

East Lothian Integration Joint Board



REPORT TO: East Lothian IJB – Audit and Risk Committee

MEETING DATE: 15 March 2022

BY: Chief Internal Auditor

SUBJECT: Internal Audit Recommendations/Management Action Follow Up

1 PURPOSE

- 1.1 To inform the Audit and Risk Committee of the follow up work completed on open recommendations as part of the 2021/22 Internal Audit Plan.
- 1.2 To inform the Audit and Risk Committee of the management action follow up work reported by the NHS Lothian Internal Audit team as part of the 2021/22 Internal Audit Plan and highlight the areas relevant to the East Lothian IJB.

2 RECOMMENDATION

- 2.1 That the Audit and Risk Committee note the follow up work completed.

3 BACKGROUND

- 3.1 The East Lothian Council audit team maintain spreadsheets of recommendations made as part of the East Lothian IJB Internal Audit Plan.
- 3.2 These recommendations are then followed up with the responsible manager/officer to provide updates on the implementation of the recommendations. Evidence of implementation is provided by management when closing recommendations to confirm that they have been appropriately implemented.
- 3.3 Follow up work in 2021/22 has confirmed that of 12 open recommendations 6 have been implemented in full, 5 are not yet due for implementation and 1 recommendation has not yet been implemented.
- 3.4 The recommendation that has not yet been implemented is provided as attached in appendix A. This recommendation relates to developing and approving a direction in relation to the work being undertaken by the Health and Social Care Partnership in relation to Adult Protection and

domestic abuse. Whilst work was ongoing in relation to developing this direction up to May 2020 the more urgent work required throughout the COVID pandemic has resulted in a direction not yet having been approved in this area. Work is now underway to include appropriate priorities within this area in the IJB Strategic Plan and approve subsequent directions.

- 3.5 The follow up work reported to the Lothian NHS Audit & Risk Committee in February 2022 is attached as appendix B. Relevant management actions in respect of the East Lothian IJB are included in pages 13-17 of this report. Further information has been provided by management indicating the implementation of all of these recommendations and is included for information in appendix C.

4 ENGAGEMENT

- 4.1 The recommendations/action updates have been discussed with appropriate management/officers, but do not require wider engagement as part of the follow up activity.

5 POLICY IMPLICATIONS

- 5.1 None

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

7 DIRECTIONS

- 7.1 The subject of this report does not require any amendment to or creation of Directions other than were indicated by management in the recommendations made and not as part of this report.

8 RESOURCE IMPLICATIONS

- 8.1 Financial - None
8.2 Personnel - None
8.3 Other - None

9 BACKGROUND PAPERS

- 9.1 None

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DATE	7 March 2022

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APPENDIX A

EAST LOTHIAN IJB OUTSTANDING RECOMMENDATIONS

REC REF	RECOMMENDATION	GRADE	RESPONSIBLE OFFICER	AGREED ACTION	ACTION UPDATE MARCH 2022
Directions Setting March 2020 Rec 1.1	A direction covering the work being undertaken by the Health and Social Care partnership in relation to Adult Protection and domestic abuse should be developed and submitted for IJB approval.	Medium	Interim General Manager – Strategic Integration	Agreed. A development meeting had already been scheduled for April 2020, with the submission of a proposed Direction to the Strategic Planning Group and ELIJB in May 2020. Implementation by June 2020	An IJB Development Session was held in May 2020. This by necessity focussed on Violence against Women and Girls, reflecting concerns for women and girls at increased risk of domestic violence during Covid-related lockdown and associated restrictions on client identification and service delivery. HSCP officers are in discussion with Public Protection Office colleagues to identify PPO priorities to operate across East Lothian and Midlothian, and to be considered for inclusion in the next IJB Strategic Plan, development which has started. A direction/directions will be developed to monitor and deliver these priorities.

Internal Audit



Follow-Up of Management Actions Report

February 2022

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Internal Audit
Follow-Up of Management Actions Report

Introduction

This paper provides the Audit & Risk Committee with a summary of the progress made by management in closing agreed management actions arising from Internal Audit reports since we last reported in November 2021.

