#### **CMT OBJECTIVES 2022-23**

#### **Overview**

NHS Lothian is part of the Lothian Health and Care system, along with our four partner Integration Joint Boards. This system is in the process of agreeing the *Lothian Strategic Development Framework (LSDF)* which lays out the shared principles, assumptions, fixed points, and actions that we intend to take as a system. Our approach remains underpinned by our values, with quality at the heart of all we do. We remain committed to eliminating discrimination and advancing equalities. Our broad approach is laid out in the *LSDF Summary*, which is appended to these objectives.

At its heart, the LSDF seeks to ensure that we deliver better outcomes for the people of the Lothians.

The LSDF has six key pillars and a set of key parameters. The key pillars describe our key actions focussed on improving quality, sustainability, and value for money, and are the work we will undertake in;

- Developing NHS Lothian as an Anchor Institution;
- Valuing our work with Children and Young People as the ultimate investment in prevention;
- Ensuring that our **Primary Care** system remains robust and delivering high quality care;
- Continuing to develop the provision of services for Mental Health, Illness, and Wellbeing, with an emphasis on preventing ill-health;
- A more effective Unscheduled Care system prioritising the delivery of care and support as close to the citizen's home as possible;
- The recovery of our **Scheduled Care** services.

These six pillars have a series of parameters within which we seek to maximise our resources and minimise our environmental action;

- Supporting and developing our Workforce;
- Effective and sustainable use of our Revenue;
- A coherent and deliverable Capital plan;
- An ambitious approach to **Digital** working and systems;
- A clear commitment to Environmental Sustainability

There are, of course, a series of **corporate activities** that support all of these aspects and ensure that we can tell the citizens of the Lothians, and our staff, a coherent story, and the Quality Management approach agreed by the Board and summarised in the 2018-23 Quality Strategy will underpin much of this work.

This document sets out the key objectives for the Corporate Management Team (CMT) for financial year 2022-23. The aim is to set out the strategic initiatives and operational goals that we need to progress within Lothian over the next year. Our assumption is that the 5-year plans underpinning the LSDF read across directly to

these corporate objectives, demonstrating how we are, year-on-year, progressing the implementation of the LSDF and developing our thinking and refining plans where this is required.

Clearly the presence of COVID-19 remains at the forefront of our thinking. Our planning assumption is that we are moving from a *pandemic* phase to an *endemic* phase. We therefore need to ensure that we continue to develop the public health response, including reducing transmission, the management of outbreaks, and the delivery of the vaccination programme.

We have therefore structured these objectives around the pillars and parameters of the LSDF so there is a clear read-across between the actions therein and these corporate objectives. We have retained a separate public health section focussing on pandemic response, and have added a section covering **supporting corporate** activities.

In order to make these objectives more relevant for front-line staff, we have also re-presented key objectives by organisational unit – acute services (by campus), health and social care partnerships – as an appendix.

The NHS Board has a statutory requirement to implement formal Directions issued from all four Lothian Integration Joint Boards. These directions are issued following decisions of the IJBs and are sent by the Chief Officer of the IJB to the Chief Executive. They will be logged with Strategic Planning for operational delivery to the relevant Director as they are received.

#### **Our COVID-19 Pandemic Response** Lead Officer - Dona Milne, Director of Public Health and Health Policy Context for 2022-23 Improving outcomes at a population level is the top priority for the Lothian Health and Care system. Currently that focuses on ensuring that our COVID-19 response is robust and appropriate and that we transition from pandemic to endemic where possible. **OBJECTIVES** SUCCESS MEASURE **LEAD** TARGET DATE Regional function in 1. Deliver the **Health Protection response** to the pandemic • Contribute to the Regional review of health Dona Milne including the management of outbreaks and the Test and place – by end of Q3 protection 2022/23 **Protect Contact Tracing service** • Lothian's health protection operating model reviewed and revised in line with best practice and the changing needs of the pandemic • Test and Protect service embedded within the health protection model 2. Develop strategies to mitigate the wider harms associated • Public health Partnership and Place teams Dona Milne PH partnership teams: by start of with the COVID-19 Pandemic established and embedded • NHS Lothian public health COVID recovery priorities Q1 2022-23 established to inform work with local partnerships NHS Lothian PH priorities: by start of • Public Health action plans developed with HSCPs Q1 2022-23 and CPP in each of the four partnership areas. PH action plans finalised: by end of Q1 2022-23 3. **COVID Vaccination** programme • Covid Vaccination programme delivered on cohorts **HSCP** March 2023 Joint to be vaccinated in line with SG and JCVI guidance Directors. April 2022 sustainable Covid and flu co- administered vaccination programme until 2023 developed and implemented with sufficient contingency to meet

	any JCVI requirements for further booster surges		
4. Responsive <b>Laboratory Testing</b> Capacity	<ul> <li>Required capacity through NHS Board Laboratories, Regional Hub laboratories, and Whole Genome Sequencing is delivered to meet the demand of national objectives and changing pandemic scenarios;</li> <li>Worked with NSS and other stakeholders to manage the longer-term strategy for the future use of infrastructure</li> </ul>	Jacquie Campbell	March 2023
5. Resilience – to enable NHS Lothian to comply with its statutory duties, to deliver services and to fulfil NHS Lothian's objectives to the highest practicable level during major emergencies, to do so at times of disruption, and to do so in ways consistent with its stated values	<ul> <li>Ensure full compliance with statutory duties, including The Civil Contingencies Act 2004 and Civil Contingencies Act (Contingency Planning) (Scotland) Regulations 2005 and other legislation</li> <li>Ensure resilience work is conducted in ways consistent with current best practice, giving consideration to national and other relevant guidance</li> <li>Ensure resilience preparations and responses are consistent with NHS Lothian's organisational aims and stated values</li> </ul>	Dona Milne	March 2023

#### LSDF Pillar One - Improving the Public's Health

Lead Officer – Dona Milne, Director of Public Health and Health Policy

#### Context for 2022-23

One of each territorial NHS Scotland Board's key functions is to protect and improve the public's health, both through its own actions and through partnerships with community planning partners. NHS Lothian is an organisation with spending power of £1.7billion, is the biggest employer in South-East Scotland, and a major landowner. Even if it was not responsible for the provision of healthcare to over a million people, it would be influential economically and socially. Becoming an Anchor Institution is about ensuring that we use that influence effectively, and act as a good employer, a good partner, and a good purchaser.

OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
6. Lead the development of NHS Lothian's role as an anchor institution to support the Edinburgh Poverty commission aims and poverty prevention work across all community planning partnerships.	<ul> <li>NHS Lothian approach developed that will integrate our response to Poverty prevention with the ambitions of an anchor institution and the requirements of the Fairer Scotland Duty</li> <li>Work to develop NHS Lothian's anti-poverty plans established and led</li> <li>NHS Lothian anchor mission and workplan developed</li> <li>Living Wage accreditation achieved</li> <li>Current Income Maximisation services secured</li> <li>Anchor mission aligned with NHS Lothian Sustainability Framework</li> <li>Set of principles established as an alternative approach for use of land and assets considering both financial gain and social value impacts and develop an alternative business case for the AAH site which considers both options</li> </ul>	Dona Milne	Define and develop NHS Lothian anchor mission and workplan signed off by start of Q1 2022/23  Q1 2022/23  Q1 2022/23  Clear articulation of SDF actions within PH partnership work plans and Anchor Institution PB work plan End Q2/Q3, 2022-23  Start of Q1 2022/23  End of Q2 2022/23
<ol> <li>Deliver an annual programme of immunisation inclusive of children's, adult and travel vaccination, including the mainstreaming of ongoing Flu and Covid vaccination</li> </ol>	<ul> <li>Immunisation Programme Board established</li> <li>All immunisation moved from GP to HSCPs</li> <li>Clear roles and responsibilities for governance,</li> </ul>	Dona Milne	March 2023 Completely embed new Immunisation

programme requirements.	<ul> <li>strategy and deliver agreed</li> <li>Public health governance requirements for immunisation programmes implemented</li> </ul>		Governance Structure by end of Q1 2022/23
8. Screening Programmes Provide public health leadership into the screening programmes (Abdominal Aortic Aneurysm, Bowel cancer, Breast cancer, Cervical Cancer, Diabetic eye screening, Pregnancy and Newborn) including recovery from the pandemic, with a particular focus on reducing inequalities.	<ul> <li>Backlog / waiting times towards KPI's / standards reduced</li> <li>Inequalities focussed work through S+ED team alongside stakeholders such as primary care / third sector / wider NHS organisation delivered</li> </ul>	Dona Milne	By end of Q4 22/23  By end of Q4 22/23
9. Reduce harm from Tobacco by reducing smoking prevalence across NHS L. With a specific focus on reducing the inequalities gap in smoking prevalence and reducing rates of smoking in pregnancy  Output  Description:	<ul> <li>Tobacco control board established</li> <li>Lothian tobacco control prevention and protection plans developed</li> <li>Performance against SG target for successful 12 week quits within the 40% most deprived datazones in Lothian improved</li> <li>The number of people supported to stop smoking has increased</li> <li>An evidence based smoke free policy across NHSL developed and implemented</li> <li>An evidence based smoking cessation model along the maternal and child health care pathway embedded</li> </ul>	Dona Milne and HSCP Joint Directors	Develop Lothian tobacco control prevention and protection plans: by end of Q1 2022/23 Deliver SG quits target: by end of Q1 2022/23
10. To work towards the attainment of the nationally set key performance indicators for Staphylococcus aureus Bacteraemia, Clostridioides difficile and Escherichia coli Bacteraemia.	<ul> <li>Acceptable range across all indicators achieved</li> <li>Infection control teams working with all sites to provide education and advise and review preventable incidents.</li> </ul>	Tracey Gillies	March 2023
11. Provide professional nursing oversight of care homes.	<ul> <li>Oversight responsibilities delivered on :</li> <li>Infection Prevention &amp; Control</li> <li>Mutual Aid</li> <li>Education &amp; Training</li> <li>Supportive reviews</li> </ul>	Exec Nurse Director	March 2023

	<ul> <li>Testing &amp; Outbreak Management</li> <li>A sustainable portfolio of work to support improvement delivered</li> <li>A clear delivery plan for the Lothian Care Academy is progressed</li> </ul>		
12. Continue to lead the NHS Lothian approach to design and delivery of the Scottish Government's National Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes in collaboration with the East of Scotland Type 2 Diabetes Partnership.	<ul> <li>Services designed to meet the needs of local populations, focussing on reducing health inequalities with completion of EQIA and Fairer Scotland Assessment, and stigma and Trauma informed training to staff is embedded</li> <li>Gap analysis exercise completed to ensure compliance with National standards</li> <li>Operationalised Treatment pathways implemented for prediabetes, gestational diabetes, tier 2 and 3 weight management and type 2 diabetes remission that align with national standards.</li> </ul>	Morag Barrow	March 2023

LSDF Pillar Two – valuing our work with Children and Young People	Lead Officer – Calum Campbell
as the ultimate investment in prevention	

#### Context for 2022-23

NHS Lothian is committed to ensuring that the services it provides for Children and Young People reflect its belief that this investment is the ultimate long-term investment in preventing illness and ensuring we have a healthier population. We will do this by working in partnership with children and young people, with our statutory partners, and with the third sector.

OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
13. New NHS Lothian Corporate Parenting Board embedded with links to local CP Boards	<ul><li>Driver Diagram developed and agreed</li><li>Workplan developed and agreed</li></ul>	Calum Campbell	May 2022
14. Deliver and implement the <b>Best Start</b> programme across Lothian	<ul> <li>Continuity of care model supported by realignment of community teams ·embedded</li> <li>Regional model for NNU services implemented</li> <li>Best Start approach in place as business as usual and incorporated into normal practice, working alongside public health, mental health and children's services</li> </ul>	Exec Nurse Director / Allister Short	March 2023
15. Children & Adolescent Mental Health Service (CAMHS): Improve the pathway for children and young people requiring CAMHS input by successful and full implementation of CAMHS recovery plan	<ul> <li>CAMHS Neurodevelopmental Service established by mid-2022 with subsequent progress towards multiagency neurodevelopmental pathways (timescale to be confirmed);</li> <li>Choice and Partnership Approach (CAPA) demand and capacity model and associated ways of working adopted in order to meet the needs of the young people who use our specialist services</li> <li>CAMHS Trajectory for reduction in waiting lists fully delivered by March 2023;</li> </ul>	Tracey McKigen	March 2023  Full implementation August 2022
	<ul> <li>Tier 2 Services reviewed and developed with Children's Partnerships</li> <li>Capacity increased and collaboration between Tier</li> </ul>		August 2022

	•	2 and Tier 3 strengthened by end 2022. Performance monitored on a monthly basis and alterations to trajectory and mechanisms to recover identified		Ongoing
16. Develop a coordinated NHSL approach to prevention work for Children and Young People	•	Workplan established and agreed through Children's Partnerships and Community Planning Partnerships	Dona Milne	June 2022
17. Revise and reinvigorate Children and Young People's  Programme Board to ensure that NHSL has a central point for the development and monitoring of strategic initiatives for children and young people	•	Terms of Reference refreshed and agreed by ELT Workplan agreed Governance mapping exercise to clarify representation and workplans on partner bodies	Colin Briggs/Dona Milne/Allister Short	June 2022

	• • • • • • • • • • • • • • • • • • • •	Lead Officer – Jenny Long	
	d delivers high quality care		
Context fo	or 2022-23		
		ces which support our citizens to live well in the community. Primarem and are crucial to supporting good patient outcomes and flow acro	•
OBJECTIVE		SUCCESS MEASURE LEAD	TARGET DATE
(P	Continue to implement 2018 GMS ontract with delivery of <b>Primary Care Improvement Plans</b> (CIPs) to provide adequate general practice workforce and assure access to care	PCIPs delivered, specifically the workforce models to deliver sustain HSCP-led vaccination, pharmacotherapy and CTAC services, with development of mental health, link workers, and physiotherapy services.  Jenny Long with H Joint Direct development of mental health, link workers, and physiotherapy services.	SCP
	Re-establish <b>primary care data group</b> and develop core dataset for general practice activity to apport reporting and analysis	<ul> <li>Understanding and visualisation of general practice activity over time improved, and improved understanding of clinical outcomes, moving towards the data we have access to for secondary care</li> </ul>	October 2022
20. ph	Deliver plan to progress applications to narmaceutical list	<ul> <li>Progress in processing application backlog against project plan (current forecast to complete by end 2023 calendar year)</li> </ul>	March 2023
ro	Implement recommendations of the narmaceutical Care Services Plan to further develop the ble of community pharmacy in improving health of opulation	Increased use of     serial prescribing – all GP     practices and community     pharmacies providing this     service	
		<ul> <li>Implementation of         the local Care Home         community pharmacy         service</li> <li>Pharmacy First and pharmacist independent</li> </ul>	

Review referrals between primary and secondary care <b>dental services</b> and make recommendations to ensure patient care delivered as close to home as possible	<ul> <li>prescribers supporting urgent care particularly in the out of hours period</li> <li>Intermediate care model for oral surgery developed to ensure patient care delivered in the community rather than secondary care where appropriate. Funding model for GDPs considered to support provision in community</li> </ul>	Jenny Long	October 2022
23. Establish <b>Primary Care Programme Board</b> to examine model of care for public health	<ul> <li>Programme board established and strategic plan clear</li> <li>Review of Primary Care Joint Management Group arrangements</li> </ul>	Colin Briggs/ Jenny Long	June 2022

<b>LSDF Pillar Four</b> – Continuing to develop the provision of
services for Mental Health, Illness, and Wellbeing, with an
emphasis on preventing ill-health

Programme Board Chair – Alison White, Chief Officer, West Lothian Integration Joint Board

#### Context for 2022-23

The Lothian Health and Care System has a long-term vision for the transformation of health and care for mental illness, and for the promotion of good mental health and wellbeing. This is an IJB planning and commissioning responsibility we discharge through the Mental Health, Illness, and Wellbeing Programme Board, but delivery of Directions from IJBs is through the REAS organisational unit and through the West Lothian, East Lothian, Midlothian, and City of Edinburgh Health and Social Care Partnerships.

OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
24. Psychological Therapies: Continue the implementation of the Performance Recovery Plan.	<ul> <li>Performance management model across the psychology teams further embedded within a framework of professional support and development;</li> <li>Monitor monthly and identify when there is variation to trajectory and identify mechanisms to improve</li> <li>Psychological Therapies Governance, Professional Standards and Training Board developed with enhanced role in approving the therapies delivered across Lothian and monitoring the outcomes for patients;</li> <li>continuing the trend established in April 2020 of reducing numbers of patients within the Adult Mental Health Outpatients Service waiting longer than 18 weeks to fully meet recovery by March 2023</li> </ul>	Tracey McKigen	March 2023
25. <b>Unscheduled Care</b> : Implement improved mental health distress pathway, based on recommendations from the national Unscheduled Care MH programme.	<ul> <li>Mental health component of the redesigned Unscheduled care framework delivered aimed at delivering more immediate and appropriate care for patients and relieving the pressure on acute</li> </ul>	Tracey McKigen	March 2022

	mental health beds.  • Funding approved January 2022.  • Implementation phase moved to		
26. Deliver the planned equally safe multi-agency centre for those who are the victims of rape or sexual abuse	<ul> <li>Self referral service for patients who do not want to go via police to report a crime implemented from April 2022</li> <li>All required staff (for both police and self-referral), available so that examinations can commence within three hours of the person making contact with the service to request an examination</li> <li>All staff involved in forensic medical services have undertaken a mandatory NES training on the self-referral protocol.</li> <li>NHS Lothian have hosted the East of Scotland regional hub / centre of excellence. The Equally Safe Multiagency Centre (ESMAC) provide a multiagency integrated and coordinated service to support vulnerable adults and children in the Lothian's. The Scottish Government have funded the ESMAC site which is due to be complete in Q2 2022/23 financial year</li> <li>A centre established, which provides Health,</li> </ul>	Tracey McKigen	August 2022 August 2023
	Social Care, Support and Advocacy for any adult subject of gender-based violence and; a multiagency response for children or young people subject of abuse or neglect who may be at risk of significant harm.		
27. Addiction, Recovery and Treatment	Provision of residential rehabilitation to patients in Lothian has improved	Tracey McKigen	Starting April 2022

28. Eating Disorders	<ul> <li>LEAP (the Lothian and Edinburgh Abstinence Programme) service has increased capacity by 40% and increased bed numbers in the Ritson Clinic by 50% to allow for stabilisation and detoxification prior to transfer to LEAP.</li> <li>Greater focus on vulnerable groups</li> <li>Peers with lived experience employed to act as 'bridges' between community services and rehab.</li> <li>Aftercare provision is strengthened</li> <li>Scottish Government funding of approx. 600K</li> </ul>	Tracey McKigen	
28. Eating Disorders	<ul> <li>Scottish Government funding of approx. 600K has been used to manage the increasing pressure in the ED service as an output of the Covid pandemic</li> <li>Working group set up</li> <li>Initial investments agreed</li> <li>Ongoing plan to develop services further to be identified and proposal to SG re phase 2 of funding which has still to be determined</li> </ul>	Tracey ivickigen	Autumn 2021 December 2021 September 2022
29. Implementation Plans to support the transformational shift from institutions to home for people with long-term mental health difficulties and/or learning disabilities	Each Health and Social Care Partnership outlines its implementation plan	HSCP Joint Directors	March 2023

LSDF Pillar Five – A more effective Unscheduled Care system		Lead Officer – Alison MacDonald, Chief Officer, East Lothian Integration Joint Board
	prioritising the delivery of care and support as close to the citizen's	
	home as possible	
	home as possible	

#### Context for 2022-23

The stated key aim of the integration agenda is to ensure that those who require unscheduled care in all its forms is coordinated, seamless to the citizen, and of high quality. As with Mental Health, Illness, and Wellbeing, there is enormous breadth to this agenda and it is statutorily the responsibility of Integration Authorities to plan and commission unscheduled care services. In the Lothian system this happens through the Unscheduled Care Programme Board. Implementation is the responsibility of acute services and the four Health and Social Care Partnerships. Performance in this area has been below where we would want it to be over the last twelve months, partly at least due to the Covid-19 pandemic.

OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
30. Redesign of Urgent Care – Phase 2 / Interface Care: Improve professional referral pathways into same day secondary care services to achieve right care in the right place at the right time, including:  a. Increased provision of same day, or next day, secondary care outwith the ED, including the expansion of the SDEC model to STJ and RIE and permanent location for WGH SDEC and increased 'hot clinic' capacity  b. Improved ease of access of primary care referral to same day community services within each HSCP  c. Increased range of professional referral pathways for ambulance service clinicians via the Lothian Flow Centre to both same day secondary care and community services  d. Increased capacity of hospital at home service	<ul> <li>90% of SDEC attendances have diagnosis and care initiated without admission to hospital;</li> <li>Professional referrals received in ED reduced;</li> <li>Scheduled professional referrals to same day, or next day secondary care services increased;</li> <li>Community alternatives to secondary care attendance/admission increased;</li> <li>Increased occupied bed days saved by community services;</li> <li>Reduction in patients conveyed to ED by SAS</li> <li>Agreed consistent model for delivery of hospital at home across each HSCPs with defined benefits and costs, and plan for expansion as appropriate.</li> <li>Reduced admissions</li> </ul>	Alison MacDonald/Ja cquie Campbell	March 2023
31. Optimising flow with reduced delays across whole system embedding home first philosophy with assessment of health	<ul> <li>Pan-Lothian Discharge Operating Model implemented with clear roles and</li> </ul>	HSCP Joint Directors and	March 2023

and care needs determined by appropriate professional at appropriate time	responsibilities across acute and community teams;  Reduced delayed discharges; Reduced delays for transfer from acute hospital to rehabilitation/intermediate care etc; Reduced occupied bed days due to all delays; Reduced length of stay	Jacquie Campbell	
32. Review specialist rehabilitation services for complex disability	<ul> <li>Specialist Neurorehabilitation Pathways across         Lothian including SPOA reviewed and redesigned</li> <li>Solutions for workforce challenges across whole         multidisciplinary team reviewed and identified</li> <li>Recommendations from SG document -         "Framework for supporting people through         Recovery and Rehabilitation during and after the         COVID-19 Pandemic" reviewed</li> <li>Capacity and demand in relation to Rehabilitation         Framework understood.</li> </ul>	Executive Nurse Director through Rehabilitation Collaborative	March 2023
33. Improve access performance at RIE	Short term performance improvement programme for RIE ED implemented;	Jim Crombie	September 2022
34. Action implementation plan for Edinburgh Bed-Base Review	<ul> <li>BBR Oversight Board with representatives from NHSL CMT &amp; EHSCP established</li> <li>Recruitment of additional 24 nurses to support new nursing home model in 3 LA Care Homes phased over 12 – 18 months</li> <li>Drumbrae operational for assessment and transfer of current HBCCC patients</li> <li>Plans for new intermediate care facility at Ellen's Glen House shared (Sept 2022) and moves made (March 2023)</li> </ul>	Judith Proctor	March 2023  February 2023 for final home  March 2023
35. Develop and undertake bed-base review for West Lothian	Share implementation plan with CMT	Alison White	March 2023

Bed-Base Review	<ul> <li>Flag resource (human and financial) issues to NHSL</li> <li>Support development of implementation plan</li> </ul>		
36. Expand, and embed Frailty model of care within Midlothian	Full evaluation of current tests of change completed, with implementation and scale up of HSCP model to provide care closer  to home for our frail population	Morag Barrow	March 2023
37. Review the model of care at MCH, to develop services to meet local need, and to reduce demand on Acute services.	Complete review of OP clinics, to establish prioritisation and development of OP services in line with local need  Review Oder peoples' bed-based model, to ensure people cared for close to home, and support a reduction in hospital admission, and delayed discharge  Establish Day unit to support closure of Liberton Day Hospital	Morag Barrow	March 2023
<ul> <li>38. Implementation of Home First programme in West Lothian through support for 3 key workstreams:         <ul> <li>Access to community and acute services/avoidance of unnecessary hospital admission</li> <li>Care at home/Home First model</li> <li>Bed based review across community and acute services</li> </ul> </li> </ul>	<ul> <li>Delivery of workstream priorities</li> <li>Reduction in hospital presentations</li> <li>Reduction in conversion rate for admissions from front door</li> <li>Establishment of single point of contact for urgent care in the community</li> <li>Baselines established to inform future bed based models of care</li> </ul>	Alison White	March 2023
<ul> <li>39. Develop the model of care for Older Peoples Services in East Lothian</li> <li>Bed based review across inpatient and residential services across East Lothian</li> <li>Review of Community Services available to reduce / avoid admission</li> <li>Increase internal Hospital to Home / Homecare service</li> </ul>	<ul> <li>Data and evidence presented to SPG</li> <li>Baselines established for future bed requirement</li> <li>Reduction in hospital admissions</li> <li>Reduction in occupied bed days</li> <li>Reduction in unmet need in community</li> </ul>	Alison Macdonald	November 2022

<ul> <li>develop outcome focussed model which support</li> </ul>	
people to live at home without allocation of a	
package of care	

#### LSDF PILLAR SIX – THE RECOVERY OF OUR ELECTIVE SERVICES Lead Officer – Jacquie Campbell, Chief Officer, Acute Services

#### Context for 2022-23

Our elective care services – including diagnostic tests and cancer waiting times – have been most heavily and negatively impacted by the Covid-19 pandemic. Some services, such as orthopaedics, may take years to fully recover. In the longer-term we have significant additional physical capacity due to come on line towards the end of the five-year LSDF timescale, but our efforts now are focussed on maximising the efficiency of services and utilisation of resource to allow us to improve performance. Given the acute challenges that now face us, however, we do need to continue to appropriately clinically prioritise the provision of care towards the most serious cases, and this will remain a theme throughout.

OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
40. Improve access performance in IP / DC	<ul> <li>Interim capacity options for Orthopaedics to support resilient IP/DC capacity (5 years) developed</li> <li>Potential for infrastructure case to deliver sustainable IP/DC capacity for scheduled care for next 10 years supported using refreshed DCAQ data</li> </ul>	Jim Crombie	March 23
41. Update <b>Demand and Capacity</b> modelling to detail recurrent gap	<ul> <li>Data and intelligence reports available to monitor demand, activity, waiting times, and identify risk</li> <li>Framework for assessing risk, and process for escalation implemented</li> <li>RMP trajectories to Scottish Government completed/submitted</li> <li>DCAQ model to predict risk implemented</li> <li>Bespoke DCAQ support for escalated services in place</li> <li>Best practice for waiting list housekeeping processes to support services developed</li> </ul>		June 2022
42. Focus on <b>clinical prioritisation</b> - access to Out-patients, diagnostics and treatment for those who need it most	<ul> <li>Activity for USoC/Urgent to meet demand delivered</li> <li>Long waits minimised</li> <li>Capacity utilisation improved and best practice /</li> </ul>	Jacquie Campbell	Reported fortnightly through ELT Monthly through

	CfSD programmes adopted		recovery boards – throughout 2022/23 until at least March 2023
43. Cancer services: 31 and 62 day performance - Sustain 31 day performance at 95% and Improve 62 day performance to 90%	<ul> <li>Clinical prioritisation of theatre lists for cancer cases continued</li> <li>Dedicated radiology capacity for USoC prioritised</li> <li>Dedicated slots for USoC Outpatients prioritised</li> <li>Continued access to SPIRE for Robotic prostatectomy procured</li> <li>Increased access to theatre sessions for bladder cancers at WGH continued</li> <li>Framework in placed for Effective Cancer Management implementation through Cancer Recovery Board – alignment to NHSL Cancer Waiting Times SOP</li> </ul>	Jacquie Campbell	March 2023
44. Implementation on spread across the Lothian's of Improving the Cancer Journey (ICJ), a community based link worker service to support people affected by cancer with their non clinical needs.	<ul> <li>1.ICJ services to reach 30% of all newly diagnosed people with cancer:</li> <li>Pan Lothian 943 people supported by ICJ</li> <li>East Lothian 144 people</li> <li>Edinburgh 396 people</li> <li>Midlothian 151 people</li> <li>West Lothian 252 people</li> <li>2.Increased number of people accessing welfare rights services to mitigate against the financial impact of a cancer diagnosis.</li> </ul>	Morag Barrow	August 2022 March 2023

	Macauraca		
	Measures: overall financial gains, impact on benefits caseload (% DS1500s)		
	3.Increase number of people accessing opportunities to be active.		March 2023
	Measures: Number of referrals into Move More or equivalent physical activity referral programme from ICJ and as a % of the total participants in the physical activity programmes. Sustained participation in physical activity captured 12 months following the start of the engagement in Move More or equivalent programme.  4.Early identification of housing issues to avoid crises		
	Measures: Number of housing adaptations arrears /avoidance of loss of tenure – (rent/ mortgage/ council tax) and rehousing		March 2023
45. Outpatient Redesign including Near Me and telephone consultations	<ul> <li>Programme for 22/23 to modernise clinical services and improve access performance in Outpatients developed;</li> <li>Impact measures agreed/defined for each element of modernisation incl. from Performance Oversight Board and impact trajectories monitored through Modernisation Board incl non face to face/near me trajectories, which is also in line with the Centre for Sustainable Delivery.</li> <li>Governance framework developed through Acute</li> </ul>	Jacquie Campbell/Mar tin Egan	March 2023

	<ul> <li>Outpatient Board and signed off by Scheduled Care Board</li> <li>Each service in acute has undertaken an assessment of current and future utilisation of virtual consultations</li> <li>Principles for the introduction and implementation of virtual consultations developed</li> <li>Patient/public engagement undertaken to clarify the suitability of this mode of outpatient delivery to ensure equity of access to care.</li> <li>Each service has agreed targets for implementation. The overall target for Acute services has again been set at 30%.</li> <li>Blended templates developed.</li> <li>Mode of contact recorded on SMRO.</li> <li>Criteria to assess business, patient and clinical benefits developed and agreed.</li> </ul>		
46. Implement Theatre Electronic Scheduling Tool	<ul> <li>Impact of scheduling tool on utilisation of in session hours and patient numbers monitored</li> </ul>	Jacquie Campbell	To March 2023

# PARAMETER ONE – OUR WORKFORCE Lead Officer – Janis Butler, Director of Human Resources and Organisational Development Context for 2022-23 Our workforce is our most valuable asset. During the pandomic phase of COVID 10 we have seen countless tales of berginn and self-lessness. As an organisation we

Our workforce is our most valuable asset. During the pandemic phase of COVID-19 we have seen countless tales of heroism and selflessness. As an organisation, we need to honour that by supporting, and developing, our workforce going forward. We also need to reckon with the challenge of the demographic picture, which sees our population of 18-year-olds at its lowest ebb since 2000. This means there are fewer people entering training programmes and the workforce to replace the numbers leaving and retiring. We must therefore make the aspirations around being "employer(s) of choice) a reality.

