emma Williams     | Clinical | Improved access to neuropsychology within the Community Rehabilitation and Brain Injury Service (CRABIS)  | Emma Williams  | Physical Services | To reduce waiting times for neuropsychology at CRABIS to below 18 weeks.   |
| 53 | Jacqueline Wilson | Clinical | Reducing DNA and CNA and time to wait for first assessment appointments in Psychological Therapies Service WL   | Jacqueline Wilson<br>Alison Shanks<br>Patricia Graham<br>Lynn Deans<br>Rhone MacDonald<br>Dawn Armstrong   | AMH               | Reduce DNA and CNA for first assessment appointments by 10% at the PT service in WL by January 17th 2018.<br>Reduce time taken to receive first assessment appointment to under 6weeks in PT service in WL by January 2018.  |
| 54 | Jacqueline Wilson | Clinical | Improving communication flow between Psychology Department WL and GP colleagues to allow better triage outcome decisions for referrals to Psychology          | Jacqueline Wilson<br>Alison Shanks<br>Patricia Graham  | AMH               | Improve communication between both parties allowing more efficient triage decisions by December 2017.  |
| 55 | Jaonna Gouick     | Clinical | Improving access to outpatients appointments for clinical neuropsychology services  | Caroline Cochrane<br>David Gillespie<br>Joanna Gouick  | Physical Services | Improve access to the clinical neuropsychology outpatient service by increasing attendance rates at outpatient new and return appointments to 90% or above by February 2018.   |
| 56 | Nicola Gillespie  | Clinical | Increasing access to Neuropsychological therapies across Lothian for individuals with Huntington`s disease and their families.                                | Neuropsychology (AAH, CRABIS,DCN), Psychologist attached to Clinical Genetics, SHA Specialist Advisors, Neuropsychology service for HD in Fife, Carer Support Officer- Lanfine service   | Physical Services | To increase access to appropriate and timely Neuropsychological services for individuals with HD and their families by 40% when compared to baseline referral data within the next 9 months.   |
| 57 | Robin Berger      | Clinical | Improving access to assessment and management of ADHD / Executive Dysfunction for children and adolescents with neurological disorder                         | Dr Nicky Cannon, Consultant Psychiatrist<br>Dr Duncan Manders, Consultant Psychiatrist<br>Dr Kirsten Verity, Clinical Neuropsychologist<br>Dr Paul Eunson, Consultant Neurologist / Clinical Director<br>Dr Krishnaraya Kamath-Tallur, Consultant Neurologist / QI Lead<br>Dr Jay Shetty, Consultant Paediatric Neurologist  | CAMHS             | All young people with neurological disorder who need further assessment should be identified, appropriately referred and managed by the appropriate team in a timely manner.   |
| 58 | Jane Owens        | Clinical | Improving access to low intensity evidence-based interventions for anxiety in schools.  | Cathy Richards (Head of psychology, Lothian CAMHS), Jane Owens (Clinical Psychologist), Gemma Brown (Trainee Clinical Psychologist)  | CAMHS             | By June 2018, 135 children and young people who experience mild anxiety will have access to CAMHS supported, evidenced based low intensity psychological interventions in pilot schools across Lothian.  |
| 59 | Fiona Duffy       | Clinical | FBT assessment and implementation pathway   | CAMHS eating disorder development team   | CAMHS             | Efficient assessment and allocation process meaning families of young people with eating disorders are assessed within one week of referral by a team of MDT professionals using a proforma assessment aimed at eating disorders (including physical, psychological and dietetic) and are allocated to start FBT within 2 weeks of referral. |

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| 60 | Charmian Currie                         | Clinical     | Improving N Edinburgh CAMHS Referral Triage Pathway   | North Edinburgh CAMHS Team   | CAMHS             | We aim to improve the consistency of the referral triage process leading to a reduction of accepted referrals by 20%                                     |
| 61 | Karen Forrester                         | Clinical     | Transition (CAMHS to AMHS)  | Midlothian CAMHS (& AMHS)  | CAMHS             | Young people to have a clear, documented transition plan (recorded on TRAK).   |