Follow-Up Process

For each follow up exercise, Internal Audit issues an audit tracker to the Executive Director, summarising the management actions arising from audits that they sponsored. Where the Executive Director has nominated a member of staff to take a lead in collecting and coordinating management updates, the nominated individual is also sent the audit tracker. The email issuing the audit tracker sets out a timetable for response, follow up work by internal audit and preparation of this follow up report.

Once the date for receipt of management responses has been reached, Internal Audit reviews the responses received and, where required, makes additional enquiries to obtain evidence to validate completion of specific actions. Following this work, the follow up report is drafted and shared with management. Those Executive Directors with actions more than 3 months old are asked to confirm the wording in the draft report reflects the latest position.

In addition, Internal Audit holds regular meetings with nominated individuals out with the follow-up reporting cycle, to promote regular and on-going management oversight of outstanding audit actions.

Action for the Audit & Risk Committee

The Audit & Risk Committee is asked to note the contents of this report.

We have excluded for our follow-up report the progress in closing-off the actions from the Overall Estates Control Environment Review internal audit report issued on the 21 June 2021. The management actions are being taken forward by the Business Manager for the Deputy Chief Executive, and progress on completion of these actions will be reported separately to the Audit & Risk Committee. The Business Manager seeks confirmation of sign off by internal audit when actions are concluded and/or a date change is requested. This is then built into their update paper.

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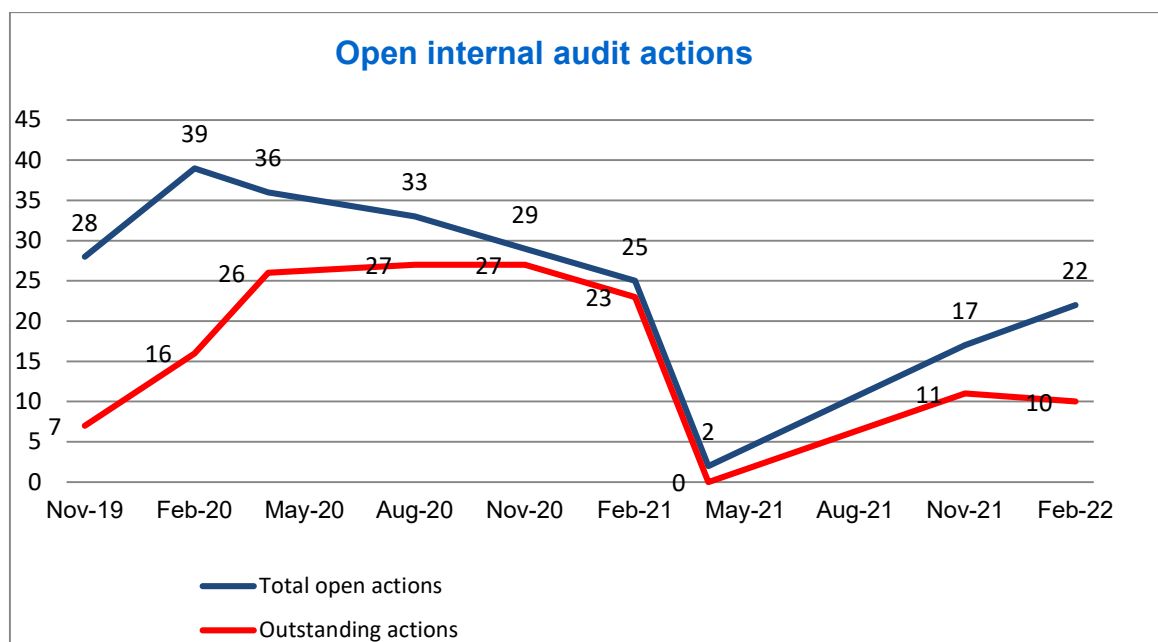
Summary of Management Actions

The table below shows the movement in the NHS Lothian audit actions tracker since our last report in November 2021:

	Number of Actions
Open actions brought forward from November 2021	17
New actions added to tracker	7
Total actions to follow up	24
Actions validated as closed / not applicable	2
Open actions carried forward	10
Open actions not yet due	12

Open internal audit actions

The following graph illustrates management's progress in implementing actions since November 2021.



