



**MINUTES OF THE MEETING OF THE  
EAST LOTHIAN INTEGRATION JOINT BOARD  
AUDIT & RISK COMMITTEE**

**TUESDAY 19 SEPTEMBER 2023  
VIA DIGITAL MEETINGS SYSTEM**

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**Committee Members Present:**

Ms E Gordon  
Ms F Ireland (Chair)  
Councillor L Jardine  
Mr D Binnie (NV)

**Officers Present:**

Ms C Flanagan  
Mr D Stainbank  
Ms F Wilson

**Other Attendees:**

Mr J Boyd, Audit Scotland

**Clerk:**

Ms F Currie

**Apologies:**

Councillor L Bruce

**Declarations of Interest:**

None

## 1. MINUTES OF THE EAST LoTHIAN IJB AUDIT AND RISK COMMITTEE MEETING OF 6 JUNE 2023

The minutes of the East Lothian IJB Audit and Risk Committee meeting held on 6 June 2023 were approved.

## 2. MATTERS ARISING FROM THE MINUTES OF THE MEETING OF 6 JUNE

The following matters arising were discussed:

**Annual Accounts 2022/23 (Item 6)** – Claire Flanagan informed the members that she had intended to present the audited annual accounts for 2022/23 at this meeting, prior to formal sign off at the IJB on 21<sup>st</sup> September. However, it would not be possible to conclude the accounts due to issues within Audit Scotland. These related to staff resourcing and a desire to conclude testing within East Lothian Council before finalising the IJB's accounts. She hoped that the process would instead be concluded by late October/early November, and the accounts would be presented to a meeting of IJB shortly thereafter. To avoid delaying the finalisation of the accounts any further, on this occasion, the audited annual accounts would not be presented to the Committee before going forward to the IJB.

John Boyd advised that Audit Scotland's new appointment had resulted in their audit cycle beginning 3 months later than normal. This had led to deferrals and delays in order to fit all of their audit work into the current calendar year. Going forward, they hoped to begin planning for the 2023/24 audit in January 2024, in order to meet the statutory target for the finalisation of this audit. He stressed that Audit Scotland had no underlying concerns regarding the IJB's audit, following an initial review of the accounts. He added that the testing work was undertaken within the Council and Health Board in order to give auditors assurance that the figures reported in the financial statement were accurate. He reiterated that the delay was no reflection on the IJB accounts or resources, and that the audit work would be back to a normal timetable next year.

Ms Flanagan responded to questions from the Chair. She confirmed that a letter of assurance had been received from the Council but that, following advice from Audit Scotland, it had not been possible to conclude the accounts on that basis. She advised that, in terms of the IJB's Standing Orders, the accounts did not need to be presented to the Committee before final sign off by the IJB, and there had been a previous occasion where this approach had been adopted. Regarding the statutory timeframe for finalisation of the accounts, she was unsure of the deadline and deferred to Mr Boyd.

Mr Boyd assured members that the East Lothian IJB was not alone regarding delays in sign off of its accounts. He confirmed that the statutory deadline was 30 September, however, there was recognition that due to COVID, etc, many IJBs would not meet this target. Although Audit Scotland was required to report where there was a delay beyond the statutory deadline, it would be made clear in the annual audit report that the delay was due to resourcing issues within Audit Scotland.

Ms Flanagan confirmed that she would update the IJB at its meeting on 21<sup>st</sup> September, as part of her finance report.

**Questionnaire for Members of the Audit & Risk Committee** – David Binnie asked for an update on the undertaking to do an audit of the experience and competencies of the Committee members, to shape how the Committee might be taken forward.

Duncan Stainbank apologised for the delay but confirmed that a questionnaire on skills and experience would be issued to members, hopefully, next month. The results would be presented to the Committee at its December meeting.

### **3. RISK REGISTER UPDATE**

A report was submitted by the Chief Finance Officer laying out the IJB's risk register.

Ms Flanagan presented the quarterly update report reminding members that only risks rated '12' or above were reported to the Committee. She highlighted changes to individual risks since last meeting:

- 5220 – Demographic Pressures – no change to the rating at present and actions were ongoing.
- 5486 - Council Finance Department in business continuity measures – this risk remained at a rating of '12' but officers had noted the successful recruitment of a Principal Accountant to the Council's Finance Team. As a result, they hoped to see this risk rating reduce at future meetings.
- 3924 – Financial resources may be insufficient to deliver the Strategic Plan – this risk had been increased to a rating of '20'; the highest risk in the IJB's risk register. Actions included ongoing financial monitoring with particular reference to the Q1 forecast. Financial information had been received from both partners and would be presented to IJB this week. The forecast was a significant projected overspend for the IJB at Q1, and this was one reason why the risk rating had increased. Discussions were underway with the Council around the passporting across to the IJB of any additional funding local authorities might receive to support the local authority pay settlement.
- 5279 – National Care Service – no change in the rating but the detail had been updated to note the recent announcement from the Scottish Government around partnership working. This risk would continue to be monitored.
- 3925 – Operational resources may be insufficient to deliver the Strategic Plan - this risk had increased to a rating of '12'. The mitigations included actions in relation to GP sustainability and this issue had been covered at the recent development session on primary care and prescribing. This risk would continue to be monitored.

Ms Flanagan responded to questions from Elizabeth Gordon. She said she was hopeful that the appointment of the Principal Accountant, who would have health and social care within their portfolio, would result in a return to monthly financial reporting from the Council. However, this had yet to be confirmed.

Ms Flanagan advised that she was not aware of any specific intervention by the Scottish Government around the passporting across of funding from local authorities to IJBs. However, there continued to be dialogue on this issue through various networks, including Local Authority Directors of Finance, CoSLA and the IJB Chief Finance Officer (CFO)/Section 95 Officer meetings. She added that discussions with East Lothian Council had been much more positive this year. There seemed to be a growing recognition that not passporting across funding to support all budgets (including budgets delegated to the IJB) was only increasing the level of projected overspend, the responsibility for which would default back to the IJB's partners.

Fiona Wilson responded to a question from the Chair around the arrangements for a replacement CFO, following Ms Flanagan's departure at the end of September. She confirmed that David King (a previous CFO) would take over the role on an interim basis while arrangements were put in place for the recruitment of a permanent replacement. However, there were some issues to resolve around the future of the post as the role might no longer be shared between Midlothian and East Lothian IJBs. Confirmation of Midlothian IJB's plans was awaited. In the meantime, officers from NHS Lothian and East Lothian Council would provide support to Mr King.

Responding to questions from the Chair on risk 3925, Ms Flanagan confirmed that the rating had been increased to '12' due to concerns around resource issues and their impact on the running of services. She acknowledged that this risk was quite volatile, given the nature of some of the services, and should there be a significant risk to the delivery of the Strategic Plan the issue would be brought to the earliest meeting of the Committee for further discussion. She reminded members that the Health & Social Care Partnership (HSCP) operational risk register would be presented to the Committee at its December meeting, which would allow for a review of operational risks and their associated mitigation measures.

Ms Gordon asked about the plans for the CFO role going forward, if it no longer involved Midlothian IJB. Ms Wilson confirmed that she would be considering what additional work could be added to the CFO role to make it a full-time position, as she was concerned that it might be difficult to recruit to a part-time post.

Ms Flanagan advised that the risk portfolio was not currently part of the CFO role, although these two portfolios had been combined by other IJBs. This would be something for future consideration. Ms Gordon acknowledged that it could increase the role, but it would also be necessary to consider the potential for conflict of interest.

Ms Flanagan replied to questions from Mr Binnie. She confirmed that the shortfall in funding from the Council was £250,000. She also advised that the risk associated with insufficient funds to cover pending pay awards was part of the wider financial sustainability risk within the IJB's risk register. Referring to the recent pay increase on the health side, following the 'Agenda for Change', she advised that extra funding had been provided by the Scottish Government to support the cost of this deal. In respect of the local authority pay deal in 2022/23, the additional funding provided had originally been passed to the IJB from East Lothian Council but this decision was later reversed, resulting in an additional financial challenge for the IJB. Negotiations on the local authority pay deal for 2023/24 had yet to conclude and the implications of any award would need to be kept under review. For the moment, dialogue was continuing with the Council to ensure that the IJB would get a share of any additional funding from Scottish Government to cover this pay deal.

The Chair asked Mr Binnie if he was content that this issue had been adequately covered at a strategic level and that more details would be included in the HSCP operational risk register. He said he was content with this approach.

## **Decision**

The Committee:

- i. Noted the risks on the current risk register; and
- ii. Considered if any further risks should be added to the register.

The Chair reminded members that this was Ms Flanagan's last Committee meeting before she moved onto her new role within NHS Lothian. She thanked her for all of her help and support and wished her well in her new post.

DRAFT

Signed .....