OBJECTIVES	SUCCESS MEASURES	LEAD	TARGET DATES
47. System Wide <b>Staff Wellbeing</b> Strategy implemented.	<ul> <li>Action plan for year 2 activities and priorities in place and delivered.</li> <li>Recurring funding model in place to deliver</li> </ul>	Janis Butler/Amanda Langsley	Year 2 action plan (Ma 2022). Funding arrangements for
	sustainable mental wellbeing support for staff.		mental wellbeing suppo (Autumn 2022).
	• Services and support in place to support the financial wellbeing of our staff - linked to Anchors Programme.		Plan to improve financi wellbeing of staff (Summ 2022)
48. <b>Talent Management</b> approach developed and approved to support succession plan	<ul> <li>Collaboration agreed with University of Edinburgh and in place to test change ideas for succession planning within the general management job family.</li> </ul>	Amanda Langsley	End September 2022
	<ul> <li>Evaluate the test of change ideas will be evaluation and a framework for upscaling and roll out in place.</li> </ul>		End March 2023
	<ul> <li>Framework for CMT succession planning developed and in place.</li> </ul>	Janis Butler	End June 2022
49. Plan to improve staff engagement and experience	<ul> <li>Suite of corporate enablers developed and in</li> </ul>	Janis Butler/Ruth	July 2022
across our system, to improve attraction and retention.	place to support ongoing implementation of the Staff Engagement and Experience Framework.	Kelly/Amanda Langsley	
i c c c i c i c i c i c i c i c i c i c	·	Langue	
	<ul> <li>local staff engagement and experience priorities</li> </ul>		

	<ul> <li>plans for delivery in place.</li> <li>Plan in place to deliver a 'real time' staff experience measurement tool to promote staff engagement and augment the annual iMatter survey as part of our quality management approach.</li> </ul>		March 2023
50. Launch the <b>East Regional Recruitment</b> Service and single employer model	<ul> <li>New leadership and governance structures in place.</li> <li>New model operational and performance infrastructure in place.</li> <li>Comms strategy developed and delivered to support East Region Recruitment strategy</li> </ul>	Janis Butler/Jenni Duncan / Judith MacKay	March 2023
51. Develop a strategic approach to <b>Agile Working</b> for NHS Lothian	<ul> <li>Programme infrastructure in place with a clear project plan.</li> <li>Capital option appraisal complete</li> <li>Agile Working Principles and Policy in place with supporting integrated impact assessment.</li> <li>New Ways of working adopted.</li> </ul>	Craig Marriot/Noreen Clancy/Janis Butler	April 2022 June 2022 June 2022 March 2023
52. <b>Covid Workforce Recovery</b> Plan developed with clear exit strategies and risk assessment.	<ul> <li>Additional covid workforce (core and flexible) tracked on an ongoing basis to determine financial and HR policy impacts, assess and mitigate risk and sustainable solutions identified where required.</li> </ul>	Janis Butler/Nick McAlister/ Craig Marriot	Continued monitoring and risk management through to end March 2023
53. Corporate Management <b>Team (CMT) development</b> programme developed, delivered and evaluated to build and sustain Strategic Focus, Collective Approach and Team Interaction to ensure CMT is a highly effective and proactive leadership team	<ul> <li>A programme of activities delivered for 2022-23 – mixture of virtual, face-to-face, whole-team &amp; 1-1s</li> <li>Success measures for strategic focus, collective approach and team interaction are agreed and actions to realise these are in place, being delivered and evaluated for subsequent impact</li> <li>The support from non-execs will be sought as required</li> <li>Regular collective review and prioritisation of development activities as system pressures require</li> </ul>	Calum Campbell/OD Team	Ongoing to March 2023

	<ul> <li>Proactive on-boarding of new executive team members as required with tailored induction to the team and identification of team buddy.</li> </ul>		
54. Agree refreshed <b>3 year workforce plan</b> to support delivery of LSDF and commitments in the National Workforce Strategy (due to be published 2022).	<ul> <li>3 year Workforce Plan launched to coincide with LSDF</li> <li>A robust programme of youth employment and workforce development activity is delivered 2022 - 2023 test of change to support care experienced young people into employment , scaling up Modern Apprenticeship and Graduate Apprenticeship recruitment and development, work experience opportunities and activities that support the widening access agenda and Anchors commitments.</li> <li>Agreed workforce and recruitment plans to support delivery of NTC in 2026/7. Commence phased programme of training and recruitment.</li> <li>Once recruited our workforce will be developed and supported by via a range of interventions to meet identified and emerging gaps including digital skills, our youth network and business and administration network.</li> <li>Specific actions outlined in the plan for professional groups (eg safe staffing) and/or strategic work programmes (eg GMS)the period through to end of March2023 are delivered.</li> </ul>	Butler/Amanda Langsley	Ongoing to March 2023
55. <b>Equality, Diversity &amp; Inclusion</b> - Take action to create more inclusive and diverse workforce within NHS Lothian and implement actions to prevent discrimination in our organisation	<ul> <li>Annual equality, diversity and inclusion action plan co-produced with staff networks and signed off by Staff Governance Committee</li> <li>Principles of 'coffee roulette', paired learning and reverse mentorship extended to encourage</li> </ul>	Bruce/Ruth Kelly	June 2022  Ongoing through to March 2023

<ul> <li>conversations about equality, diversity and inclusion between senior leaders and staff.</li> <li>Transparent and visible approaches to support anti-discrimination in our organisation delivered.</li> <li>Framework of pastoral and professional support in place for newly recruited staff from out with</li> </ul>	October 2022 October 2022
the UK.	00.0000. 2022

PARAMETE	R TWO – EFFECTIVE AND SUSTAINABLE USE	Lead officer – Director of Finance
OF OUR RE	VENUE	
Context for	· 2022/23	

The Lothians have the fastest-growing populations in Scotland. The NHSL revenue allocation remains below the level it should be as a share of NHS Scotland's budget, and we are also aware of the limitations applied to local authority funding over the last decade. These factors mean that we must continue to seek the most effective utilisation of all our resources and that these are financially sustainable.

OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
56. <b>Financial balance</b> and further development of medium term financial framework in support of Lothian Strategic Framework	<ul> <li>Agreed Financial plan, and management or year end outturn</li> <li>Financial assessment of recovery</li> <li>Financial assessment of sustainable services models including agreed measures of efficiency</li> <li>Agreed exit plan for Covid costs where appropriate</li> </ul>	Director of Finance	Financial plan April 22 Outturn March 23 Regular reports to Finance and Resources Committee on the development of the Framework
57. Commercial arrangements for car park <b>buy-out</b> developed in accordance with Scottish Government policy	Delivery of Supplementary Agreement with Consort	Director of Finance	June 2022 (subject to engagement of Consort)
58. Financial balance for <b>SMART Centre</b> services	<ul> <li>Implementation of new performance framework for SMART</li> <li>Negotiation of new financial model for SMART</li> </ul>	Judith Proctor	September 2022

PARAMETER THREE – A COHERENT AND DELIVERABLE Lead officer – Director of Finance

CAPITAL PLAN			
Context for 2022/23			
Effective service delivery is supported and optimised by h set of actions which drive this.	igh-quality premises and equipment. It is therefore incum	nbent upon us to ensu	ure that we have a coherent
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
59. REH Phase 2 Re-Development	Disaggregated and prioritised IAs delivered for the Phase 2 redevelopment of the REH campus recognising the likely limitations on capital funding.  Present to SG capital investment group March 2022 and thereafter progress depending on outcome of that	Tracey McKigen	December 2022
60. Develop and submit business case for occupation of Jardine Clinic by Astley Ainslie rehabilitation services	Business case developed and submitted	Colin Briggs	October 2022
61. Review longer term <b>capital plan</b> and deliver capital programme for 2021/22	<ul> <li>New capital plan aligned with new organisational strategy</li> <li>Agreed projects and rolling programmes delivered as per plan</li> <li>Fully developed assurance framework for capital projects finalised in line with internal audit recommendations for the RHCYP/DCN</li> </ul>	Colin Briggs/ Susan Goldsmith	March 2021 and regular reporting and oversight by the Finance and Resources Committee.
62. Cancer Centre		Jim	
Objectives for Cancer Centre need to be updated for 22/23 but dependent on progress in next quarter.	<ul> <li>Completion of external review of existing Initial Agreement with full regional engagement April 2022</li> <li>Submission of revised Initial Agreement to Scottish Government Capital Investment Group May 2022</li> <li>Ongoing work with existing Cancer enabling works at WGH campus (LIBAC/Wards) as per programme</li> </ul>	Crombie/Jacquie Campbell/ /Judith Mackay/ Chris Stirling	

	to maintain current services		
63. National Treatment Centre	Briefing pack within Lothian approved     Principal Supply Chain Partner re-engaged to support the delivery of the FBC     Appointment to General Manager post	Jim Crombie / Susan Goldsmith	April, 2022  May 2022.  Using timelines given previously by the PSCP are benchmarking against recent NHS Scotland Assures interventions at both OBC and FBC stages in recent National Treatmer Centre projects it is envisaged that submission to CIG for FBC approval with subsequen construction will be made in October 2024. Again, using previous PSC construction programme and recent Board experience on commissioning programmes posthandover an operational date of April 2027 is forecast.