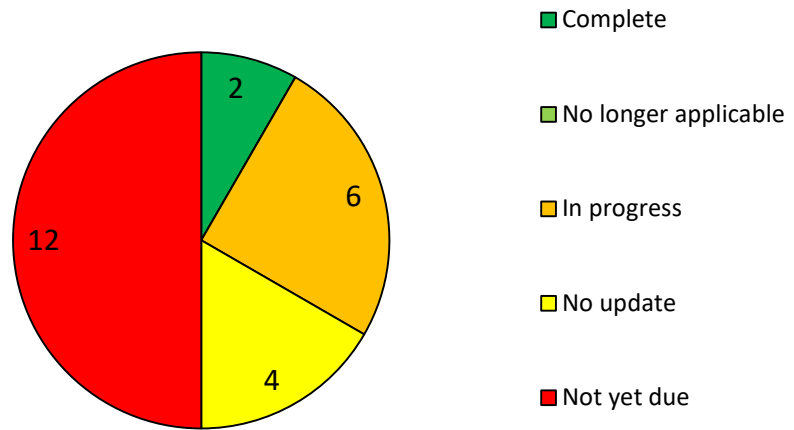
The following information provides additional analysis of the open actions.

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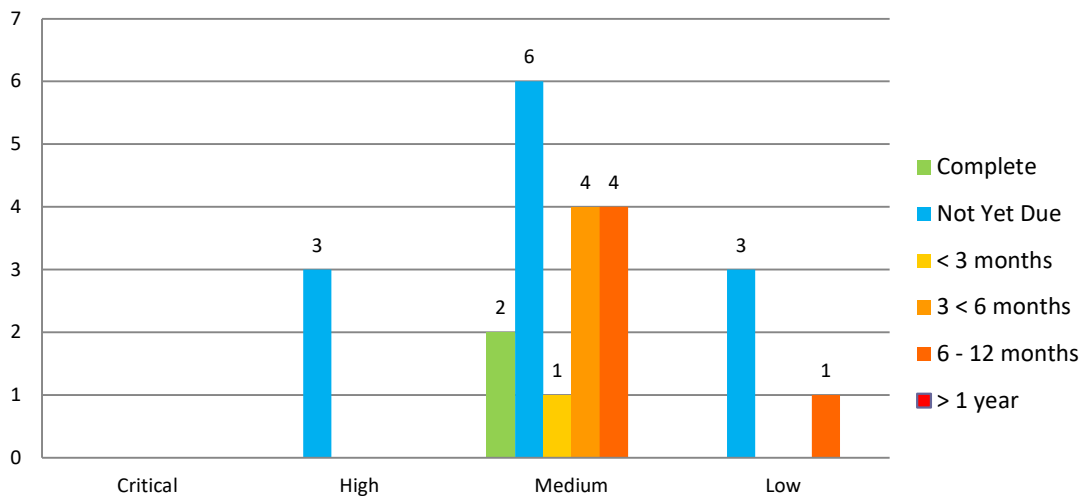
Summary of audit action tracker

The charts below set out our assessment of the status of the 24 actions included in the audit action tracker since November 2021.

Status of actions



Summary of actions by grade and status - February 2022



In the period since the last report to the ARC, two management actions have been completed.

Appendix 1 - Current Status of Actions more than three months past their action date

The table below sets out the status of audit actions more than three months past their action date. We have included the most recent update available. New agreed dates have been added if provided by management. Where no revised dates are stated we are working with management to commit to new dates, but this is an ongoing process, and not completed at the time of this Audit and Risk Committee.

Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
Lead Director – Director of Operations - Facilities				
Hospital Sterilisation Decontamination Unit (2019/20)				
<p><u>Finding 1.2</u></p> <p>The pressure points of staffing are known to the HSDU and facilities management, however, work should be done to ensure a staffing compliment is in place for the opening of the St John's short stay elective centre, including consideration of weekend shift patterns, to prevent increased backlog and potential surgical cancellations. The readiness of the unit for the changes needs to be considered with an action plan put in place as soon as possible.</p> <p>Current Risk</p>	<p>Management Response</p> <p>Agreed.</p> <p>Management Action</p> <p>To develop a resilience service and staffing model to ensure readiness for the SSEC.</p> <p>Owner(s)</p> <p>Associate Director of Operations - Facilities</p> <p>Programme Director</p>	Low	30 June 2021	<p>12/01/2022</p> <p>Associate Director of Operations - Facilities</p> <p>Main feedback in summary would include:</p> <ol style="list-style-type: none"> 1. Previous work on staff modelling in current HSDU will max out department resources and contingency arrangements with other providers will need to be formally established.