Fiona Ireland  
Chair of the East Lothian IJB Audit and Risk Committee





**REPORT TO:** East Lothian IJB - Audit and Risk Committee  
**MEETING DATE:** 5 December 2023  
**BY:** Interim Chief Finance Officer  
**SUBJECT:** 2022/23 Audited Annual Accounts

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## 1 PURPOSE

1.1 This report presents the IJB's annual accounts for 2022/23.

## 2 RECOMMENDATIONS

2.1 The Audit & Risk Committee is asked to:

- i. note the Independent Auditors review of the IJB's Annual Accounts; and
- ii. Recommend the approval of the annual accounts to the IJB.

## 3. BACKGROUND

3.1 As a body governed by section 110 of the Local Government Scotland Act (1973) and the appropriate regulations and subsequent Acts, the IJB must prepare a set of Annual Accounts. The accounts must fulfil the requirements of the Act and the regulations and must give a true and fair view of the IJB's financial position.

3.2 The accounts must then be reviewed by an Independent Auditor who will report their findings to this IJB's Audit & Risk Committee which will allow the auditors to bring any matters to the committee's attention. If there are no issues arising from the auditors' report then the committee can recommend acceptance and authorisation of the annual accounts.

3.3 In summary the auditor's report is unqualified - that is that the auditors consider that the accounts meet the regulations and requirements of the Act and that the accounts are a true and fair view of the IJB's financial position.

3.4 The accounts will be presented to the IJB for approval on 21<sup>st</sup> December 2023 and signed electronically.

## **4 ENGAGEMENT**

4.1 The IJB makes its papers and reports available on the Council's website.

## **5 POLICY IMPLICATIONS**

5.1 This paper is covered within the policies already agreed by the IJB.

## **6 INTEGRATED IMPACT ASSESSMENT**

6.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

## **7 RESOURCE IMPLICATIONS**

7.1 Financial – there are none.

7.2 Personnel – there are none.

## **8 BACKGROUND PAPERS**

8.1 None

<b>AUTHOR'S NAME</b>	David King
<b>DESIGNATION</b>	Interim Chief Finance Officer
<b>CONTACT INFO</b>	<a href="mailto:david.king4@nhslothian.scot.nhs.uk">david.king4@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	November 2023

## **Appendices**

1. IJB's Annual Accounts 2022/23





# **East Lothian Integration Joint Board**

## **Audited Annual Accounts 2022/23**

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## **Management Commentary**

### **Introduction**

The management commentary considers the work that the IJB has undertaken during the financial year 2022/23 and then describes the financial performance for the financial year ended 31 March 2023. It further provides an overview of the key messages relating to the role, remit, members, objectives and the strategy of the East Lothian Integration Joint Board (IJB).

### **Audit Arrangements**

Under arrangements approved by the Accounts Commission of Scotland, the auditor with responsibility for the audit of the accounts of East Lothian Integration Joint Board for the period 1 April 2022 to 31 March 2023 is John Boyd, Audit Director, Audit Scotland, 4th Floor, 8 Nelson Mandela Place, Glasgow G2 1BT.

### **The Role and Remit of the IJB**

The purpose of integration is to improve care and support and therefore the health and wellbeing outcomes for people who use health and social care services. It will make sure that they are listened to, involved and take part in decisions about their care and how it is delivered. It is a significant change in how the strategic planning and delivery of services happens with a range of partners – individuals, local groups and networks, communities and organisations, including patients, service users, carers and the third and independent sectors.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Local Authorities and Health Boards to integrate the strategic planning of a substantial number of health services and functions and most social care functions.

The functions delegated to the IJB by East Lothian Council and NHS Lothian are as follows:

- Adult Social Care
- Criminal Justice
- Primary Care Services (GP Practices, Community Dentists, Community Pharmacies and Community Opticians)
- Mental Health Services
- Physical and Learning Disabilities Services
- Community Health Services
- Community Hospital Services
- Unscheduled Care Services (services that are generally delivered from the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital)

The IJB sets the strategic direction for these delegated functions through the development of a Strategic Plan, to enable it to plan and deliver these strategic

outcomes at an overall health and social care level. It gives Directions to the Council and NHS Lothian for the operational delivery of functions and the resources available to them for this.

East Lothian IJB is an Integration Authority set up under the Public Bodies (Joint Working) Act (2014). It is a 'body corporate', that is a separate legal entity. The IJB is constituted through its Integration Scheme which was prepared by East Lothian Council and NHS Lothian and presented to Scottish Ministers in March 2015.

### **Review of the IJB's Integration Scheme**

During 2021 East Lothian Council and NHS Lothian Council drafted a new scheme which has been out for consultation and approved by both Council and the Health Board. The scheme was approved by Scottish Ministers in May 2023.

### **The Strategic Plan**

The strategic plan of each IJB must be reviewed and approved by the IJB every 3 years. East Lothian IJB approved its third Strategic Plan on 15 September 2022, this covers 2022 to 2025. A link to the plan is below:

[Link: Strategic Plan](#)

The process of monitoring the progress of the Strategic Plan and the development of that plan is managed by the IJB's Strategic Planning Group. This group is supported by seven change boards reflecting on the IJB's strategic priority areas for change.

These focus on: primary care, adults with complex needs, mental health and substance use, shifting care from acute hospitals to the community, support to carers, community hospitals and care homes and care at home.

### **IJB Membership**

The IJB comprises eight voting members, made up of four elected members appointed by East Lothian Council and four NHS Lothian non-executive directors appointed by NHS Lothian. There are a number of non-voting members of the Board, including the IJB Chief Officer, Chief Finance Officer, medical and nursing professional advisors, representatives for Carers and third party organisations and staffing representatives.

The IJB met virtually 7 times during the financial year 2022/23. The membership of the IJB as at March 2023 was as follows:

<b>Member</b>	<b>Nominated/Appointed by</b>	<b>Role</b>
Peter Murray	Nominated by NHS Lothian	Chair (voting member)
Councillor Shamin Akhtar	Nominated by East Lothian Council	Vice Chair (voting member)
Fiona Wilson	Appointed by IJB	Chief Officer (non-voting member)
Claire Flanagan	Appointed by IJB	Chief Finance Officer (non-voting member)
Fiona Ireland	Nominated by NHS Lothian	Voting Member, Chair of Audit & Risk Committee
Elizabeth Gordon	Nominated by NHS Lothian	Voting Member
Val de Souza	Nominated by NHS Lothian	Voting Member
Councillor Carol McFarlane	Nominated by East Lothian Council	Voting Member
Councillor Lyn Jardine	Nominated by East Lothian Council	Voting Member
Councillor Lachlan Bruce	Nominated by East Lothian Council	Voting Member
Vacant	Appointed by IJB	Independent sector representative (non-voting member)
Maureen Allan	Appointed by IJB	Third sector representative (non-voting member)
David Binnie	Appointed by IJB	Carer representative (non-voting member)
Marilyn McNeill	Appointed by IJB	Service-user representative (non-voting member)
Dr Claire Mackintosh	Nominated by NHS Lothian	Medical Consultant (non-voting member)
Vacant	Appointed by IJB	ELC Staff Representative (non-voting member)
Judith Tait	Nominated by East Lothian Council	Chief Social Work Officer (non-voting member)
Thomas Miller	Appointed by IJB	NHS Staff Representative (non-voting member)
Dr John Hardman (replacing Dr John Turvil)	Nominated by NHS Lothian	Acting Clinical Director (non-voting member)

<b>Member</b>	<b>Nominated/Appointed by</b>	<b>Role</b>
Iain Gorman	Appointed by IJB	Head of Operations (non-voting member)
Lorraine Cowan	Nominated by IJB	Chief Nurse (non-voting member)
Dr Wendy Hale	Appointed by the IJB	Specialist in Substance Abuse (non-voting member)
Dr Philip Conalglan	Appointed by IJB	Public Health (non-voting member)

### **The IJB’s Operations for the Year**

The IJB categorises its budgets into three broad areas which reflect the funding models of the partners and the financial reporting to the IJB from the partners.

#### **Core Services**

These are the local health and social care services within East Lothian and they are delivered by the Health and Social Care Partnership (HSCP) which is a joint arrangement between East Lothian Council and NHS Lothian. The HSCP provides these local core services.

#### **Hosted Services**

These being delegated functions that are delivered by other parts of NHS Lothian – for example in-patients mental health services provided at the Royal Edinburgh Hospital in Edinburgh.

#### **Set Aside Services**

These being delegated functions provided by NHS Lothian managed by its Acute Division.

#### **Performance**

The IJB delivers its Strategic Plan through its directions to its partners and monitors the performance against these directions through the Strategic Planning Group and reports to the IJB. The IJB produces an annual performance report (as required by the Scottish Government) which lays out its ambitions, achievements, and a range of performance indicators.