| 62 | Maria Holancova                         | Non-Clinical | North ADHD team medication review non attendance  | Cathy Richards – sponsor/mentor<br>Ciara O’Driscoll – ADHD Nurse Specialist<br>Karen Dunbar – ADHD Nurse Specialist<br>Dr Susan Dunn - Consultant Child & Adolescent Psychiatrist<br>Dr Saffa Saleh - Speciality doctor<br>Catherine Varnell - Clinical Psychologist<br>Admin team | CAMHS             | Improvement in attendance for the follow up medication review appointments. Attendance to increase by 5% in ADHD North Edinburgh team by September 2018. |
| 63 | Jacqueline Wilson                       | Clinical     | Mandatory measures compliance   | Jacqueline.M.Wilson; Patricia Graham, Mo McKenna and Allison Shanks  | AMH               | We will have improved our compliance to 70% by end March 2018.   |
| 64 | Susan Dunn<br>Mo Chauraya<br>Sara Shafi | Clinical     | Improving ASD Pathway North Edinburgh   | Susan Dunn<br>Mo Chauraya<br>Sara Shafi  | CAMHS             | To reduce the variation between steps and overall time for ASD assessments.  |
| 65 | Heather McClelland                      | Clinical     | Improving ASD Pathway West Lothian  | Heather McClelland<br>Cathy Richards   | CAMHS             | Improve the patient ASD pathway.   |
| 66 | Andy Gentil<br>Susie Harding            | Clinical     | Improving patient journey for ASD in South CAMHS  | Andy Gentil<br>Susie Harding   | CAMHS             | Aim to reduce patient journey through ASD process.   |
| 67 | Lynsey Cobane                           | Clinical     | Improving flow into the ME/CFS Service  | ME/CFS service   | Physical Services | The aim of this project is reduce wait times to the ME CFS service by increasing the flow of patients through the service.                               |
| 68 | Suzie Black                             | Clinical     | Improving the appropriateness of psychological therapy referrals at Willow                              | Dr Suzie Black<br>Dr Alana Davis<br>Dr Patricia Graham<br>Colette Wormleighton   | AMH               | To reduce inappropriate referrals for psychological therapy from 40% to 10% by end of August 2018.   |
| 69 | Claire Fyvie                            | Clinical     | Improve timely sustainable access to the adult trauma service to improve patient experience and outcome | Claire Fyvie<br>Jacquie Balkan   | AMH               | Improve timely access to a sustainable adult trauma service to improve patient experience and outcome.   |
| 70 | Deborah Cooper                          | Clinical     | ADHD diagnostic pathway   | Deborah Cooper<br>Lorraine King<br>Colin Bright  | SW CHP            | Reduce time from initial assessment to stabilisation on treatment by 15% in 6 months.  |

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| 71 | Lorraine Sinclair                                 | Clinical                 | Sensory processing screening tool   | Lorraine Sinclair<br>Julie Inglis  | Learning Disability          | Completion of a pilot sensory processing tool and use of this tool with clients referred for a sensory assessment by end of July 2017.  |
| 72 | Claire Borthwick<br>Linda Ferrier<br>Gail Denholm | Clinical<br>Non-Clinical | Design of discharge standards to improve ward/ community interface  | Gail Denholm<br>Claire Borthwick<br>Jane Flockhart<br>Karen Darroch  | Community Mental Health      | To improve and standardise communication at discharge from ward to community interface  |
| 73 | Rebecca Kellett                                   | Clinical                 | Improving safety and quality of life of care home residents with dementia in relation to communication, eating and drinking                                 | Rebecca Kellett<br>SLTs not yet selected   | Mental health - AHP services | 90% of referrals will be appropriate and contain sufficient information to triage effectively by the end of July within two selected care homes.  |
| 74 | Sean Harper<br>Audrey Millar                      | Clinical                 | Evaluation of the effectiveness of staff reflective practice groups in in-patient services.   | Sean Harper<br>Audrey Millar   | AMH                          | Increase uptake in the groups and reduce variation between different wards  |
| 75 | Robert Clafferty                                  | Clinical                 | Improving Junior Doctors Training Experience in NHS Lothian Psychiatry of Old Age Department, Royal Edinburgh Hospital                                      | Robert Clafferty   | Old Age Department REH       | To identify and improve the quality of the training scheme offered to Junior Doctors in Psychiatry of Old Age Department, REH.  |