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
<p>Should a major incident occur during a time of staff shortage the HSDU would be fully reliant on staff call-in procedures, which would delay their readiness to respond to an event.</p>				<p>2. Current work is ongoing in unit to replace infrastructure to enhance resilience.</p> <p>3. There should be establishment of an Oversight board to manage current pressures and risks.</p> <p>4. There will be development in 2022 of a Programme Board to accelerate the Business Case process for a new/second unit.</p> <p>We will have evidence documented on above in form of plans, Service Level Agreements with other providers, minutes of the Oversight Board meetings and Terms of Reference for Programme Board.</p>

Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
Lead Director – Edinburgh HSCP Operations Manager				
Risk Management at Divisional/HSPC Level (2020/21)				
<p><u>Finding 1.2</u></p> <p>Each Division/HSCP should perform a review over their senior management team risk register to ensure risks are appropriately documented on the risk management system. This should consider, but is not limited to the following:</p> <ul style="list-style-type: none"> • can risks be managed at an operational level (i.e. do they actually need to be on the divisional risk register). • does the risk description articulate the residual risk not being managed by the service level. • who owns the risk and associated controls and do the controls set out clear lines of accountability. • is there a plan in place to manage higher level risks which will be appraised by senior management. • does the risk rating reflect the residual risk taking into account the plans in place. 	<p>Management Response</p> <p>The Partnership Executive Management Team recognise that they have further work to embed their new integrated approach to risk management which includes an approach for ensuring risks are managed at the right level within the organisation and a mechanism to escalate risks whether appropriate and that the.</p> <p>Management Action</p> <ul style="list-style-type: none"> • Review and agree the Executive Team risk register. • Work with the Wider Leadership Team through the Risk Forum and their management teams to 	<p>Medium</p>	<p>30 June 2021</p> <p>Revised completion date of 30 June 2022</p>	<p>12/01/2021</p> <p>Evidence has been provided by the Operations Manager – Health and Social Care Partnership which has demonstrated that the Executive Team risk register has been reviewed and agreed (the first bullet point of the management action). However, four further management actions remain the responsibility of the Edinburgh HSCP, with a completion date of 30 June 2022.</p>

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
<ul style="list-style-type: none"> is there any overlap/duplication of risk. <p>Going forwards, Divisions/HSCP should look to update DATIX on a more regular basis, the process for which could be documented in the procedures developed from Finding 1.1.</p> <p>Current Risk</p> <p>Where there is a possible lack of clarity around individual responsibilities and the effective management of risk, risks can be omitted from the register, mitigating actions may not be implemented and as such the organisation may be left vulnerable.</p>	<p>develop divisional and team risk registers</p> <ul style="list-style-type: none"> Embed the escalation process from team to risk forum to ensure risk is managed at the correct level Review risks across the Partnership for any overlap / duplication or areas where a risk is consistently being raised and make recommendations to the Risk Committee. Agree the most appropriate risk management recording tool. <p>Owner</p> <p>Edinburgh HSCP Operations Manager</p>			

Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
Lead Director – West Lothian HSCP Head of Health				
Risk Management at Divisional/HSPC Level (2020/21)				
<p><u>Finding 1.1</u></p> <p>All Divisions/HSCPs should ensure they have documented procedures, aligning to the NHS Lothian risk management framework, which clearly articulate their risk management processes. Additionally, risk management meetings should be formally minuted, documenting discussion of risks and how key decisions relating to risks have been made.</p> <p>Current Risk</p> <p>While the Production of the Risk Management Operational Procedures has ensured clarity around responsibilities relating to the management of risk, without all meetings relating to risks being minuted, management cannot be assured that the system of control in place relating to risk is operational and decisions may be made that do not adequately manage risks to the organisation.</p>	<p>Management Response</p> <p>Whilst there are arrangements in place for identifying risks across the organisation, it is accepted that there could be clearer processes in place and documented procedures which explain the partnership's approach to risk management. Whilst risk management is discussed in a range of forums, it is again accepted that there is no written process which outlines expectations or defines responsibilities around this across the organisation. Risk management is discussed on a regular basis at the partnership's senior management team and in the NHS management senior</p>	<p>Medium</p>	<p>30 June 2021</p>	<p>13/01/2022</p> <p>The West Lothian HSCP Head of Health has provided the West Lothian Health and Social Care Partnership Risk Management Operational Procedure produced in November 2021.</p> <p>This management action will be closed when the following evidence is supplied:</p> <ul style="list-style-type: none"> Minutes from the Partnership Senior Management Team in addition to those of the West Lothian IJB Health and Care Governance Group and IJB Audit Risk and Governance

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
	<p>management team meeting, but we need to review how risks are escalated and put a formal arrangement in place for recording discussions and assessing risk.</p> <p>Management Action</p> <p>A full review will be undertaken by the senior management team of the governance routes for risk management including where risks are discussed and documented having regard to the Lothian Risk Management Procedure as recommended. The review will be complete and revised processes and procedures put in place by 30th June 2021 to give time for a comprehensive review to be undertaken and revised arrangements put in place. Arrangements have already been put in place for discussion about risk to be minuted and will become</p>			<p>Committee, demonstrating that risks are being discussed and escalated where necessary at the appropriate level.</p>

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
	<p>a standing item on the agenda for meetings.</p> <p>Owner</p> <p>West Lothian HSCP Head of Health</p>			
<p><u>Finding 1.2</u></p> <p>Each Division/HSCP should perform a review over their senior management team risk register to ensure risks are appropriately documented on the risk management system. This should consider, but is not limited to the following:</p> <ul style="list-style-type: none"> • can risks be managed at an operational level (i.e. do they need to be on the divisional risk register) • does the risk description articulate the residual risk not being managed by the service level? • who owns the risk and associated controls and do the controls set out clear lines of accountability? 	<p>Management Response</p> <p>A review of the risk register is already underway and with the risk register being a standing item on the agenda for management team meetings, it should give the required assurance over risks being current and subject to review.</p> <p>Management Action</p> <ul style="list-style-type: none"> • Review of risk register to be completed by 30 June 2021. <p>Owner</p>	Medium	30 June 2021	<p>13/01/2022</p> <p>The West Lothian HSCP Head of Health has provided the West Lothian Health and Social Care Partnership Risk Management Operational Procedure produced in November 2021.</p> <p>This management action will be closed when the following information is supplied:</p> <ul style="list-style-type: none"> • Completed Team Meeting Agendas and Team Meeting Action Notes are

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
<ul style="list-style-type: none"> • is there a plan in place to manage higher level risks which will be appraised by senior management? • does the risk rating reflect the residual risk considering the plans in place? • is there any overlap/duplication of risk? <p>Going forwards, Divisions/HSCP should look to update DATIX on a more regular basis, the process for which could be documented in the procedures developed from Finding 1.1.</p> <p>Current Risk</p> <p>Without adherence to the Team Meeting Agenda and Action Note, it is possible that risks in key areas are not being regularly discussed by teams and departments, and as a result may not be escalated as required. Where risks are not escalated, mitigating actions may not be implemented timely, leaving the organisation vulnerable to risks which may otherwise have been mitigated.</p>	West Lothian HSCP Head of Health			<p>per the requirements of the Operational Procedure.</p> <ul style="list-style-type: none"> • Copy of the current risk register.
<p><u>Finding 2.1</u></p> <p>All Divisions/HSCPs should ensure risk is a standing agenda item on the senior management team agenda. This should be</p>	<p>Management Response</p> <p>Discussion does take place regarding risks and risks</p>	Medium	30 June 2021	<p>13/01/2022</p> <p>The West Lothian HSCP Head of Health has provided the</p>