64. Eye Pavillion	<ul> <li>PAEP delivery of agreed critical path 2022/23</li> <li>Plot 11 procurement of land secured</li> </ul>	Jim Crombie/Director of Finance	Following anticipated reengagement of the PSCP in August, 2022, and using timelines given previously by the PSCP and benchmarking against recent NHS Scotland Assure interventions at both OBC and FBC stages on other National Treatment Centre projects it is envisaged that submission to CIG for FBC approval and subsequent construction will be made in January 2025.  Operational date June 2027
65. Revised approach to capital investment in general practice	Revised investment strategy to LCIG including strategic programme IA	Jenny Long/Director of Finance/ Colin Briggs	October 2022
66. Implement the agreed commercial strategy for the PFI contract at RIE	<ul> <li>Programme for enhanced contract management</li> <li>DRP 2 resolved with Consort</li> <li>Delivery of plan for handback survey engagement</li> </ul>	Director of Finance	July 2022 July 2022 March 2023
67. Improve the Contract Management of the Board's PPP Portfolio	<ul> <li>Contract management structure agreed and implemented</li> <li>Agreed processes for estates and Facilities for all contracts</li> <li>Routine reporting implemented for all contracts</li> </ul>	Director of Finance	August 22 October 22

<ul> <li>Agreed processes for change management</li> </ul>	October 22
implemented	
	March 23

PARAMETER FOUR – AN AMBITIOUS APPROACH TO DIGITAL WORKING AND SYSTEMS	Lead Officer – Martin Egan, Director of Digital		
Context for 2022-23			
The deployment of digital working and digital systems w	ve now take for granted is one of the most remarkable	aspects of our pan	demic response. There is an
opportunity to cement this and continue to modernise both	our patient-facing and supporting services.		
OBJECTIVES	SUCCESS MEASURES	LEAD	TARGET DATE
DIGITAL			
68. Existing key <b>Digital Initiatives</b> are realised. (e.g. HEPMA/Theatres).	<ul> <li>Benefits defined with the business cases are realised</li> <li>Deployment in line with agreed plan</li> </ul>	Martin Egan	HEPMA rollout across Lothian complete by 31/12/22
69. Development and associated planning off a Midlothian HSCP <i>Digital Implementation Plan</i> which will map out and articulate the direct and indirect priorities of MHSCP to deliver the Scotland's Digital Health and Social Care Strategy and Scotland's Changing Nation Strategy in conjunction with partners in NHSL, Midlothian Council and Third Sector	1. Delivery of a programme of work in line with the priorities identified in the Digital Implementation Plan 2. Delivery of specific digital projects in line with the priorities identified in the Digital Implementation Plan i.e. TEC Pathfinder, MyDesond App 3. Progress of delivery of the specific directions issued to NHSL from Mislothian IJB including; a. Solution for the exchange of named patient data and other sensitive information securely between NHS Lothian and Council b. Dedicated ongoing TrakCare development resource for the	Morag Barrow	March 2023

	Partnerships needs c. Delivery of MS Teams and M365 as an effective resource for the HSCP with improved cross organisational collaboration d. Delivery of Near Me as an effective resource for the HSCP with improved and aligned TrakCare developments 2.		
70. <b>Online Appointment</b> Booking.	<ul> <li>Online appointment booking option available for all clinical services operating the modernised PFB processes</li> </ul>	Martin Egan	All in-scope services live by 28/02/23
71. E-Health Infrastructure.	<ul> <li>All desktop and laptop devices older than 5 years old replaced</li> <li>A programme is established, and funding secured to deploy the next generation of hand-held devices to capture nursing risk assessments and support the real time recording of vital sign measurements</li> </ul>	Martin Egan.	Team established and funding available by 30/04/22 First phase scope agreed by 30/06/22 Live in first clinical area by 31/12/22

environmental sustainability	Lead Officer – Jim Crombie, Deputy Chief Executive		
Context for 2022-23			
All organisations have a moral obligation to ensure that toommitment to improving public health, to financial sustain	they effectively tackle the climate emergency. For the Lorability, and to clinical care.	thian Health and C	are System, this is also a cle
OBJECTIVES	SUCCESS MEASURES	LEAD	TARGET DATE
72. Implement NHS Lothian Sustainable Development Framework and Action Plan in line with NHS Scotland Climate Emergency and Sustainability Policy and Strategy	Core Climate Emergency and Sustainability Team in	Jim Crombie	Ongoing

	Action plan for sustainable procurement in NHS Lothian is approved.  Outcomes of the Carbon Reinvestment Fund in terms of cost and carbon  Site masterplanning processes deliver actions and outcomes identified in Sustainable Development Framework  Environmental Impact Assessment of all policies and strategies		
73. Develop a pathway to net zero and direct the implementation of the pathway through the development of a programme of projects and infrastructure implementation.	Maintain or increase Biodiversity of NHS Lothian estate and quantified in Property and Asset Management Strategy  Reduce carbon emissions from energy consumption from our buildings by 2% in 2022-2023 <sup>ii</sup> .  Energy Strategy Approved by F and R  Overall reduction in carbon emissions as per Climate Change Report  Reduction of 10% carbon emissions from medical gases  Establish targets for reduction in carbon emissions from inhalers  Reduction in carbon emissions 20% from fleet	Jim Crombie	Ongoing
	Reduction in carbon emissions from business travel: grey fleet by 10%		

		1	
	Property and Asset Management Strategy is led by climate change and sustainability and includes a direct impact capital programme incorporating backlog maintenance		
	IA for the WGH Energy Infrastructure revised as a national exemplar project in relation public sector infrastructure		
	Completed review governance and management of PFI estate in relation to energy and sustainable infrastructure		
	Review Capital Planning processes in relation to delivery of infrastructure first and net zero pathway requirements		
74. Strengthen NHS Lothian's strategy and delivery of sustainable models of care by developing clinical leadership, engagement and delivery structures in relation to clinical services, quality improvement and patient engagement	Green Theatres Programme has comprehensive costed action plan – costed in terms of finance and carbon  Action plan in relation to sustainable use of medications	Jim Crombie	
	Primary care climate change and sustainability action plan		
	Standard generic tool for Climate Change and Sustainability review of care pathways and service provision developed and in use		
	Climate Change and Sustainability champions network in place		
	Opportunities for RDI scoped.		

CORPORATE ACTIVITIES TO SUPPORT ORGANISATIONAL DELIVERY	Lead Officers – Tracey Gillies, Judith Mackay, Directo Campbell	or of Finance, Colin	Briggs, Jim Crombie, Calum
Context for 2022-23  There are a range of cross-cutting issues which are captured	in this section.		
OBJECTIVE	SUCCESS MEASURES	LEAD	TARGET DATE
75. Support the <b>Scottish Hospitals Inquiry</b> for effective reputation management, ensuring relationships are well managed and NHSL's case is represented fairly and accurately.	<ul> <li>Programme of work with the Public Inquiry team and the CLO for 22/23 is developed and supported</li> <li>The right resources are in place to support the work programme         <ul> <li>Board position statements are developed for key aspects of the lines of enquiry</li> <li>Inquiry Team requests for information are responded to effectively and promptly</li> <li>Regular reporting into F&amp;R, PSOB and Board as appropriate</li> </ul> </li> <li>Relevant retired NHSL staff are kept informed and offered support where appropriate</li> </ul>	Calum Campbell	March 2023
76. Support the <b>COVID Inquiry</b> to enable fair and accurate representation of NHS Lothian's actions and experience for effective reputation management	Teams understand requirement to collate and preserve dcsumentation relating to the scope of the ToR Programme of work with the Public Inquiry team and the CLO is developed and supported The right resources are in place to support the work programme Regular reporting to PSOB and Board	Calum Campbell	March 2023
77. Effective organisational response to National Care	Briefings to CMT and to Board on proposals and	Colin Briggs	March 2023

Service progress		legislation as appropriate, covering all aspects of policy and governance, and recommending directions of travel and preparation.		
78. Optimise implementation of NHS Lothian Quality Strategy 2018/23	•	Delivery of strategic and operational priorities generated by the strategic review	Tracey Gillies	Review to be submitted to the April 22 Board  Delivery plan by May 22 for implementation by March 23
STRATEGIC PLANNING	Lea	ad officer – Colin Briggs, Director of Strategic Planning		
79. Develop clear implementation plans for each of the 6 pillars of the Lothian Strategic Development Framework (LSDF)	•	Implementation plans developed and agreed by CMT Clear reflection of LSDF plans in three-year plan when submitted to SGHSCD in summer	Colin Briggs / Programme Board Chairs	October 2022
80. Effective engagement on LSDF		<ul> <li>Clear implementation plan for engagement phases</li> <li>Clear consultation plan as and when required</li> </ul>	Colin Briggs and Judith Mackay	May 2022
81. Develop 3 year implementation plans for SG submission	•	submission	Colin Briggs	July 2022
82. Develop and deliver quarterly updates to RMP process	•	RMP updates developed and delivered	Colin Briggs	June 2022, March 2023
83. Contribute to development of National service strategy	•	National service strategy	Colin Briggs	March 2023
84. Develop and implement a system wide capacity model commencing with inpatient bed capacity	•	First draft of bed model	Colin Briggs	October 2022
85. Develop and implement a system wide decant programme to facilitate life-cycle work at RIE	•	Robust implementation plan	Colin Briggs with Susan, Jim, Jacquie, HSCP JDs	June 2022
86. Develop masterplan for outpatients, including a "campus masterplan" for the Lauriston Building	•	Outline principles agreed by CMT Implementation plan agreed by CMT	Colin Briggs, Jim Crombie, Director of Finance	March 2023
87. Develop Campus Masterplan for the Royal	•	Draft clinical model agreed by CMT	Colin Briggs with	March 2023