| 76 | John McLachlan                                    | Clinical                 | Improve completion of weekly risk sheets.   | John McLachlan<br>Callum Borthwick   | Forensic Services            | By end of March 2017 80% of admissions to Redwood ward in the OC (15 patients) will have a more effective record of restriction and freedoms.   |
| 77 | Jannifer Allan                                    | Clinical                 | An investigation into the 'as required' benzodiazepine prescribing and administration practices for patients admitted to acute psychiatric wards at the REH | Jennifer Allan<br>Iain Proven<br>Babak Soleimani<br>Marianne Van de Lisle  | Acute Psychiatry             | The prescribing and administration of benzodiazepines in acute adult wards at the REH, to record adherence to local protocol and improve any practice deficits. Any prescriber intervention identified as necessary will be developed and presented to subsequent Junior Doctors. |
| 78 | Louise Duffy                                      | Clinical                 | Improving communication with young people, their families and other staff, by providing good quality written weekly reports and action plans                | Dr Louise Duffy (Consultant Clinical Psychologist)<br>Lorna Jones (Senior Charge Nurse)<br>Sarah Taylor (Charge Nurse)<br>Susan McConville (Assistant Psychologist)<br>Sam Evans (Social Worker)   | CAMHS                        | IN CAMHS IPU we are aiming for a 20% increase in the number of young people and their families being provided with a written weekly progress report 10 minutes in advance of their weekly meeting by the end of October 2017.   |
| 79 | Julie Blackwood                                   | Clinical                 | Improving post ASD diagnostic care for under 18's in East Lothian   | Julie Blackwood  | CAMHS                        | Introduce post diagnostic follow up sessions within 10 weeks of diagnosis for 80% of families in EL by November'17.   |
| 80 | Donald MacIntyre                                  | Clinical                 | Mental Health Anticipatory Care Plans on KIS  | Donald MacIntyre<br>Sharon Smith<br>Mike Reid  | REAS                         | We would like to establish a method by which citizens and their clinical teams can share important information with OOHs services, via the special note section of the GP held electronic record, the Key Information Summary (KIS), by the March 2018.                           |
| 81 | Fiona Smith                                       | Clinical                 | Improvement of the initial documentation of a psychiatric assessment  | Dr Fiona Smith<br>Amanda Pringle<br>Dr Eleanor Halloran  | WGH                          | Improve communication between the liaison psychiatry team and the referring ward team and out of hours staff by completing a standardised clinical record of key information.   |
| 82 | Maddy Millar                                      | Clinical                 | Booklet of equipment for home visits.   | Community LD Ots   | Community LD                 | Improve how Ots communicate the provision of equipment to clients and carers.   |
| 83 | Jane Cheeseman                                    | Clinical                 | REAS response to MWC report 'Investigation into the Care and Treatment of Mr QR by Health Board D'  | Dr Jane Cheeseman<br>Dr Andrew Watson<br>Fiona Hutcheson   | REAS - Adult Acute           | To implement the findings of the report and complete the work advised by Dec Jan 2018   |
| 84 | Nick Clater                                       | Non-Clinical             | Improving the focus and remit of the Older Peoples' Acute Care Team (OPACT)   | Nick Clater (Lead)<br>Gavin Moir (Project Manager, West Lothian HSCP)<br>Fiona Bonnar (Clinical Nurse Manager – Old Age, West Lothian HSCP)<br>Lynne Henderson (Clinical Nurse Manager – Acute, West Lothian HSCP)<br>Sharon Sansome (Team Leader, CPNE Team, West Lothian HSCP) | West Lothian HSCP            | That the Older Peoples' Acute Care Team (OPACT) has a role and remit that:<br>1. Meets service objectives;<br>2. Is efficient;<br>3. Is well-understood by stakeholders;<br>4. Is well-understood by staff.   |

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| 85 | Guy Whitehead     | Clinical     | National AHP Mental Health Strategic Leads Group – QI approach to Strategy and Policy  | <p>Alison Meiklejohn (NHS Lothian)<br/> Guy Whitehead (NHS Lothian)<br/> Norma Clark (NHS Fife)<br/> Denise Keanie (NHS Highland)<br/> Elaine Hunter (Alzheimer Scotland)<br/> Aileen Fyfe (South Ayrshire)<br/> Julie Mckelvie (NHS Greater Glasgow &amp; Clyde)<br/> Jacqueline Terrance (NHS Lanarkshire)<br/> Lynda Forrest (NHS Dumfries and Galloway)<br/> Jill Marie Fletcher (Scottish Ambulance Service)<br/> Sonja Smit (NHS Western Isles)<br/> Sheila Munro (NHS Forth Valley)<br/> Jacqueline Garrity (NHS State Hospitals Board for Scotland)<br/> Jackie Berry (NHS Grampian)<br/> Shelagh Creegan (NHS Tayside)<br/> Katie Masterton (NHS Borders)</p> | NHSL mental health | Identify and agree priorities at a National strategic level   |