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
<p>done even where risks are being managed through another committee (such as East Lothian and Edinburgh HSCP) to ensure the whole senior management team have oversight of the risks and the process for managing risks. The review of risks should be minuted as part of the monthly meetings to document the oversight provided by the senior management teams.</p> <p>Additionally, each Division/HSCP should ensure that management teams and service levels below them are considering risks on a regular basis. This could be done by ensuring team meetings consider risk as a standing agenda point, or through other committees, such as at Midlothian HSCP where all general managers attend the Business Governance Group and discuss their individual risk registers. This would provide assurance to the senior management team that risks are being considered at this level.</p> <p>Current Risk</p> <p>If the West Lothian HSCP cannot demonstrate that risks are being discussed at management level on a regular basis, there will be limited assurance that risks are subject to scrutiny at an appropriate level and actions taken to mitigate against them are inappropriate.</p>	<p>escalated by General Managers where appropriate, but it is accepted that this is not always documented in the way it should be. Further action has been taken recently on training for Senior Managers across the Partnership to ensure that we are consistent in our assessment of risk.</p> <p>Management Action</p> <p>Risk management is now included as a standing item on the agenda for management team meetings. General Managers will be expected to report on risk in their area as a matter of course in those meetings.</p> <p>Owner</p> <p>West Lothian HSCP Head of Health</p>			<p>West Lothian Health and Social Care Partnership Risk Management Operational Procedure produced in November 2021.</p> <p>This management action will be closed when the following evidence is supplied:</p> <ul style="list-style-type: none"> Agendas and minutes from management team meetings, demonstrating that General Managers are reporting on risk in their areas.

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
Lead Director – East Lothian HSCP Chief Officer				
Risk Management at Divisional/HSPC Level (2020/21)				
<p><u>Finding 1.1</u></p> <p>All Divisions/HSCPs should ensure they have documented procedures, aligning to the NHS Lothian risk management framework, which clearly articulate their risk management processes. Additionally, risk management meetings should be formally minuted, documenting discussion of risks and how key decisions relating to risks have been made.</p> <p>Current Risk</p> <p>Without a formalised procedural document or flowchart setting out the risk management processes to be followed, there will be continued lack of clarity around individual responsibilities and the effective management of risk and decision making across the partnership.</p>	<p>Management Response</p> <p>Risks are discussed and registers updated quarterly the risk register is a live document however, no minute of this meeting is kept.</p> <p>Management Action</p> <p>Quarterly risk meeting to be minuted.</p> <p>Owner</p> <p>East Lothian HSCP Head of Health</p>	Medium	30 September 2021	No update provided.
<p><u>Finding 1.2</u></p> <p>Each Division/HSCP should perform a review over their senior management team risk register to ensure risks are appropriately</p>	<p>Management Response</p> <p>East Lothian consider that DATIX is updated on at least a quarterly basis however will review the</p>	Medium	30 September 2021	No update provided.

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
<p>documented on the risk management system. This should consider, but is not limited to the following:</p> <ul style="list-style-type: none"> • can risks be managed at an operational level (i.e. do they need to be on the divisional risk register) • does the risk description articulate the residual risk not being managed by the service level? • who owns the risk and associated controls and do the controls set out clear lines of accountability? • is there a plan in place to manage higher level risks which will be appraised by senior management? • does the risk rating reflect the residual risk considering the plans in place? • is there any overlap/duplication of risk? <p>Going forwards, Divisions/HSCP should look to update DATIX on a more regular basis, the process for which could be documented in the procedures developed from Finding 1.1.</p> <p>Current Risk</p>	<p>commentary around responsibility for actions.</p> <p>Management Action</p> <p>Review commentary on responsible officers and actions.</p> <p>Owner</p> <p>East Lothian HSCP Head of Health</p>			

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
<p>Without a formalised procedural document or flowchart setting out the risk management processes to be followed, there will be continued lack of clarity around individual responsibilities and the effective management of risk and decision making across the Partnership.</p>				
<p><u>Finding 2.1</u></p> <p>All Divisions/HSCPs should ensure risk is a standing agenda item on the senior management team agenda. This should be done even where risks are being managed through another committee (such as East Lothian and Edinburgh HSCP) to ensure the whole senior management team have oversight of the risks and the process for managing risks. The review of risks should be minuted as part of the monthly meetings to document the oversight provided by the senior management teams.</p> <p>Additionally, each Division/HSCP should ensure that management teams and service levels below them are considering risks on a regular basis. This could be done by ensuring team meetings consider risk as a standing agenda point, or through other committees, such as at Midlothian HSCP where all general managers attend the Business Governance Group and discuss their individual risk registers. This would</p>	<p>Management Response</p> <p>Risks are discussed in an individual basis and escalated to the risk management meetings but will be added to the senior manager meetings as a standing agenda item.</p> <p>Management Action</p> <p>Add Risk Management to agenda for management team meeting.</p> <p>Owner</p> <p>East Lothian HSCP Head of Health</p>	<p>Medium</p>	<p>30 September 2021</p>	<p>No update provided.</p>