The IJB Strategic Objectives for 2022-25 (and examples of work carried out) are as follows –

## **Strategic Objective 1 – Develop services that are sustainable and proportionate to need**

During 2022/23 the IJB:

- Carried out an extensive ‘Planning for an Ageing Population’ exercise.
- Continued to invest in and develop Intermediate Care Services in East Lothian. Examples of Intermediate Care Services in East Lothian include:
 

<ul style="list-style-type: none"> <li>▪ Hospital to Home</li> <li>▪ Hospital at Home</li> <li>▪ Discharge to Assess</li> </ul>	<ul style="list-style-type: none"> <li>▪ Care at Home</li> <li>▪ Falls Services</li> <li>▪ Emergency Care Service</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community Respiratory Pathway</li> <li>▪ Musculoskeletal Physiotherapy</li> </ul>
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- Increased the number of Care at Home hours provided directly by over 1,000 additional hours a week.
- Continued to develop the Integrated Care Allocation Team (ICAT).
- Set up a ‘Daily Flow Huddle’ to reduce delays for people leaving hospital. The introduction of the Daily Flow Huddle helped to reduce delayed discharge from a high of 39 days in July 2022 to an average of 5 days by the end of the year.
- Delivered an Inreach pilot project involving East Lothian AHPs<sup>1</sup>. The Inreach project aimed to both prevent admission and reduce the length of hospital stay. The Inreach Pilot contributed to a reduction in Length of Stay from 16 days to 5 days for patients seen by the team and helped reduce admissions from 51.3% to 48.8%. 1,320 bed days were saved over the lifetime of the Pilot.
- Developed and delivered an Action Plan to reduce the number of East Lothian inpatient mental health bed days. Delivery of the Action Plan led to fewer admissions and reduced the average Length of Stay from a high of 20 days (July 2022) to 9 days (December 2022).

Also

- The emergency admission rate for East Lothian adults fell from 10,428 to 9,358 (per 100,000), the lowest rate in 6 years.
- Emergency bed day rates fell from 115,048 in 2021/22 to 114,891 in 2022/23.
- The number of days people aged 75+ spent in hospital when they were ready to be discharged was 206 (per 1,000 population). This compared favourably to the Scottish rate of 919 per 1,000 population).

## **Strategic Objective 2 – Deliver new models of community provision, working collaboratively with communities**

During 2022/23 the IJB:

- Continued to make significant progress in delivering the Community Transformation Programme.
- The Resource Coordinator Team continued to grow, supporting more people with learning disabilities to access community-based activities, and expanding to cover Dunbar and North Berwick areas.
- Development of Neighbourhood Networks saw the introduction of a new network in Dunbar and a network based in Musselburgh for young people moving to adult services.
- The East Lothian Community First Service was launched to provide support to people struggling with their health and wellbeing, helping them to access community services. Over 170 people benefited from the Community First service from October 2022 to March 2023. Support is provided by a combination of staff and volunteers - eighteen volunteers were involved in the first 6 months of the service, providing around 360 hours of support.
- East Lothian's first Meeting Centre opened in Musselburgh, providing innovative, peer and carer led, community-based support for people with mild to moderate dementia and their families and friends.
- A new employability support service was introduced to support people with complex mental health needs into employment.
- The IJB developed a new Participation and Engagement Strategy.

## **Strategic Objective 3 – Focus on prevention and early intervention**

- East Lothian Rehabilitation Service (ELRS) continued to develop the range of services it delivers across East Lothian.
- The Smart TEC (Technology Enabled Care) service made use of technology to enable people to remain as active, independent, and safe as possible in their own homes and in the wider community.
- A new East Lothian Exercise Pathway has been developed to engage people in physical activity, and to maintain this participation over the longer-term.
- The use of the ELRS Single Point of Contact (SPOC) phonenumber grew over the year. Almost 41,500 calls have been handled since the phonenumber was launched in June 2021.



- A new digital platform, ‘Access to a Better Life in East Lothian’ was launched in March 2022, providing information and tools to support people to manage their own health and wellbeing.
- Improving the prevention and management of falls is a strategic delivery priority for the IJB. A new East Lothian Falls Service and a Falls Project Manager post were introduced during 2022/23, leading to the development of a new, integrated Falls Pathway. There were over 1,000 referrals to the new Falls Service from October 2022 to March 2023.
- Our CWIC (Care When it Counts) Mental Health service provides easily accessible support for people with a range of mental health issues  
CWIC MH delivered over 6,000 appointments during 2022/23.
- Work to develop a new Distress Brief Intervention (DBI) service took place during 2022/23.
- The MELD (Midlothian and East Lothian Drugs) Contact Service provides information and advice regarding substance use, and support with accessing Substance Use Services.

#### **Strategic Objective 4 – Enable people to have more choice and control and provide care closer to home**

- The IJB continued to develop the primary care services delivered directly by East Lothian HSCP, these include:
  - Primary Care Vaccination Team.
  - Community Treatment and Care (CTAC) service.
  - Pharmacotherapy Service.
  - Care When It Counts (CWIC) service.
  - Musculoskeletal (MKS) direct access service.
  - Link Worker Service.
- The IJB increased the number of weekly appointments offered by our Care When it Counts (CWIC) service.
- The IJB ensured that the Pharmacotherapy Team supports all 15 East Lothian GP practices.
- The IJB directed the continued growth of the outpatient services and clinics offered at East Lothian Community Hospital (ELCH). The number of outpatients seen at ELCH has grown from around 30,000 in the last years of Roodlands Hospital to just over 55,000 in 2022/23 (a 60% increase).
- The Endoscopy and Day Service Unit continued to develop teaching and training at the hospital’s state-of-the-art facilities and lecture theatre.

- The IJB directed new operating model within Adult Social Work (introduced in 2021) continued to reduce the time people waited for a social work assessment. The new model is designed so that as many cases as possible being dealt with by our Duty system at the ‘first point of contact’, rather than people being added to a waiting list. By the end of 2022/23, this approach had reduced the waiting list for assessment to zero.
- Engagement took place in relation to the development of two new strategies – the East Lothian Dementia Strategy and the East Lothian Carers Strategy.
- The Hardgate short breaks service increased the number of places available, with 9 people able to benefit from the service by the end of the year.
- The IJB continued to develop our approach to providing palliative and end-of-life care.

### **Strategic Objective 5 – Develop and embed integrated approaches and services**

- The enhanced Learning Disability (LD) service continued to deliver better outcomes for local people. The enhanced service brings together Learning Disability Social Work and other HSCP teams have been brought together to enable an integrated, multidisciplinary approach to support more complex and high risk learning disability patients, especially those with significant health needs or mental health issues.
- The IJB identified reviewing patient pathways as one of our delivery priorities under Strategic Objective 5. The term ‘patient pathways’ refers to the journey from a person’s initial contact with a service, through to their subsequent interaction with the service and related services, through to discharge if / when appropriate.
- Development of a dedicated multidisciplinary Neurodevelopmental Pathway and clinics. An ADHD (Attention Deficit Hyperactivity Disorder) Patient Pathway has been introduced as the first phase of this work, with a dedicated Consultant having been recruited to support this.
- The IJB continued to develop a strong, collaborative approach to supporting young people as they move from child to adult services.

### **Strategic Objective 6 – Keep people safe from harm**

- The IJB directed the Adult Support and Protection (ASP) Service to continue to work with partners to keep adults in East Lothian safe from harm. There was an increase in activity for the service over the year.
- The IJB supported progress in the implementation of MAT (Medically Assisted Treatment) Standards in East Lothian.

### Strategic Objective 7 – Address health Inequalities

- A Strategic Needs assessment was completed during 2022-23. This will inform the development of the Strategic Plan.
- During 2022/23 we developed an Integrated Impact Assessments (IIAs) improvement plan. IIAs are carried out by public bodies to determine whether proposals are likely to have an unfair or negative impact on particular groups in the community.

The core components and key developments for 2022/23 are summarised above and further detail is included in the Annual Performance Report. The Annual Performance Report includes key performance indicators and comparators and is published at the following link [East Lothian IJB Annual Performance Report 2022 to 2023](#).

### The IJB’s Position at 31 March 2023

For the year ending 31 March 2023, the IJB recorded a deficit of £10,167,000. The costs incurred in delivering the IJB’s functions, by East Lothian Council and NHS Lothian, were more than the income that the IJB received from NHS Lothian and East Lothian Council. However, the IJB has reserves it had built up in 2021/22 specifically for the purpose of underpinning expenditure in 2022/23 and it has used these reserves to support this in-year deficit.

	<b>Income £000’s</b>	<b>Expenditure £000’s</b>	<b>Variance £000’s</b>
East Lothian IJB	£204,552	£214,719	(£10,167)

- The IJB generated a surplus in 2021/22. The surplus was the result of funding being allocated by the Scottish Government during 2021/22 for use in 2022/23. A significant proportion of this equated to the Covid funding allocation. Therefore, the deficit is a result of the IJB incurring expenditure against its earmarked reserve.
- The IJB’s financial performance against its “in year” delegated budgets resulted in a surplus of £282,000 within Social Care.
- The health budgets of the IJB generated an overspend of £31,000 and as a result non-recurring financial support was provided by NHS Lothian to ensure a balanced financial position.

Although underspent the IJB still has financial challenges in areas such as General Medical Services and prescribing budgets due to rising prices and demand plus significant financial challenges within our Social Care learning disabilities budget where care packages are complex and expensive.

### COVID-19

During the pandemic, East Lothian, in line with Scottish Government guidance, stepped up a range of services to support the continued system wide response to Covid.