Infirmary of Edinburgh, consisting of clinical masterplan (services to be developed/transferred, clinical model and philosophy) and capital masterplan.  88. Refresh Campus Masterplan for the Western General Hospital		Draft capital model agreed by CMT Initial moves (outpatients, ED, etc) outlined, timescaled, and costed Decant plan for RIE Refreshed masterplan outlining clinical model and capital model agreed by CMT Moves timescales and outlined for laundry demolition, DCN demolition, and energy infrastructure works	Colin Briggs, Jim Crombie, Director of Finance	September 2022
89. Refresh Campus Masterplan for St John's Hospital	•	Agreed plans for utilisation of elements of the RVH site if required in support Business case for RIDU  Draft clinical model agreed by CMT  Draft capital model agreed by CMT	Colin Briggs, Jacquie Campbell,	December 2022
90. Refresh Campus Masterplan for Royal Edinburgh Hospital	•	Initial moves outlined, timescaled, and costed Revised moves plan outlined, timescaled, incorporating occupation of Jardine clinic	Director of Finance Colin Briggs, Tracey McKigen, Director of Finance	September 2022
91. Develop an East Lothian HSCP masterplan to inform capital investment going forward in primary care and community services.	•	Plan agreed between HSCP team, strategic planning team, and capital planning team on how to develop Review of current projects and prioritisation	Alison MacDonald with input from Director of Finance and Colin Briggs	March 2023
92. Develop an Edinburgh HSCP masterplan to inform capital investment going forward in primary care and community services	•	Plan agreed between HSCP team, strategic planning team, and capital planning team on how to develop Review of current projects and prioritisation	Judith Proctor with input from Director of Finance and Colin Briggs	March 2023
93. Develop a Midlothian HSCP masterplan to inform capital investment going forward in primary care and community services	•	Plan agreed between HSCP team, strategic planning team, and capital planning team on how to develop Review of current projects and prioritisation	Morag Barrow with input from Director of Finance and Colin Briggs	March 2023
94. Develop a West Lothian HSCP masterplan to inform in primary care and community services	•	Plan agreed between HSCP team, strategic planning team, and capital planning team on how to develop Review of current projects and prioritisatio	Alison White with input from Director of Finance and Colin Briggs	March 2023

95. Develop cross-cutting health plans for long term conditions, and aging	<ul> <li>Agreement with IJBs on how to develop</li> <li>Gap analysis produced</li> <li>Pathway for plan development to be agreed by PPDC</li> </ul>	Colin Briggs	March 2023
96. In light of the recently-published Scottish Government plan for Women's Health, develop a strategic plan which covers all aspects of Women's Health across all aspects of the Lothian Health system	<ul> <li>Map of current responses to SG plans</li> <li>Gap analysis</li> <li>Develop plan with pan-system input</li> <li>Plan presented to PPDC</li> </ul>	Colin Briggs	March 2023
97. In light of our investment in the Edinburgh Cancer Centre, develop a plan for Cancer which covers prevention, diagnosis, and treatment across the system	<ul> <li>Gap and needs analysis</li> <li>Develop plan with pan-system input</li> <li>Plan presented to PPDC</li> </ul>	Colin Briggs	March 2023
98. Develop pan-Lothian approach to implementation of closed-loop insulin pump technologies, including spend plan for initial £2.26m of SG monies.	<ul> <li>Establishment of Short-Life Working Group</li> <li>Implementation Plan agreed by CMT</li> <li>Implementation arrangements including monitoring clarified</li> </ul>	Alison MacDonald, Colin Briggs	September 2022
RESEARCH, DEVELOPMENT & INNOVATION	Lead Officer – Tracey Gillies, Executive Medical Director		
99. Research, Development & Innovation	<ul> <li>Opportunities within NHSL in support of research, development &amp; innovation developed.</li> <li>Contribution made on behalf of East region to national innovation projects</li> </ul>	Tracey Gillies	March 2023

WORK SUPPORT SERVICES	Lead Officer – Alison White, Joint Director, WLHSCP		
100. Lothian Work Support Services to establish enhanced and complimentary pathway to support staff well being around remaining in and returning to work.	Improved return to work rates and stay at work rates Mitigation of organisation pressures (reduction in resource uptake- sick pay, HR costs etc)  Improve availability of staff to engage in patient care Reduction in incapacity dismissal and redeployment( enhancing employee support, early intervention and case management)  Reduce manager strain through access to timely tailored support of health and work needs.	Alison White	September 2022
VIOLENCE AND AGGRESSION	Lead Officer – Executive Nurse Director		
101. To develop and deliver a programme of work to improve the management of violence and aggression including the use of restraint and lone working practices to ensure staff have improved knowledge and confidence to deal with and manage aggression and/or violent situations, improve the protection of lone workers and improve patient safety	Updated and engaged violence & aggression and lone working policy and procedures  Training needs analysis to understand current capacity and demand  Training strategy that includes a best practice model and adopts a proportionate and risk-based approach, recognising the requirements of different departments and ensuring that the controls and processes are commensurate with the level of risk identified through the key metrics.  Successful implementation of electronic purple packs  Development and implementation of guidance documents, toolkits, and SOPs to support delivery of	END	September 2022

	training  Greater understanding of teams' roles and responsibilities		
ESTATES AND FACILITIES	Lead Officer – Jim Crombie, Deputy Chief Executive		
102. Estates and Facilities	Strategic assessment and plan for improvement agreed by CMT	Jim Crombie	March 23
PERFORMANCE IMPROVEMENT	Lead Officer – Calum Campbell, Chief Executive		
103. Performance Oversight Programme Board. Services under pressure will be subject to additional scrutiny / support to ensure most effective use of resources.	<ul> <li>Criteria agreed, in place and operating for escalation to POSB.</li> <li>Services progressed through standard POSB programme.</li> <li>Recovery plan(s) developed and implemented in line with trajectory and plan(s).</li> </ul>	Calum Campbell,	April 2022-March 2023
COMMUNICATIONS	Lead Officer – Judith Mackay, Director of Communication	ons, Engagement and I	Public Affairs
Develop communications and engagement strategies to support the Lothian Strategic Development Framework and its priorities for 2022-23. This will include the following listed below:		Judith Mackay	March 2022 - 23
MENTAL HEALTH			
<ul> <li>104. Develop and implement Communications         Strategy to support NHS Lothian's priorities in         Mental Health:         <ul> <li>CAMHS - Improved access and performance /             recovery plan</li> <li>Psychological Therapies - Recovery Plan</li> <li>Establishment of multi-agency Gender Based             Violence Centre</li> </ul> </li> </ul>	<ul> <li>Primary Care / referrers receive clear information about new pathways</li> <li>NHS Lothian website contains up-to date information about services and support</li> <li>Media and social media activity publicise work of CAMHS and Psychological Therapies</li> <li>Self-referral route to the new Equally Safe Multiagency Centre (ESMAC) for victims of gender-based violence, rape or sexual abuse is</li> </ul>	Judith Mackay	March 2023

	<ul> <li>publicised</li> <li>Public and Professionals are informed about new mental health distress pathway aimed at delivering more immediate and appropriate care for patients and relieving the pressure on acute mental health beds.</li> </ul>		
UNSCHEDULED CARE			
<ul> <li>105. Implement Communications Strategy to consolidate Phase 1 and support Phase 2 of Redesign of Urgent Care including:</li> <li>Scheduling of Majors via 111</li> <li>scheduling of Minor Injuries</li> <li>implementation of patient redirection policy at ED</li> <li>reduction in professional referrals to ED</li> </ul>	<ul> <li>Reduction in self-presenters at ED/MIU.</li> <li>Increased 111 call volumes.</li> <li>Increase in scheduled minor injury assessments (either NearMe or face-to-face)</li> <li>Routes to information and advice for urgent care are well signposted on NHS Lothian's channels and the subject of regular publicity campaigns.</li> <li>Rationale behind ED redirection policy is clear in our related communications to staff, patient, public and elected representatives</li> <li>Professional referrers such as GPs, SAS clinicians are well informed about same day or next day alternatives to ED via direct communications to them</li> </ul>	Judith Mackay	March 2023
SCHEDULED CARE			
106. Develop and deliver a comms and engagement strategy linked to waiting times management to aid public understanding of long term impacts of pandemic on services, manage expectations and inform public of measures being taken to address waiting times.	<ul> <li>Public are informed about long-term impact of COVID on services and waiting times</li> <li>Public are informed about principle of clinical prioritisation</li> <li>Staff and Public understand aspects of service provision will change (eg such as post elective routine follow up)</li> </ul>	Judith Mackay	<ul><li>☑ Strategy will be developed alongside development of LSDF- Q2 2022</li></ul>

Strategy to include support for <b>Outpatient</b> Redesign; in particular Near Me and telephone consultation  Develop Comms strategy to support Discharge without Delay and Home First principle	<ul> <li>Communication to staff and public is clear on why there will be no return to how things were pre-pandemic and on the benefits of new ways of delivering services</li> <li>Staff and pubic have been invited to engage with change to help us understand how to extend virtual outpatient delivery while ensuring equity of access to care</li> <li>The benefit of timely discharge of patients once they are medically fit to leave hospital (and the risks associated with unnecessarily prolonged lengths of stay) is communicated clearly to staff, patients, and their families</li> <li>Information about Pan Lothian discharge model is published on NHS Lothian channels</li> <li>Promote benefits of treatment and care closer to home; and avoidance of hospital admission where appropriate (raise awareness of services such as Discharge to Assess, Hospital at Home / Hospital To Home services</li> <li>Seek to influence Scottish Government to promote national messaging to support these principles</li> </ul>		
ENGAGEMENT			
107. Complete Delivery of <b>Public Engagement</b> Framework	<ul> <li>Framework commitment to increase engagement resource is realised</li> <li>Training suite of resources are designed to support staff</li> <li>Online resource, sharing good practice within NHSL, continues to grow</li> <li>Building on work already delivered, NHS</li> </ul>	Judith Mackay	March 2023

	Lothian's public involvement networks continue to grow  NHS Lothian is able to shift to position of 'continuous conversation' with public		
RESEARCH, DEVELOPMENT AND INNOVATION			
108. Promote NHS Lothian as a leader institution in research, development and innovation	<ul> <li>NHS Lothian's strengths in innovation are visible, recognised and celebrated.</li> <li>Engagement and collaboration with partners (e.g. Edinburgh University, CEC (on City Deal), charities such as Cancer Research UK) to maximise media opportunities around research and innovation</li> <li>Named comms officer to work with innovation leads for calendar of content</li> <li>Regular content (on mainstream media and professional social networks such as on Twitter / LinkedIn</li> </ul>	Judith Mackay	March 2023
IMPROVING STAFF EXPERIENCE			
109. Develop <b>new intranet</b> to improve staff engagement especially of 'harder to reach' (traditionally offline) staff groups.	<ul> <li>Staff are consulted on design and key features</li> <li>Intranet sits on sustainable platform that complies with accessibility standards</li> <li>Intranet is easy to access off site</li> <li>Intranet is easy to use</li> </ul>	Judith Mackay	Summer 2023 Target dependent on national rollout of sharepoint online
Comms plans developed and implemented to support key HR & OD priorities :			
110. Staff Engagement and Experience Framework	iMatter survey supported		June 2022 – March 2023