| 86 | Heather Spenceley | Clinical     | Improving access to OTA's to ensure focused and timely interventions within Psychiatric Rehabilitation   | Heather Spenceley  | REAS               | Improving access to OTA's to ensure focused and timely interventions within Psychiatric Rehabilitation  |
| 87 | Prakash Shankar   | Clinical     | Towards better recording and improve safety of patients presenting with Self Harm (SH) to unscheduled services                                   | Prakash Shankar<br>Dr Clare Langan FY-I  | Mental Health      | Improve the TRAK coding of patients who present to A&E with self-harm, so that at least 80% of all such patients are appropriately coded and signposted for appropriate interventions, by December 2017   |
| 88 | Heather Duff      | Non-Clinical | Health and social care use of the Health Equality Framework (HEF)  | <ul style="list-style-type: none"> <li>Rona Laskowski, Group Service Manager East Lothian IHSCP</li> <li>Gillian Neal LD Manager EL IHSCP</li> <li>Scott Taylor, CSDM</li> <li>Lisa Graham CLDN Team Leader</li> </ul>   | REAS               | To introduce an outcome measurement tool (HEF) to health and social care practitioners beyond community nursing by March 2018.  |
| 89 | Louise McCool     | Clinical     | Autism and restricted eating   | CAMHS Learning Disability Early Years Service  | CAMHS              | By May 2018, staff and parents have access to effective strategies for working with children with ASD who present with restricted eating, therefore improving outcomes for families.  |
| 90 | Craig Gordon      | Clinical     | Clinical Procedures Team   | Nursing team   | REAS               | We would aim to have team trained and competent in the next 6-12 months in most, if not all identified clinical procedures  |
| 91 | Hamish Jack       | Clinical     | Home Assessment Checklist  | Adult Acute Admission Wards for Edinburgh at REH   | REAS               | Every home visit carried out by ward staff to have a completed Home Assessment Checklist and any issues actioned.   |
| 92 | Arthur Thorne     | Clinical     | Combined support plans   | Craiglea ward and Myreside ward staff  | REAS               | For all clients using the Progressing on both front pilot to have 1 plan of care that allows service user to set meaningful goals putting them at the centre of their care and documents all support to be provided by multi agency team.   |
| 93 | Debra Bowyer      | Clinical     | Introduction of the Prospect Model: Interpersonal Psychotherapy Interventions for different patient populations in localities across NHS Lothian | Debra Bowyer<br>Patricia Graham<br>Linda Irvine<br>Suzy Cooke<br>Holly Wilson  | AMH                | To refine the (post-training) implementation process for the introduction of a new psychological intervention (Interpersonal Psychotherapy adaptation) into an existing service, producing a process template for use in the future for the implementation of other Interpersonal Psychotherapy adaptations into services across NHS Lothian. |
| 94 | Norman Nuttall    | Clinical     | Accessibility of Consent to Treatment Documentation  | Inpatient teams in general psychiatry  | REAS               | To achieve 100% compliance by September 2018.   |



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|----|----------------|----------|---|---|-------------------------------|--|
| 95 | Jennie Higgs   | Clinical | Psychiatry in a day': new teaching for the Advanced Nursing Practice course | Dr Jennie Higgs<br>Dr Neelom Sharma<br>Dr Tim Morse<br>Margot McCulloch<br>Jill Mundy | Medical Education Directorate | To have a robust, well designed teaching day, which meets the participants learning needs, by the end of 2018. |
| 96 | March Chadwick | Clinical | DBT Skills group homework concordance                                       | Lothian central DBT Team  | NWPCMHT                       | Increase concordance to have all patients attending skills group attempting homework in two months.            |
| 97 | Kimberley Gall | Clinical | Care Pathway to Reduce Days in Hospital                                     | TBC   | CMHT                          | To have a clear pathway agreed and service providers aware of this by September 2018.                          |