The cost projections associated with these services, through the Scottish Government Local Mobilisation Plan (LMP), were reported to the IJB. During the 2020/21 to 2022/23 financial years the associated costs were funded by designated Covid funding. The COVID related expenditure for the HSCP during 2022/23 was £5,549,000, the COVID reserve was entirely utilised by 31 March 2023; with the balance of earmarked funding £3,633,000 being reclaimed by Scottish Government.

The Scottish Government confirmed the funding would not be available in the 2023/24 financial year. In response, a Covid decommissioning assessment and reprioritisation of funding exercise was undertaken. The result of this exercise has allowed funding streams to be assessed and reprioritised to ensure both clinical and financial sustainability of these services.

## Reserves

The movement in the IJB’s reserves and the makeup of that reserve is detailed below. In summary the balance in the IJB’s reserves on 31 March 2023 is £10,122,000. This is made up of £5,092,000 for earmarked reserves and £5,030,000 of uncommitted reserves.

	Opening £000's	In Year £000's	Closing £000's
Covid	9,182	(9,182)	0
Other Earmarked	6,297	(1,205)	5,092
Uncommitted	4,810	220	5,030
	<b>20,289</b>	<b>(10,167)</b>	<b>10,122</b>

Elements of the reserve are for very specific projects and the IJB will be encouraging the partners to progress these projects, however some elements (for example Additional Capacity in Care at Home) will support broader work and the IJB is committed to ensuring that the earmarked funds which can be appropriately used to develop the IJB’s services are used in that way. Further detail on the reserves can be found in Note 4 in the statements.

## Analysis of the Financial Statements

The financial statements are all presented on a net basis and the table below summarises the income and expenditure for the IJB for 2022/23. The health and social care budgets in the table are the funding contributions received as income by the IJB, as shown in the Comprehensive Income and Expenditure Statement. The table shows the services delegated and that the IJB used £10,449,000 of earmarked reserves to fund health services during the year and added £282,000 to reserves due to an underspend on social care services.

	<b>Budget Health £000's</b>	<b>Budget Social Care £000's</b>	<b>Expenditure Health £000's</b>	<b>Expenditure Social Care £000's</b>	<b>Variance £000's</b>
<b>Direct East Lothian Services</b>					
Community AHPS	6,176		5,868		308
Community Hospitals	14,560		14,048		512
District Nursing	3,127		2,964		163
General Medical Services	19,229		19,578		-349
Health Visiting	2,207		2,106		101
Mental Health	6,160		6,302		-142
Other	1,415		58		1,357
Prescribing	21,279		22,342		-1,063
Resource Transfer <sup>(1)</sup>	4,969		4,969		0
Older People		34,008		33,693	315
Mental Health		2,226		2,549	-323
Physical Disabilities		2,755		2,894	-139
Learning Disabilities		17,923		18,756	-833
Planning and Performance		3,159		3,140	19
Other		7,789		6,828	961
<b>Share of Pan Lothian</b>					
Set Aside <sup>(2)</sup>	24,764		25,960		-1,196
Mental Health	2,871		3,122		-251
Learning Disabilities	1,606		1,624		-18
Rehabilitation	1,137		940		197
Sexual Health	911		928		-17
GP OOH	1,593		1,676		-83
Psychology	1,580		1,584		-4
Substance Misuse	592		567		25
Allied Health Professions	1,888		1,765		123
Oral Health	1,626		1,565		61
Other	4,665		4,420		245
Pharmacy <sup>(3)</sup>	4,596		4,596		0
Ophthalmology <sup>(3)</sup>	2,093		2,093		0
Dental <sup>(3)</sup>	7,617		7,617		0
Non Recurring NHSL support	31		0		31
SCF <sup>(4)</sup>	6,216	-6,216	6,216	-6,216	0
Transfer In/Out of Reserves			10,449	-282	-10,167
<b>Per Accounts</b>	<b>142,908</b>	<b>61,644</b>	<b>153,357</b>	<b>61,362</b>	<b>-10,167</b>

## Budget & Expenditure Notes

1. Resource Transfer are funds for specific purposes which are transferred from health to social care. However, these remain part of the health budget and are reported there.
2. Set Aside is the budget for those functions delegated to the IJB which are managed by the Acute Services management teams within NHS Lothian; These services are:
  - Accident and Emergency
  - Cardiology
  - Diabetes
  - Endocrinology
  - Gastroenterology
  - General Medicine
  - Geriatric Medicine
  - Rehabilitation Medicine
  - Respiratory Medicine
  - Various ancillary support services for the above.

These services are delivered at the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital.

3. In the Health system, expenditure to support the delivery of community dentistry, community opticians and community pharmacists is termed as 'non cash limited' (NCL) but is clearly part of the delivery of primary care services and these functions are delegated to the IJB. However, being NCL there is no budget as such but any expenditure incurred is supported in its entirety by the Scottish Government. The NCL values are not part of the budget setting process, there being no budget, but NHS Lothian has matched the NCL expenditure with income to cover this expenditure.
4. The Social Care Fund (SCF) is a resource which the Scottish Government has directed to the IJB through NHS Lothian and is shown as health funds in the accounts. However, these funds are then transferred to the Council and used to support the delivery of social care services and the analysis above reflects this.

The charges (shown as expenditure above) made by East Lothian Council to the IJB are the net direct costs incurred in the delivery of social care services in East Lothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the core services (those services specifically for and delivered by the East Lothian HSCP) are based on the net direct actual costs incurred in East Lothian. However, charges for hosted and set aside services (those services which are not generally managed by the East Lothian Partnership and are delivered on a pan-Lothian basis) are based on the total actual costs for these services shared across four IJBs per the budget setting model. The IJB share of the total actual costs incurred in 2022/23 for hosted services is 12% and, generally, 12% of the Lothian element of the set aside budgets and the non-cash limited budgets.

## Consideration of the 2023/24 Financial Position

The IJB faced challenges balancing its budget for 2023/24.

In March 2023 the IJB considered the budget offer from East Lothian Council. Given the offer was not in line with the parameters set by Scottish Government, the IJB voted to not accept this budget offer from the Council. At the IJB in May 2023, there was no change in the budget offer from East Lothian Council, therefore the IJB noted the further financial recovery action required to balance the budget for 2023/24 and mitigate the reduction in the East Lothian Council offer.

## Consultation on the National Care Service

The Scottish Government continued their consultation on the proposal to set up a National Care Service. The consultation process aimed to support the development of the Bill and under the current proposals IJBs will be reformed into local care boards, accountable to Scottish Ministers. In March 2023, MSPs voted to formally postpone the Bill to establish the National Care Service for Scotland until the end of June 2023.

## Key risks, challenges, and uncertainties

The three main pressures faced by East Lothian are:

- The growing demand for services, both locally and in Acute sites, driven by population growth and the changing needs of the population.
- the lack of available workforce; and
- the challenging financial landscape.

Health and Social Care will regularly update the IJB with detailed transformations plans on reshaping services to meet the needs of the population. The challenge for the IJB is to transform the delivery of its delegated functions to ensure both clinical and financial sustainability.

## A growing and ageing population

East Lothian's population is one of the fast growing in Scotland, this was evidenced by the population estimates released by the National Records of Scotland (NRS). The published findings projected that between 2018 and 2028, the population of East Lothian is to increase from 105,790 to 113,403. This is an increase of 7.2%, which compares to a projected increase of 1.8% for Scotland as a whole. This projection compounds the previous growth between 2001 and 2021, in this period the population of East Lothian increased by 21.5%. This was the highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 8.2%.

The average age of the population of East Lothian is projected to increase. The 75 and over age group is projected to see the largest percentage increase (+32.6%). As people live longer many more people will be living at home with frailty and/or dementia and/or multiple health conditions. This will pose challenges for all our

health and social care services whilst also changing the face of some of the local communities.

Source Information - [Link to NRS](#)

### **Workforce pressures**

Both the NHS and the Local Authority are experiencing a shortage of care professionals. The pressure spans over various disciplines, including medical staff, nurses, allied health professionals, social workers, and carers. The demand for services often exceeds the available workforce, leading to increased workloads and potential strains on the system.

Addressing these challenges requires a multifaceted approach, including robust workforce planning, recruitment, and retention strategies. In response, East Lothian is piloting new approaches and has used promotional videos and held recruitment days to provide a better understanding of services and promote working in East Lothian.

### **Acute hospitals**

The Acute hospitals that support the population of East Lothian (The Royal Infirmary of Edinburgh and the Western General Hospital) remain under significant demand pressures as do other social care and health services, in a financially challenging environment. The IJB will continue to support community-based alternatives that will minimise avoidable admissions and facilitate discharges to help improve system flow.

### **The challenging financial landscape**

The Scottish Government, in setting its budget, highlighted that there is significant financial challenge ahead with limited resources available. The challenge impacts across the whole of the Public Sector and the IJB understands the pressures faced by NHS Lothian and East Lothian Council with increasing costs and constrained funding. The IJB must ensure its own financial sustainability, reported through the IJB's medium term financial plan. The plan shows significant financial gaps therefore a focus will need to be put on financial recovery to ensure the sustainability of services – tough decisions, service redesign and transformation will be critical.