		<del></del>	,
		<ul> <li>Staff surveyed on reinstatement of Connnections, as BAU resumes</li> <li>Evaluation of reach of internal channels carried out</li> <li>Deliver Celebrating Success as an in preson event</li> <li>Deliver film reflecting on NHS Lothian's pandemic response</li> <li>Effectiveness of internal channels such as Weekly Brief / Speed Read / Managers' Briefings, Intranet News etc and monitored and maintained</li> </ul>	October 2022 April 2022
111.	Staff Wellbeing Strategy	<ul> <li>Staff are well informed about year 2 activities and priorities for wellbeing</li> <li>Staff feel supported, understand and make use of the range of wellbeing initiatives on offer (evidenced by take-up metrics and staff survey)</li> </ul>	From July 2022
112.	Agile Working Policy	<ul> <li>Staff are informed of the development of Agile Working Principles and Policy</li> <li>Staff are regularly updated on progress</li> <li>Agile working is adopted smoothly as BAU</li> </ul>	March 2023
113.	East Region Recruitment Strategy	<ul> <li>Comms plan developed to support launch of the East Regional Recruitment Service and single employer model</li> <li>Benefits are communicated to staff and recruits</li> </ul>	August 2022
114.	Equality, Diversity and Inclusion	<ul> <li>Comms plan designed and delivered to Support annual equality, diversity and inclusion action</li> </ul>	Ongoing to March 2023

	<ul> <li>Staff networks feel supported and celebrated via content created to promote inclusion and anti-discrimination</li> <li>Content produced to position NHS Lothians as an employer that celebrates diversity and is inclusive in its policies</li> </ul>		
DIGITAL			
115. Rebuild new <b>NHSL website</b> on a sustainable platform that meets accessibility requirements and as the existing platform becomes unsupported	<ul> <li>Resource is costed and identified to support inhouse delivery of this project</li> <li>Website Content and Development Policy is approved. This controls the creation of NHSL service websites, keeping them inhouse as part of 'mothership' corporate site</li> <li>Services are engaged in opportunities offered by new platform (wordpress)</li> <li>Content audit is completed</li> <li>Public are engaged in design and content priorities</li> <li>Resulting website meets accessibility requirements</li> </ul>	Judith Mackay	Summer 2023
CAPITAL PROJECTS			
Develop and deliver communications and engagement strategies to support capital projects, notably:  116. Edinburgh Cancer Centre and development of WGH site	<ul> <li>Influencers are engaged with to support submission of revised Initial Agreement to Scottish Government Capital Investment Group May 2022</li> <li>Media work highlights vital collaboration and engagement between NHS, University Charityfunded clinical research in success of any</li> </ul>	Judith Mackay	From March 2022

	Cancer Centre hence logic of WGH as a site for regional cancer centre  Staff and patients in NHS Fife, Borders and D&G are re-engaged with to support regional case  Development of Outline Business Case is	
	<ul> <li>supported from May 2022 (TBC)</li> <li>Site staff are well informed on progress at key milestones</li> <li>WGH is regarded as a 'good neighbour' via engaging with local communities, informing them of key developments ahead of time and responding swiftly to any issues of concern (e.g. demolition of Laundry building and former DCN building)</li> </ul>	
117. National Treatment Centre	A Communications and Engagement Strategy is developed and delivered to support a National Treatment Centre at St John's Hospital. The strategy will underline our commitment to:	From May 2022
	<ul> <li>The need for the NTC and its benefits is communicated to staff</li> <li>The need for the NTC and its benefits is communicated to the public via media publicity and explained and promoted on NHS Lothian channels</li> </ul>	
	<ul> <li>Engagement with our pan-Lothian population, is carried out to develop mitigations to address concerns (e.g. on transport)</li> <li>Make the case for an NTC (dealing with high volume day-case and short-stay procedures) as a vital plank in our strategy to improve waiting times performance</li> <li>Inform, educate and listen to political</li> </ul>	

118. Reprovision of Eye Services	stakeholders across Lothian via regular briefings and meetings  The strategy will;  • Underline the benefit of location on BioQ site and ensure this case is loud and clear in the public domain  • Ensure Opthalmology staff and patients are well informed and engaged over the duration of the project via regular newsletters  • Commit to anticipating and preparing for political pressure points  • Consider mitigations for programme risks		From May 2022
119. Plan and deliver a formal opening event for Royal Hospital for Children and Young People and DCN	<ul> <li>The event is celebratory, showcasing a fantastic facility, generating positive media coverage</li> <li>It is inclusive and involves local children (via schools)</li> <li>Staff and frequent patients and their families have the opportunity to be are involved in the planning</li> <li>ELHF and Edinburgh Children's Hospital Charity are involved in the planning</li> <li>Key stakeholders have the opportunity to attend</li> <li>The event takes appropriate account of infection prevention and control guidance</li> </ul>		Autumn / Winter 2022 Date dependent on availability of VIP attending
SUSTAINABILTY	, United the state of the state		
120. Implement communications and engagement strategy to support NHSL	Deliverables for Communications and engagement plans will be dependent on the	Judith Mackay	March 2023

Sustainability Development Framework, developing action plans to support key deliverables for 2022-23 as defined by Sustainability Lead	identification of core priorities for 2022-23 which require the engagement of all staff, clinicians, patients or public to achieve.  To support these aims Comms will:  Explain sustainability priorities to staff, patients and public  Provide regular updates on progress via Connections / Weekly Brief  Establish sustainability section on NHS Lothian website and intranet  Celebrate successes		
Reputation Management			
121. Protect and defend <b>reputation</b> of NHS Lothian, emphasising our values and vision	<ul> <li>Staff are informed and engaged about NHSL news and activities via all internal channels</li> <li>Operation of an effective 24/7 media relations operation providing timely, accurate responses to media enquiries</li> <li>Media relationships are cultivated, and regular sector briefings are provided to influence media for fairness in coverage</li> <li>Potential incoming reputational risk / adverse publicity is anticipated via horizon scanning and mitigating actions prepared.</li> <li>NHSL successes are promoted</li> <li>Monitoring &amp; Monthly analysis of media reporting is carried out and reported to ELT / CMT</li> <li>Communications advice and support is provided to IMTs convened to ensure effective</li> </ul>	Judith Mackay	Continuous

122. Develop and deliver a communication strategy to support immunisation of the population of Lothian, incorporating children's, adult and travel vaccination and including the mainstreaming of the ongoing Flu and Covid vaccination programme into BAU.	<ul> <li>Regular briefings are provided to Board members to ensure they are in touch with developments and to assist them in their Governance duties and equip them to respond to informal enquiries</li> <li>Regular briefings to elected representatives are provided to equip them with context</li> <li>Guidance and support are provided to services operating social media accounts where appropriate</li> <li>NHS Lothian delivers trusted information</li> <li>Staff and public are clear on importance of vaccination</li> <li>Partners in education are informed and engaged in support of the objective</li> <li>Partners in HSCPs are informed and engaged in support of the objective</li> </ul>	Judith Mackay	March 2023
Our Equality and Human Rights Responsibilities	Lead Officer – Dona Milne, Director of Public Health		
123. Develop a new ambitious plan for Equality & Human Rights	<ul> <li>New plan and supporting infrastructure agreed to make and mainstream improvements in Access, Compassion, Participation and Justice</li> </ul>	Dona Milne	Delivery plan by December 22 for initial implementation by April 23

#### <u>Appendix – objectives for organisational business units</u>

Note: this section is a "copy-and-paste" summary from the above tables. There are not additional objectives in here.

#### East Lothian HSCP - Alison MacDonald, Joint Director, ELHSCP

Reference	Page	Title	All HSCPs or specific?
Reducing pandemic harms #3	3	Covid Vaccination Programme	All
Reducing pandemic harms #5	4	Resilience arrangements	All
Improving the public's health #9	6	Reducing smoking prevalence	All
Primary Care #18	10	Implementation of GMS Contract and Primary Care Improvement Plans	All
Mental Health, Illness, and Wellbeing #24	12	Improving access to psychological therapies	All
Mental Health, Illness, and Wellbeing #25	12	Improving Unscheduled access to mental illness services	All
Mental Health, Illness, and Wellbeing #27	13	Improving access to addiction services including rehabilitation	All
Mental Health, Illness, and Wellbeing	14	Implementation Plans to support transformational shift in where we provide	All
#29		mental illness and learning disability care	
Unscheduled Care #30	15	Redesign of Urgent Care	All
Unscheduled Care #31	16	Reducing delays across the system	All
Unscheduled Care #32	16	Review of Specialist Rehabilitation Services for Complex Disability	All
Unscheduled Care #39	17	Review of Older People's Services in East Lothian	Specific
Capital #60	28	Business case on redevelopment of Jardine Clinic	All
Capital #65	30	Refreshed approach to Primary Care Capital Investment	All
Corporate #85	38	Supporting the decant requirements from acute services	All
Corporate #91	39	HSCP Masterplan	Specific
Corporate #95-98	40	Development of system-wide plans for women's health, cancer, long-term conditions, and aging.	All

### Edinburgh – Judith Proctor, Joint Director Edinburgh Health and Social Care Partnership

Reference	Page	Title	All HSCPs or specific?
Reducing pandemic harms #3	3	Covid Vaccination Programme	All
Reducing pandemic harms #5	4	Resilience arrangements	All
Improving the public's health #9	6	Reducing smoking prevalence	All
Primary Care #18	10	Implementation of GMS Contract and Primary Care Improvement Plans	All
Mental Health, Illness, and Wellbeing #24	12	Improving access to psychological therapies	All
Mental Health, Illness, and Wellbeing #25	12	Improving unscheduled access to mental illness services	All
Mental Health, Illness, and Wellbeing #27	13	Improving access to addiction services including rehabilitation	All
Mental Health, Illness, and Wellbeing	14	Implementation Plans to support transformational shift in where we provide	All
#29		mental illness and learning disability care	
Unscheduled Care #30	15	Redesign of Urgent Care	All
Unscheduled Care #31	16	Reducing delays across the system	All
Unscheduled Care #32	16	Review of Specialist Rehabilitation Services for Complex Disability	All
Unscheduled Care #34	16	Edinburgh Bed-Base Review Implementation	Specific
Revenue #58	25	Implementation of SMART Review	Specific
Capital #60	26	Business case on redevelopment of Jardine Clinic	All
Capital #62	28	Refreshed approach to Primary Care Capital Investment	All
Corporate #85	38	Supporting the decant requirements from acute services	All
Corporate #92	39	HSCP Masterplan	Specific
Corporate #95-96	40	Development of system-wide plans for women's health, cancer, long-term conditions, and aging.	All