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
<p>provide assurance to the senior management team that risks are being considered at this level.</p> <p>Current Risk</p> <p>Where risks are not regularly considered by the East Lothian HSCP Senior Management Team and/or escalated to the relevant committee for further consideration, it is possible that there is not a full understanding of the risks faced by the organisation and the ability to react promptly to mitigate them reduced.</p>				
<p><u>Finding 2.2</u></p> <p>There is an opportunity for the Divisions/HSCPs to consider how to incorporate compliance checks of high and very high level risks to their risk management processes, reporting progress against action plans to the relevant senior management teams or risk forums at an appropriate frequency. These should go as papers to the relevant committees with discussions minuted accordingly. The agreed process should be incorporated into the formalised procedures, as per Finding 1.1.</p>	<p>Management Response</p> <p>East Lothian Risk Register is reported to the IJB Audit and Risk Committee on a regular basis. It also is reviewed through East Lothian Council and NHS Lothian processes as required.</p> <p>Management Action</p> <p>Continue to report to relevant governance committees.</p>	Medium	30 September 2021	No update provided.

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Recommendation and Risk	Management Action	Rating	Original Target Date	Update & Status
<p>This process should be considered following a review of DATIX and the risk ratings, as per Finding 1.2 to ensure risk ratings are appropriate and do not result in over-reporting.</p> <p>Current Risk</p> <p>Without formalised reporting of risks against action plans, it is possible that actions are not addressed in a timely manner or do not reflect the risk as it changes. Therefore, risks may exist for longer than necessary, or actions to mitigate the risk either excessive or inadequate. This can result in an ineffective use of resources.</p>	<p>Owner</p> <p>East Lothian HSCP Chief Officer.</p>			

Appendix 2 - Definition of ratings

Findings and management actions ratings

Finding Ratings	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

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Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
Moderate assurance	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
Significant assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>

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APPENDIX C

EAST LOTHIAN IJB OUTSTANDING RECOMMENDATIONS: RISK MANAGEMENT
AT A DIVISIONAL/HSCP LEVEL

REC REF	RECOMMENDATION	GRADE	RESPONSIBLE OFFICER	AGREED ACTION	HSCP Update March 2022	IJB Update March 2022
Rec 1.1	All Divisions/HSCPs should ensure they have documented procedures, aligning to the NHS Lothian risk management framework, which clearly articulate their risk management processes. Additionally, risk management meetings should be formally minuted, documenting discussion of risks and how key decisions relating to risks have been made.	Medium	East Lothian HSCP Chief Officer	Risks are discussed and registers updated quarterly, the risk register is a live document, however no minute of this meeting is kept. East Lothian HSCP Management Action: Quarterly risk meeting to be minuted.	Following internal audit the Partnership met, discussed, reviewed and updated the risks, whilst continually reviewing the format of the formal ELHSCP quarterly risk register meetings. The senior management team have quarterly risk register meetings. The meeting held on the 3rd March 2022 is the first to be minuted, however there is an action log from the meeting on the 2nd September 2021.	IJB risk register meetings are formally minuted through the Audit & Risk Committee. All copies of the minutes are available on the East Lothian Council website.