**Shamin Akhtar**  
Chair

**Fiona Wilson**  
Chief Officer

**David King**  
Interim Chief Finance Officer

## **Statement of Responsibilities**

### **Responsibilities of the Integration Joint Board**

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief finance officer
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003)
- Approve the Annual Accounts for signature.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 14<sup>th</sup> December 2023.

Signed on behalf of East Lothian Integration Joint Board.

**Shamin Akhtar**  
Chair

## **Responsibilities of the Chief Finance Officer**

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and then applied them consistently
- Made judgements and estimates that were reasonable and prudent
- Complied with legislation
- Complied with the local authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which were up to date
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the East Lothian Integration Joint Board at the reporting date and the transactions of the East Lothian Integration Joint Board for the year ended 31 March 2023.

**David King**  
Interim Chief Finance Officer

## **Remuneration Report**

### **Introduction**

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements and with the auditor's knowledge and is otherwise not misleading.

### **Remuneration: IJB Chair and Vice Chair**

The voting members of the IJB are appointed through nomination by East Lothian Council and NHS Lothian Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair nor the Vice Chair appointments had any taxable expenses paid by the IJB in 2022/23.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

NHS Lothian remunerates its non-executive members on a notional day basis. That is they are paid a fixed annual amount which is considered to represent payment for one day a week. Those non-executive members of the NHS Lothian Board, who are also Chairs or Vice Chairs of IJBs, are given an additional day's remuneration per week in recognition of the additional time required to undertake those roles. Peter Murray, as a non-executive member of NHS Lothian Board who was also the Chair of East Lothian IJB, has received an additional day's remuneration specifically for his role as Chair of the IJB in 2022/23. This remuneration is £9,030 per annum.

East Lothian Council does not remunerate the Chair or Vice Chair roles of East Lothian IJB. Councillor Shamin Akhtar did not receive remuneration for her IJB role.

### **Remuneration: Officers of the IJB**

The IJB does not directly employ any staff in its own right, however, specific post-holding officers are non-voting members of the Board.

### **Chief Officer**

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally

second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer’s employment are approved by the IJB.

The Chief Officer of the IJB was Alison MacDonald until end of June 2022, Alison was replaced by Fiona Wilson from July 2022. Fiona has a joint role as Director of Health and Social Care for East Lothian Council and the Joint Director of the East Lothian Partnership. As in previous years it has been agreed, 50% of total remuneration is to be shown in the accounts of the IJB as the remuneration as the Chief Officer of the IJB.

### **Chief Finance Officer**

Although the costs of the Chief Finance Officer are not included in the charges made to the IJB by either partner, given the S95 role of the Chief Finance Officer and in the interests of transparency, the remuneration of the Chief Finance Officer is included below. During 2022/23 the Chief Finance Officer was Claire Flanagan. The Chief Finance Officer is employed by NHS Lothian and has three roles – the IJB’s Chief Finance Officer, the Chief Finance Officer of Midlothian IJB and an operational role in the NHS Lothian finance team as a Finance Business Partner. On that basis, one third of the total remuneration for Claire Flanagan is shown below.

### **Other Officers**

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

<b>Total for 2021/22 £</b>	<b>Senior Employees Salary, Fees &amp; Allowances</b>	<b>Total for 2022/23 £</b>
53,692	Alison MacDonald, Chief Officer (to 19/06/22)	13,531
n/a	Fiona Wilson, Chief Officer (from 27/06/22)	38,887
9,644	Claire Flanagan, Chief Finance Officer	25,694
14,047	David King, Interim Chief Finance Officer (to 31/05/2022)	3,205

Note 1: Alison MacDonald full year equivalent £61,658

Note 2: Fiona Wilson full year equivalent £49,320

Note 3: David King was Interim Chief Finance Officer until Claire Flanagan returned from maternity leave.

In respect of officers’ pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

### **Pension Disclosure**

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their

role on the IJB. The following table shows the IJB’s funding during the year to support officers’ pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer’s own contributions.

	Employer Pension Contributions For year to			Accrued Pension Benefits at	
	31/03/2022 £k	31/03/2023 £k		31/03/2022 £k	31/03/2023 £k
Alison MacDonald	22	24	Pension	17	20
			Lump Sum	13	8
Claire Flanagan	17	18	Pension	18	21
			Lump Sum	27	29
Fiona Wilson	<i>n/a</i>	20	Pension	<i>n/a</i>	31
			Lump Sum	<i>n/a</i>	86

### Disclosure by Pay Bands

Pay band information is not separately disclosed as all staff pay information has been disclosed in the information above.

### Exit Packages

The IJB did not support nor did it direct to be supported by its partners for any exit packages during 2022/23 or 2021/22.

**Shamin Akhtar**  
Chair

**Fiona Wilson**  
Chief Officer

## **Annual Governance Statement**

### **Purpose**

The annual governance statement lays out how East Lothian Integration Joint Board (the ELIJB) complies with the Local Code of Corporate Governance and sets out the framework within which the ELIJB has put in place proper financial and governance arrangements for the conduct of its business affairs. This will facilitate the effective exercise of its functions, ensuring that appropriate arrangements are in place for the management of risk and that appropriate systems of internal control are in place.

### **Scope of Responsibility**

ELIJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards. This is to allow the public funds at its disposal to be safeguarded and used efficiently and effectively in pursuit of best value.

Board members, including the Chief Officer and the Chief Finance Officer, are responsible for the governance of the business affairs of the ELIJB. This includes setting the strategic direction, vision, culture and values of the ELIJB and establishing appropriate and cost effective systems, processes and internal controls to allow the strategic objectives to be delivered.

In order to achieve this, the ELIJB follows the principles of corporate governance based on the CIPFA/SOLACE Framework and Guidance on ‘Delivering Good Governance in Local Government’.

The ELIJB Local Code of Corporate Governance details 7 core principles which are supported by 20 sub-principles and 91 behaviours and actions that demonstrate good governance. Elements of good governance included are:

- Ensuring Board and Committee members behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the ELIJB;
- Creating the conditions to ensure that all ELIJB members and the ELIJB’s partners (East Lothian Council and NHS Lothian) are able to fulfil their responsibilities in accordance with legislative and regulatory requirements;
- Having a clear vision, which is an agreed formal statement of the ELIJB’s purpose and intended outcomes which provide the basis for the ELIJB’s overall strategy, planning and other decisions, the ELIJB Strategic Plan was agreed by the ELIJB in September 2022 to run from October 2022 to March 2025;
- Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources and to ensure best value is achieved, the ELIJB Workforce Plan 2022-2025 was endorsed for publication by the ELIJB in February 2023;
- Evaluating and monitoring risk management and internal control on a regular basis, with ELIJB risk register being monitored at every ELIJB Audit and Risk Committee;
- Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the ELIJB’s Chief Internal Auditor, as monitored through the ELIJB Audit and Risk Committee. These assurance arrangements comply with the CIPFA Statement on the role of the Head of Internal Audit

- Ensuring an audit committee, which is independent of the Board and accountable to the IJB, provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment and that its recommendations are listened to and acted upon.
- Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and providing an Annual Report which includes an action plan for improvement and evidence to demonstrate good governance (the annual governance statement); and
- Ensuring that recommendations for corrective action made by the external auditor are acted upon.

ELIJB Audit & Risk Committee approved the ELIJB adoption of the CIPFA Financial Management Code in March 2022. This was further approved by the ELIJB in December 2022 with a report demonstrating that ELIJB meets all of the requirements of the code as considered applicable to ELIJB. ELIJB's financial management arrangements conform to the requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government. The Chief Finance Officer has overall responsibility for the ELIJB's financial arrangements and is professionally qualified and suitably experienced.

The ELIJB is responsible for conducting each financial year, a review of the effectiveness of its governance framework, including risk management and the systems for internal control and financial control. The review of the effectiveness of the ELIJB's governance framework is informed by:

- The work of the ELIJB Board, the Strategic Planning Group, and the Audit and Risk Committee;
- The annual assurances that are provided by the ELIJB Chief Officer and the Chief Finance Officer;
- The ELIJB Chief Internal Auditor's annual assurance report which is based on internal audit work completed during the year;
- Reports from the ELIJB's external auditor;
- Reports from other external review bodies, agencies and inspectorates.

The key governance arrangements and controls are set out in the Local Code of Corporate Governance.