### Midlothian – Morag Barrow, Joint Director, Midlothian Health and Social Care Partnership

Reference	Page	Title	All HSCPs or specific?
Reducing pandemic harms #3	3	Covid Vaccination Programme	All
Reducing pandemic harms #5	4	Resilience arrangements	All
Improving the public's health #9	6	Reducing smoking prevalence	All
Primary Care #18	10	Implementation of GMS Contract and Primary Care Improvement Plans	All
Mental Health, Illness, and Wellbeing #24	12	Improving access to psychological therapies	All
Mental Health, Illness, and Wellbeing #25	12	Improving unscheduled access to mental illness services	All
Mental Health, Illness, and Wellbeing #27	13	Improving access to addiction services including rehabilitation	All
Mental Health, Illness, and Wellbeing	14	Implementation Plans to support transformational shift in where we provide	All
#29		mental illness and learning disability care	
Unscheduled Care #30	15	Redesign of Urgent Care	All
Unscheduled Care #31	16	Reducing delays across the system	All
Unscheduled Care #32	16	Review of Specialist Rehabilitation Services for Complex Disability	All
Unscheduled Care #36	17	Midlothian Frailty	Specific
Unscheduled Care #37	17	Midlothian Community Hospital model	Specific
Capital #60	28	Business case on redevelopment of Jardine Clinic	All
Capital #65	30	Refreshed approach to Primary Care Capital Investment	All
Digital #69	32	Midlothian Digital Implementation Plan	Specific
Corporate #85	38	Supporting the decant requirements from acute services	All
Corporate #93	39	HSCP Masterplan	Specific
Corporate #95-98	40	Development of system-wide plans for women's health, cancer, long-term conditions, and aging.	All

### West Lothian – Alison White, Joint Director, West Lothian Health and Social Care Partnership

Reference	Page	Title	All HSCPs or specific?
Reducing pandemic harms #3	3	Covid Vaccination Programme	All
Reducing pandemic harms #5	4	Resilience arrangements	All
Improving the public's health #9	6	Reducing smoking prevalence	All
Primary Care #18	10	Implementation of GMS Contract and Primary Care Improvement Plans	All
Mental Health, Illness, and Wellbeing #24	12	Improving access to psychological therapies	All
Mental Health, Illness, and Wellbeing #25	12	Improving unscheduled access to mental illness services	All
Mental Health, Illness, and Wellbeing #27	13	Improving access to addiction services including rehabilitation	All
Mental Health, Illness, and Wellbeing #29	14	Implementation Plans to support transformational shift in where we provide mental illness and learning disability care	All
Unscheduled Care #30	15	Redesign of Urgent Care	All
Unscheduled Care #31	16	Reducing delays across the system	All
Unscheduled Care #32	16	Review of Specialist Rehabilitation Services for Complex Disability	All
Unscheduled Care #34	17	HomeFirst West Lothian	Specific
Unscheduled Care #35	17	Bed-base review - WL	Specific
Capital #60	26	Business case on redevelopment of Jardine Clinic	All
Corporate #85	38	Supporting the decant requirements from acute services	All
Corporate #94	39	HSCP Masterplan	Specific
Corporate #95-98	40	Development of system-wide plans for women's health, cancer, long-term conditions, and aging.	All
Corporate #100	41	Lothian Work Services	Specific

### Royal Edinburgh Hospital And Associated Services – Tracey Mckigen, Services Director

Reference	Page	Title	Link to
Children and Young People #15	8	CAMHS	Children's Partnerships
Children and Young People #16	8	Coordinated approach to Prevention work	Children's Partnerships
Mental Health, Illness, and Wellbeing #24	12	Psychological Therapies	HSCPs
Mental Health, Illness, and Wellbeing #25	13	Mental Illness Unscheduled Care	HSCPs
Mental Health, Illness, and Wellbeing #26	13	Equally-safe multiagency centre	HSCPs
Mental Health, Illness, and Wellbeing #27	13-14	Addiction, Recovery, and Treatment	HSCPs and ADPs
Mental Health, Illness, and Wellbeing #28	14	Eating Disorders	Children's, HSCPs
Mental Health, Illness, and Wellbeing #29	14	Implementation Plans for REH transformation, including transfers to local care	HSCPs
Capital #59	28	REH Phase 2 Redevelopment Business Case	HSCPs
Corporate #84	38	Bed model work – whole system modelling	
Corporate #87	38	Refreshed Masterplan for REH Campus	

### <u>Acute Services – Jacquie Campbell, Chief Officer, Acute Services, NHSL</u>

#### Royal Infirmary of Edinburgh – Janice Alexander

Reference	Page	Title	CMT Lead
Pandemic response #10	6	Infection control	Tracey Gillies
Unscheduled Care #30	15	Redesign of Urgent Care including SDEC	Alison MacDonald
Unscheduled Care #31	15	Optimising Flow	Jacquie Campbell and Joint Directors
Unscheduled Care #33	16	Performance improvement programme – ED	Jim Crombie
Scheduled Care #40	19	Interim Orthopaedics solutions	Jim Crombie
Scheduled Care #41	19	DCAQ model	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #45	21	Outpatient Redesign	Jacquie Campbell and Martin Egan
Digital #66	30	HEPMA and Theatres roll-outs	Martin Egan
Corporate #85	38	RIE Decant Plan	Jacquie Campbell and Colin Briggs
Corporate #87	38	RIE Masterplan	Colin Briggs, Jacquie Campbell, Director
			of Finance

### St John's Hospital/ PAEP - Aris Tyrothoulakis

Reference	Page	Title	CMT Lead
Pandemic response #10	5	Infection control	Tracey Gillies
Unscheduled Care #30	15	Redesign of Urgent Care including SDEC	Alison MacDonald
Unscheduled Care #31	15	Optimising Flow	Jacquie Campbell and Joint Directors
Unscheduled Care #35	17	West Lothian Bed Base Review	Alison White
Unscheduled Care #34	17	HomeFirst West Lothian	Alison White
Scheduled Care #41	19	DCAQ model	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #45	21	Outpatient Redesign	Jacquie Campbell and Martin Egan
Capital #63	29	National Treatment Centre	Jim Crombie and Director of Finance
Capital #64	30	PAEP	Jacquie Campbell
Digital #68	32	HEPMA and Theatres roll-outs	Martin Egan
Corporate #89	39	SJH Masterplan	Colin Briggs, Jacquie Campbell, Director
			of Finance

### Western General Hospital – Chris Stirling

Reference	Page	Title	CMT Lead
Pandemic response #10	6	Infection control	Tracey Gillies
Unscheduled Care #30	15	Redesign of Urgent Care including SDEC	Alison MacDonald
Unscheduled Care #31	15	Optimising Flow	Jacquie Campbell and Joint Directors
Scheduled Care #41	19	DCAQ model	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #45	21	Outpatient Redesign	Jacquie Campbell and Martin Egan
Capital #62	29	Edinburgh Cancer Centre	Jim Crombie and Director of Finance
Digital #68	32	HEPMA and Theatres roll-outs	Martin Egan
Corporate #88	39	WGH Masterplan	Colin Briggs, Jacquie Campbell, Director
			of Finance
Corporate #94	40	Plan for Aging	Colin Briggs
Corporate #98	40	Plan for Cancer	Colin Briggs

### <u>Outpatients – Gillian Cunningham</u>

Reference	Page	Title	CMT Lead
Pandemic response #10	6	Infection control	Tracey Gillies
Unscheduled Care #30	15	Redesign of Urgent Care including SDEC	Alison MacDonald
Unscheduled Care #31	15-16	Optimising Flow	Jacquie Campbell and Joint Directors
Scheduled Care #41	19	DCAQ model	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #45	21	Outpatient Redesign	Jacquie Campbell and Martin Egan
Capital #62	29	Edinburgh Cancer Centre	Jim Crombie and Director of Finance
Digital #68	32	HEPMA and Theatres roll-outs	Martin Egan
Digital #69	33	Online appointment booking	Martin Egan
Corporate #86	37	Outpatients Masterplan	Colin Briggs, Jacquie Campbell, Director
			of Finance
Corporate #94	40	Plan for Aging	Colin Briggs
Corporate #96	40	Plan for Long-term conditions	Colin Briggs
Corporate #97	40	Plan for Cancer	Colin Briggs

### <u>Diagnostics, Anaesthetics, Theatres, and Critical Care – Michelle Carr</u>

Reference	Page	Title	CMT Lead
Pandemic response #4	4	Effective testing capacity	Jacquie Campbell
Pandemic response #10	6	Infection control	Tracey Gillies
Scheduled Care #40	19	IP/DC Access	Jim Crombie
Scheduled Care #41	19	DCAQ model	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #46	22	Theatre Scheduling Tool	Jacquie Campbell
Capital #62	30	Edinburgh Cancer Centre	Jim Crombie and Director of Finance
Capital #63	31	National Treatment Centre	Jim Crombie and Director of Finance
Digital #68	32	HEPMA and Theatres roll-outs	Martin Egan

### Women's and Children's Services – Allister Short

Reference	Page	Title	CMT Lead
Pandemic response #2	3	Wider harms of the pandemic	Dona Milne
Public Health #7	5	Immunization	HSCP Joint Directors
Public Health #8	5	Screening programmes	Dona Milne
Pandemic response #10	6	Infection Control	Tracey Gillies
Children and Young People #13	8	Corporate Parenting Board	Calum Campbell
Children and Young People #14	8	Best Start	Executive Nurse Director
Children and Young People #15	8	CAMHS	Tracey Mckigen
Children and Young People #16	9	Coordinated approach to prevention	Dona Milne
Children and Young People #17	9	Children and Young People's Programme Board	Dona Milne/Colin Briggs
Scheduled Care #41	19	DCAQ	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #45	21	Outpatients Redesign	Martin Egan/Jacquie Campbell
Corporate #87	38	RIE Masterplan	Colin Briggs/Director of Finance
Corporate #89	39	St John's Hospital	Colin Briggs/Director of Finance
Corporate #96	40	Women's Health Plan	Colin Briggs



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