REC REF	RECOMMENDATION	GRADE	RESPONSIBLE OFFICER	AGREED ACTION	HSCP Update March 2022	IJB Update March 2022
Rec 1.2	<p>Each Division/HSCP should perform a review over their senior management team risk register to ensure risks are appropriately documented on the risk management system. This should consider, but is not limited to the following:</p> <ul style="list-style-type: none"> - can risks be managed at an operational level (i.e. do they actually need to be on the divisional risk register) - does the risk description articulate the residual risk not being managed by the service level - who owns the risk and associated controls and do the controls set out clear lines of accountability - is there a plan in place to manage higher level risks which will be appraised by senior management - does the risk rating reflect the residual risk taking into account the plans in place - is there any overlap/duplication of risk. <p>Going forwards, Divisions/HSCP should look to update DATIX on a more regular basis, the process for which could be documented in the procedures developed from Finding 1.1.</p>	Medium	East Lothian HSCP Chief Officer	<p>East Lothian consider that DATIX is updated on at least a quarterly basis, however will review the commentary around responsibility for actions.</p> <p>East Lothian HSCP Management Action:</p> <p>Review commentary on responsible officers and actions.</p>	The HSCP risk register is reviewed and updated at a quarterly HSCP senior management risk meeting. Senior management discuss the content of all risks on the HSCP risk register and also consider if any of the manager's service level risks should be raised to the register. This is a work in progress while the HSCP review risk management. Recent meetings have taken place on: 22nd September 2021, 1st December 2021, and 3rd March 2022.	The IJB risk register is reviewed quarterly at the Audit & Risk Committee by senior management colleagues. The IJB's Chief Officer, Chief Financial Officer and Chief Internal Auditor supported by other IJB members and the partnership management team will inform the Audit & Risk Committee of operational risks. Dates of Audit & Risk Committee meetings are as follows: 14th September 2021, 7th December 2021, 15th March 2022, and 29th June 2022.

REC REF	RECOMMENDATION	GRADE	RESPONSIBLE OFFICER	AGREED ACTION	HSCP Update March 2022	IJB Update March 2022
Rec 2.1	<p>All Divisions/HSCPs should ensure risk is a standing agenda item on the senior management team agenda. This should be done even where risks are being managed through another committee (such as East Lothian and Edinburgh HSCP) to ensure the whole senior management team have oversight of the risks and the process for managing risks. The review of risks should be minuted as part of the monthly meetings to document the oversight provided by the senior management teams.</p> <p>Additionally, each Division/HSCP should ensure that management teams and service levels below them are considering risks on a regular basis. This could be done by ensuring team meetings consider risk as a standing agenda point, or through other committees, such as at Midlothian HSCP where all general managers attend the Business Governance Group and discuss their individual risk registers. This would provide assurance to the senior management team that risks are being considered at this level.</p>	Medium	East Lothian HSCP Chief Officer	<p>Risks are discussed on an individual basis and escalated to the risk management meetings, but will be added to the senior manager meetings as a standing agenda item.</p> <p>East Lothian HSCP Management Action:</p> <p>Add Risk Management to agenda for management team meeting.</p>	Risk management is a standing agenda item for HSCP senior management meetings.	Risk management is a standing agenda item for IJB Audit & Risk Committee.

REC REF	RECOMMENDATION	GRADE	RESPONSIBLE OFFICER	AGREED ACTION	HSCP Update March 2022	IJB Update March 2022
Rec 2.2	<p>There is an opportunity for the Divisions/HSCPs to consider how to incorporate compliance checks of high and very high level risks to their risk management processes, reporting progress against action plans to the relevant senior management teams or risk forums at an appropriate frequency. These should go as papers to the relevant committees with discussions minuted accordingly. The agreed process should be incorporated into the formalised procedures, as per Finding 1.1.</p> <p>This process should be considered following a review of DATIX and the risk ratings, as per Finding 1.2 to ensure risk ratings are appropriate and do not result in over-reporting.</p>	Medium	East Lothian HSCP Chief Officer	<p>East Lothian risk register is reported to the IJB Audit & Risk Committee on a regular basis. It also is reviewed through East Lothian Council and NHS Lothian processes as required.</p> <p>East Lothian Management Action:</p> <p>Continue to report to relevant governance committees.</p>	Risks are reported to CCGC through highlight reports of each service area. Clinical Care Governance is scheduled for 21st April 2022, 28th July 2022, and 27th October 2022.	IJB risk register is reported to the Audit & Risk Committee. As noted in 1.1 minutes and risk register update reports are available to evidence this on East Lothian Council website.