### **Statutory and other Compliance**

ELIJB ('the Board') has secured compliance with statutory and other requirements, as follows:

- Membership - its minimum membership (voting and non-voting) is set by statutory instrument, with the power to appoint additional members as it sees fit. The Board's statutory membership is fully populated;
- Standing Orders - the Board is required by statutory regulations to have Standing Orders to regulate its business, with some aspects stipulated in those regulations. Standing Orders were adopted at the ELIJB's inaugural meeting and were subsequently amended on 26 March 2020 as part of COVID-19 recess procedures. They comply with statutory requirements;



- Committees - the Board has established an Audit and Risk Committee with a detailed remit and powers and with the membership clearly defined. This complies with statutory requirements and with the Board's Standing Orders. The Audit and Risk Committee complies in all material respects with the CIPFA Position Statement Audit Committees Practical Guidance for Local Authorities as discussed at the September 2022 ELIJB Audit & Risk Committee, however a further review of members knowledge and experience and the potential for further independent members is being undertaken during 2023/24;
- Meetings - the Standing Orders adopted by the Board allow the public to have prior access to meeting agendas and reports, and to attend meetings of the Board and its committees, except in clearly defined and limited circumstances. During the 2022/23 year meetings have been held remotely via Teams. Local press representatives have been invited to meetings and the meetings recorded and made available publicly to meet these commitments;
- Strategic Plan - the Board established its Strategic Planning Group as required by legislation, with Terms of Reference approved by the Board covering membership, meetings and meetings procedures. Meetings have continued to be held remotely throughout the year;
- Annual Performance Report – ELIJB produces an Annual Performance Report, with the last report being published covering the year 2022/23. In line with Scottish Government guidance, the report included details of performance in relation to the Core Integration Indicators and additional Ministerial Steering Group indicators and financial performance;
- Officers - the Board continues to appoint a Chief Officer and a Chief Finance Officer as required by the legislation. A Chief Internal Auditor is also appointed to carry out the Board's internal audit requirements and assist its Audit and Risk Committee;
- Finance - financial control processes continued as normal during the 2022/23 financial year with the Board receiving regular Financial Update reports, a Medium Term Financial plan was approved by ELIJB in December 2022, however assumptions may need to be reconsidered as result of the budget setting process for 2023/24
- Budget Setting 2023/24 – ELIJB Agreed as part of the Finance Update in March 2023 not to accept the IJB budget offer from East Lothian Council, as it is not in line with the parameters set by Scottish Government. In May 2023 the ELIJB agreed to accept the IJB budget offer from NHS Lothian and note the further financial recovery action required to mitigate the £0.25million financial gap for ELIJB for 2023/24. Work is ongoing in delivering recovery action to create a balanced budget for the current financial year.
- Code of Conduct - the Board adopted a Code of Conduct based on the existing Model Code for Members of Devolved Public Bodies in Scotland which came into effect on 7<sup>th</sup> December 2021, and members have registered their interests according to that Code. The revised Code of Conduct was approved for adoption by the ELIJB in June 2022.
- ELIJB has assurances from both East Lothian Council and NHS Lothian that both partner organisations have arrangements in place in relation to counter fraud and anti corruption that are in accordance with the CIPFA code of practice on Managing the Risk of Fraud and Corruption.

The ELIJB Chief Internal Auditor has responsibility for the provision of Internal Audit services to the ELIJB and reports functionally to the ELIJB Audit and Risk Committee

to allow appropriate independence. The ELIJB Chief Internal Auditor is professionally qualified and suitably experienced to lead and direct the Internal Audit team.

The ELIJB Chief Internal Auditor concluded that based on the work undertaken in 2022/23 reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the period to 31 March 2023, but noted areas for further development. These improvements are reflected below.

## Action Plan

During 2022/23, areas identified with scope for improvement included the following:

- Recruitment to the Strategic Planning Group to ensure that all statutory groups are represented and regular attendance from all group members are to be encouraged to ensure appropriate representation from across the community has been completed where possible by September 2023 and attendance will continue to be monitored.
- The IJB had a requirement to develop a medium term Financial Plan which has now been completed for 2022/23 to 2026/27, and approved in December 2022. The plan however noted the future work required to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance. Regular financial reporting has then been provided to the IJB at every meeting. The March 2023 Budget Offer from Partners Paper outlined that *“with a £6.1m projected overspend next year and £5.9m of financial recovery plans there remains a £0.250m financial gap that the IJB requires to decide how this is mitigated.”* And *“within the financial recovery assumptions above, even after the identification of financial recovery plans there was still a financial gap within prescribing and set aside services.”* A recovery action on the remaining £0.250m was identified for noting to the IJB in May 2023. The current challenges highlight that further and ongoing work to continue to refine the financial plan will be required moving forwards to demonstrate appropriate provision of resources to implement the ELIJB strategic plan.
- In developing the IJB workforce plan 2022-25 a comprehensive skills gap analysis has not yet been completed, therefore the Board cannot yet determine the upcoming workforce demands and develop the appropriate recruitment and training strategies to address current and future skills gaps within the workforce, this was planned to be completed by August 2023, however this remains ongoing with an expectation of completion by December 2023.

The implementation of these actions to enhance the governance arrangements in 2023/24 will be driven and monitored by the ELIJB Chief Officer in order to inform the next annual review. Internal Audit work planned in 2023/24 is designed to test improvements and compliance in governance and implementation of agreed recommendations. Progress has been made against all actions noted in the 2021/22 annual governance statement and monitoring to completion is undertaken by Internal Audit, with specific details as follows:

- The ELIJB Risk Management Policy and Strategy was reviewed updated and then approved by the ELIJB Audit & Risk Committee in December 2022.
- Financial Reporting to EIJB returned to a consistent basis in reporting projected financial outturns in September 2022 this had been impacted by the fast changing nature of the COVID-19 additional funding elements for both partners.
- Evaluation structures monitoring against the strategic objectives set for the East Lothian Community Hospital were reintroduced in September 2022 following recovery process from the COVID-19 pandemic.

It is our opinion, subject to the weaknesses outlined above, that reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the year to 31 March 2023.

**Shamin Akhtar**  
Chair

**Fiona Wilson**  
Chief Officer

## **Independent Auditor’s Report**

# **Independent auditor’s report to the members of East Lothian Integration Joint Board and the Accounts Commission**

## **Reporting on the audit of the financial statements**

### **Opinion on financial statements**

I certify that I have audited the financial statements in the annual accounts of East Lothian Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the body as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

### **Basis for opinion**

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor’s responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 2 December 2022. My period of appointment is five years, covering 2022/23 to 2026/27. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council’s Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

## **Conclusions relating to going concern basis of accounting**

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

## **Risks of material misstatement**

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

## **Responsibilities of the Interim Chief Finance Officer and Audit and Risk Committee for the financial statements**

As explained more fully in the Statement of Responsibilities, the Interim Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Interim Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Interim Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Audit and Risk Committee is responsible for overseeing the financial reporting process.

## **Auditor's responsibilities for the audit of the financial statements**

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the body;
- inquiring of the Interim Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the body;
- inquiring of the Interim Chief Finance Officer concerning the body's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

## Reporting on other requirements

### **Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report**

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

### **Other information**

The Interim Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

### **Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement**

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

## **Matters on which I am required to report by exception**

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

## **Conclusions on wider scope responsibilities**

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

## **Use of my report**

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Boyd CPFA  
Audit Director  
Audit Scotland  
4<sup>th</sup> Floor  
8 Nelson Mandela Place  
Glasgow  
G2 1BT



## Financial Statements

### Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in the Movement in Reserves Statement.

Gross Expenditure 2021/22 £000's	Income 2021/22 £000's	Net Expenditure 2021/22 £000's		Gross Expenditure 2022/23 £000's	Income 2022/23 £000's	Net Expenditure 2022/23 £000's
146,427		146,427	NHS Lothian	153,357		153,357
52,823		52,823	East Lothian Council	61,362		61,362
199,250	0	199,250	<b>Cost Of Services</b>	214,719	0	214,719
	(209,931)	(209,931)	Taxation & Non-Specific Grant Income		(204,552)	(204,552)
199,250	(209,931)	(10,681)	<b>(Surplus)/Deficit on Provision of Services</b>	214,719	(204,552)	10,167
			(10,681)	<b>Total Comprehensive (Income) and Expenditure</b>		10,167

### Movement in Reserves Statement

This Statement shows the movement in the year on the reserves held by the East Lothian IJB.

<b>Movement in Reserves 2022/23</b>	<b>General Fund £000's</b>	<b>Total Usable Reserves £000's</b>
Opening Balance as at 1 April 2022	(20,289)	(20,289)
Total Comprehensive (Income) and Expenditure	10,167	10,167
<b>Closing Balance as at 31 March 2023</b>	<b>(10,122)</b>	<b>(10,122)</b>

<b>Movement in Reserves 2021/22</b>	<b>General Fund £000's</b>	<b>Total Usable Reserves £000's</b>
Opening Balance as at 1 April 2021	(9,608)	(9,608)
Total Comprehensive (Income) and Expenditure	(10,681)	(10,681)
<b>Closing Balance as at 31 March 2022</b>	<b>(20,289)</b>	<b>(20,289)</b>

### Balance Sheet

The Balance Sheet shows the value, as at 31 March 2023, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.

2021/22 Total £000's		Notes	2022/23 Total £000's
	<b>Current Assets</b>		
20,289	Short Term Debtors		10,122
	<b>Current Liabilities</b>		
0	Short Term Creditors		0
<b>20,289</b>	<b>Total Assets less current Liabilities</b>		<b>10,122</b>
	<b>Capital and Reserves</b>		
20,289	General Fund		10,122
<b>20,289</b>	<b>Total Reserves</b>	<b>MIRS, Note 4</b>	<b>10,122</b>

The accounts were authorised for issue on 14<sup>th</sup> December 2023.

**David King**  
Interim Chief Finance Officer

## **Notes to the Financial Statements**

### **1. Significant Accounting Policies**

#### **General Principles**

The Financial Statements summarises the IJB's transactions for the 2022/23 financial year and its position at the year-end of 31 March 2023.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

#### **Accruals of Income and Expenditure**

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet
- Where debts may not be received, the balance of debtors is written down.

It should be noted that the above principles are those applied by the partners (NHS Lothian and East Lothian Council). The IJB has funded these partners to deliver the delegated functions and these partners have charged the IJB as above.

#### **Funding**

The IJB is wholly funded through funding contributions from the statutory funding partners, East Lothian Council and NHS Lothian. Expenditure is incurred in the form of charges by the partners.

### Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partner. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the Balance Sheet.

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet. Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.

### Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report.

### Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event, settlement of the obligation is probable, and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

The IJB has no provisions, contingent liabilities or contingent assets at 31 March 2023.

### Reserves

The Integration Joint Board is permitted to set aside future amounts of reserves for future policy purposes. These reserves normally comprise funds that are set aside for specific purposes; and funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies. They are created by appropriating amounts out of revenue balances. When expenditure to be funded from a reserve is incurred, it is charged to the appropriate service in that year and thus

included in the Comprehensive Income and Expenditure Statement. Movements in reserves are reported in the Movement in Reserves Statement.

The IJB's only Useable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. As noted above, the IJB had reserves of £10,122,000 at 31 March 2023.

## 2. Events After the Reporting Period

The Annual Accounts were approved by the Integration Joint Board and authorised for issue by the Chief Finance Officer. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2023, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information. Since April 2023, as per the IJB's Integration Scheme, the Chair passed from an NHS Lothian appointee to an East Lothian Council appointee. Councillor Shamin Aktar has been appointed Chair for 2023/24. The CFO (Claire Flanagan) resigned (at the end of September 2023) and an Interim Chief Finance Officer (David King) has been provided by NHS Lothian. This appointment has been agreed by the IJB.

## 3. Short Term Debtors

The IJBs short term debtors are broken down as follows:

	2021/22 £000's	2022/23 £000's
Funding due from NHS Lothian	18,782	8,333
Funding due from East Lothian Council	1,507	1,789
<b>Total</b>	<b>20,289</b>	<b>10,122</b>

Amounts owed by the East Lothian Council is stated on a net basis; that is the creditor balances relating to expenditure obligations incurred but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

## 4. Reserves

The IJB's usable General Fund reserve is broken down as follows:

	2021/22 £000's	2022/23 £000's
COVID-19 Funding	9,182	0
Scottish Government Mental Health Strategy - Action 15	8	66
Scottish Government Primary Care Improvement Plan Fund	354	80
Midlothian and East Lothian Drug and Alcohol Partnership	1,038	59
Community Living Change Fund	346	346

Winter - Care at Home Capacity	419	419
Winter - Interim Care	420	420
Winter - Multi-Disciplinary teams	158	0
Carers	79	141
Unpaid Carers PPE	0	2
Unscheduled Care	0	1,777
Locally Committed Programmes	3,475	1,782
<b>Earmarked General Fund Reserves</b>	<b>15,479</b>	<b>5,092</b>
<b>Uncommitted General Fund Reserves</b>	<b>4,810</b>	<b>5,030</b>
<b>Total Usable Reserves</b>	<b>20,289</b>	<b>10,122</b>

## 5. Taxation and Non-Specific Grant Income

2021/22 £000's		2022/23 £000's
53,771	Contributions from East Lothian Council	61,644
156,160	Contributions from NHS Lothian	142,908
<b>209,931</b>	<b>Total</b>	<b>204,552</b>

The contributions received by East Lothian IJB represent the funding provided by the Partners (East Lothian Council and NHS Lothian).

The funding contribution from the NHS Board shown above includes £24,764,000 in respect of the Set Aside resources and £32,807,000 in respect of East Lothian's share of pan Lothian health services resources.

## 6. Corporate Service

Included in the above costs are the following corporate services:

2021/22 £0		2022/23 £0
55	Staff (Chief Officer)	52
3	CNORIS	3
28	Audit Fee	31
<b>86</b>	<b>Total</b>	<b>86</b>

## 7. Related Party Transactions

As partners with the East Lothian Integration Joint Board both East Lothian Council and NHS Lothian are related parties and the material transactions with these bodies are disclosed in these accounts.

There are elements of expenditure which are shown against NHS Lothian but where the resources are used by social care services delivered by East Lothian Council.

Both Resource Transfer (£4,969,000) and the Social Care fund (£6,216,000) are resources which are part of the NHS Lothian Budget and are shown as expected there in but these funds are used to deliver social care service supplied by East Lothian Council.

<b>2021/22 Income £000's</b>		<b>2022/23 Income £000's</b>
156,160	NHS Lothian	142,908
53,771	East Lothian Council	61,644
<b>209,931</b>	<b>Total</b>	<b>204,552</b>

<b>2021/22 Expenditure £000's</b>		<b>2022/23 Expenditure £000's</b>
146,427	NHS Lothian	153,357
52,823	East Lothian Council	61,362
<b>199,250</b>	<b>Total</b>	<b>214,719</b>

<b>2021/22 Net Transactions £000's</b>		<b>2022/23 Net Transactions £000's</b>
9,733	NHS Lothian	<b>(10,449)</b>
948	East Lothian Council	<b>282</b>
<b>10,681</b>	<b>Total</b>	<b>(10,167)</b>

<b>2021/22 Debtors £000's</b>		<b>2022/23 Debtors £000's</b>
18,782	Due from NHS Lothian	8,333
1,507	Due from East Lothian Council	1,789
<b>20,289</b>	<b>Total</b>	<b>10,122</b>

## 8. VAT

The IJB is not a taxable entity and does not charge or recover VAT on its functions. The VAT treatment of expenditure and income within the accounts depends upon which of the partners is providing the services as these bodies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excluded any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid



on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the Commissioning IJB.



**REPORT TO:** East Lothian IJB Audit & Risk Committee

**MEETING DATE:** 5 December 2023

**BY:** Interim Chief Finance Officer

**SUBJECT:** Risk Register - update

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6

## **1 PURPOSE**

1.1 This paper lays out the IJB's risk register.

## **2 RECOMMENDATIONS**

2.1 The Committee is asked to:

- i. Note the risks on the current risk register;
- ii. Note the updates made to the register since the last meeting; and
- iii. Consider if any further risks should be added to the register.

## **3 BACKGROUND**

3.1 As a key part of its governance process the IJB maintains a risk register. This risk register examines the risks that impact on the business of the IJB itself and not the operational risks that the IJB's partners manage unless those risks are considered so significant that they could impact on the business of the IJB – that is impact on the ability of the IJB to deliver its strategic plan.

3.2 The IJB's risk register is reviewed on a regular basis along with the HSCP's risk register. The last review meeting took place on 22<sup>nd</sup> November 2023.

3.3 The following changes were agreed –

- Risk 5486 – ELC Finance Department in Business Continuity. The Controls now include the monthly financial overview meetings and the risk handler has been changed to David King
- Risk 5513 - Equality. The risk level has now been reduced to reflect the impact of the controls in place.

- Risk 3924 – Financial Resources may be insufficient to sustain the financial plan. Change in risk handler and an update to the progress.
- Risk 5297 – Impact of NCS proposals. The risk description has now been changed to better reflect this risk.
- Risk 4018 – Impact of partner’s decisions. Further controls are now noted along with an update to the progress
- Risk 3925 – Operational resources may be insufficient..... Further narrative has been added to the description (to take account of community pharmacy) and to the progress with GP sustainability

3.4 An extract of the current version of the risk register is attached In the interest of being able to produce a document which can be printed some columns have been removed. No rows have been removed. As agreed at the Audit & Risk Committee June 2022 meeting risks with a score of 12 and above are routinely reported with the full risk register presented on an annual basis. Since the last meeting the following should be considered

- Risk 5220 – remains at 16. The Council has been in dialogue with the Scottish Government to address this issue but the IJB’s controls remain the same
- Risk 5486 – Council Finance Department in business continuity – this risk has been updated for the successful recruitment of principal accountant within East Lothian Council.
- Risk 3924 - Financial resources may be insufficient to sustain the Strategic Plan – this risk continues at a rating of 20 (very high) and the highest risk on the register following the quarter 2 and future financial projections from IJB Partners.
- Risk 5297 – NCS, the progress of the NCS remain unclear.
- Risk 3925 – Operational Resources may be insufficient to deliver the Strategic Plan. The challenge to recruit appropriately qualified staff remains.

3.5 Members are asked to consider if there are additional risks that require to be added to the register and consider if the management actions identified against these current risks provide assurance that these risks are being appropriately managed.

## **4 ENGAGEMENT**

4.1 The IJB makes its papers and reports available on the internet.

## **5 POLICY IMPLICATIONS**

5.1 This paper is covered within the policies already agreed by the IJB.

## **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 affect the IJBs directions or require a new direction to be issued.

## **8 RESOURCE IMPLICATIONS**

8.1 Financial – None

8.2 Personnel – None

8.3 Other – None

## **9 BACKGROUND PAPERS**

9.1 None

<b>AUTHOR'S NAME</b>	David King
<b>DESIGNATION</b>	Interim Chief Finance Officer
<b>CONTACT INFO</b>	David.king4@nhslothian.scot.nhs.uk
<b>DATE</b>	November 2023

### **Appendices:**

1. Risk Rating Matrix
2. Risk Register

## Appendix 1- Risk Rating Matrix (DATIX)

Likelihood	Consequences / Impact				
	Negligible	Minor	Moderate	Major	Extreme
<b>Almost Certain</b>	Medium 5	High 10	High 15	V High 20	V High 25
<b>Likely</b>	Medium 4	Medium 8	High 12	High 16	V High 20
<b>Possible</b>	Low 3	Medium 6	Medium 9	High 12	High 15
<b>Unlikely</b>	Low 2	Medium 4	Medium 6	Medium 8	High 10
<b>Rare</b>	Low 1	Low 2	Low 3	Medium 4	Medium 5

ID	Title	Description	Controls in place	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Risk Owner	Description	Progress	Due date	
5220	Demographic Pressures	There is a risk that because the population of East Lothian has increased over the past few years, the projections predict a further increase. Because of this the pressure is further compounded by the percentage of that population over the age of 65 will also increase from the current position. This will lead to increased demand for the health and social care services in East Lothian that have been delegated to the IJB.	This will be managed through the IJB's Strategic Planning processes.  Change boards should be operating with recognition of demographic changes within the area.  Commissioned Cap Gemini to access future demand on care at home services.  Closer links with public health to understand our demographics better.	High	16	Medium	9	Wilson, Fiona M	Community Transformation provisioning work	Gillian Neil leading with an April 2024 timescale	30/04/2024	
									Strategic delivery	Laura Kerr leading with a timescale of April 2023	31/03/2023	
									Primary Care Overview	Primary Care GM working with NHSL on practice capital requirements. IJB officers working with ELC officers on large population change plans (e.g. Blindwells)	30/04/2024	
									Provisioning Strategy Project	extensive engagement to assess how to develop services for older people - LK 11/5/23	30/04/2024	
									Housing strategy	Continued involvement by the HSCP with East Lothian Councils housing department to develop comprehensive local Housing Strategy - LK 22/08/2023	30/04/2024	
5486	East Lothian Council finance department in business continuity	There is a risk that the IJB will have reduced financial support and information from East Lothian Council on its delegated budgets.  There is a risk this will impact on the IJBs ability to manage its financial position and deliver its strategic plan.	1 - The Scheme of Integration 2 - IJB CFO in post 3 - ELC review position every 2 weeks 4 - Attendance at Financial Overview	High	12	Medium	4	Wilson, Fiona M	Ongoing dialogue with East Lothian Council	ELC reporting timetable provided ELC will move to quarterly reporting for the IJB ELC actively recruiting CF 12/5/23  ELC principal accountant recruited to. Q1 financial forecast received from ELC in July 23. Additional recruitment within the HSCP for HSCP local finance manager. - CF 22/08/2023	31/12/2023	
				55								

5513	Equality	<p>Failure to meet duties and legislative requirements of the Single Equality Act 2010.</p> <p>The Single Equality Act 2010 and related guidance places a general duty on public authorities to be active in promoting equality, eliminating unlawful conduct and fostering good relations. It also places specific duties on public authorities to</p> <ul style="list-style-type: none"> <li>•report on mainstreaming the equality duty;</li> <li>•publish equality outcomes and report progress;</li> <li>•assess and review policies and practices;</li> <li>•gather and use employee information;</li> <li>•publish gender pay gap information;</li> <li>•publish statements on equal pay;</li> <li>•consider award criteria and conditions in relation to public procurement;</li> <li>•publish in a manner that is accessible.</li> </ul>	<p>The Scottish Government has introduced the Fairer Scotland (socio- economic) duty. This will require the IJB to consider the impact of our work on those living in poverty. The Council will need to respond to the full requirements of this new duty and raise awareness of the requirements on the Council.</p> <p>There is a risk that the IJB may not be able to meet its general or specific duties and in particular at a time when difficult budget decisions are having to be made that there will be cuts in services or increases in charges that have a disproportionate impact on people who may need those services most because of their equality background.</p> <p>The Council would be open to legal challenge of not meeting its duties and in particular of not carrying out adequate assessment of impact of policies and budget decisions.</p> <p>East Lothian IJB works to two Equalities policies/plans.</p> <p>NHS Lothian is committed to eliminating discrimination and improving equality of opportunity. This means improving the way we deliver our services and the way we employ our staff. We want to be at the level of Scotland's best NHS Boards in our work to address health inequalities and as a welcoming, caring employer. This means that we aim to:</p> <ul style="list-style-type: none"> <li>•Make our services easier to access for our patients and their carers and families.</li> <li>•Provide our patients with a better experience of our services, regardless of their age, disability, ethnicity, religion/belief, gender, or sexuality.</li> <li>•Develop ways in which we involve people in decisions about our services, so that they include a wider range of views.</li> <li>•Improve our employment policies and practices to attract, train, promote and support a workforce that more closely represents the huge variety of people who live and want to work in Lothian</li> </ul> <p>ELC Equality Plan 2021-2025 was adopted in November 2021. This includes the commitments made by East Lothian Council as a Licensing Board and as an Education Authority. The plan outlines our commitments:</p> <ul style="list-style-type: none"> <li>• Continue to lead a culture where respect, choice and understanding is fostered and diversity positively valued;</li> <li>• Maintain a working environment where unlawful discrimination, harassment, victimisation or bullying is not tolerated;</li> <li>• Continue to develop our understanding of the needs of different individuals and communities in a time of rapid change;</li> <li>• Continue to embed the equality agenda in all our work, and contribute to the early intervention and prevention approach adopted by the Council and its Partners;</li> <li>• Improve understanding of the impact of poverty and inequality on people's lives; and</li> <li>• Ensure that we plan and deliver services which meet modern standards of delivery and that are inclusive of a wide range of different needs from digital services to face to face interactions</li> </ul>	Medium	6	Low	3	Wilson, Fiona M	<p>Integrated Impact Assessment Process</p> <p>Work is underway to:</p> <ul style="list-style-type: none"> <li>•improve the use of IIAs at the correct time</li> <li>•roll out the Lothian IIA Training to managers</li> <li>•identify and train Equalities Champions to oversee compliance in their work area</li> <li>•continue the IIA process throughout the life of a policy or practice</li> <li>•publish IIAs online in accessible formats</li> </ul>	01/02/2024		
										Elearning equalities modules	<ul style="list-style-type: none"> <li>•Elearning modules are available for both ELC and NHS employed staff</li> <li>•IJB members are to be asked to undertake TURAS equalities modules to improve their awareness</li> </ul>	01/02/2024
										Poverty Plan and Equality Plan	Joint working with ELC underway	01/02/2024
										Scottish Government's Sustainable Procurement Tools	<p>The IJB is a user of this procurement process and will follow ELC's lead</p> <p>IJB Development session on equality completed in April 2023 - LK 11/5/23</p>	01/02/2024
3924	Financial resources may be insufficient to sustain the Strategic Plan	<p>There is a risk that the financial challenges faced by the NHS and East Lothian Council will result in allocations to the IJB that do not allow the Strategic Plan to be delivered leading to sub optimal the failure to achievement of outcomes and targets.</p>	<ol style="list-style-type: none"> <li>1. Financial assurance process carried out by IJB</li> <li>2. Engagement of IJB Officers and members in NHS and Council budget setting processes</li> <li>3. Regular financial monitoring reports to IJB</li> <li>4. Scheme of integration risk sharing and dispute resolution processes</li> <li>5. IJB Chief Finance Officer in post</li> <li>6. Strategic Planning Group in place</li> <li>7. Efficiency and recovery plans are developed in year by operational teams to "break even".</li> <li>8. There is a programme of meetings and discussion between IJB, Council and Health Board leading to an IJB financial planning process being approved by the IJB and supported by Council and Health Board</li> <li>9. The IJB take a lead role in policy decisions to support the Financial Plan.</li> <li>10. Developed a longer term rolling financial plan for the IJB.</li> <li>11. IJB now holds a general reserve.</li> </ol>	Very High	20	High	12	Wilson, Fiona M	Creation of appropriate financial planning processes	Meetings have taken place regularly. IJB financial plan policy agreed by IJB and drafts presented to IJB	30/09/2016	
										Financial Reporting	<p>Ongoing throughout current financial year.</p> <p>7/1/20: Regular financial reporting takes place. Agreement to close risk and add to controls.</p>	31/03/2020
										IJB and Policy Decisions	This action has now become a control	
										Development of a longer term rolling financial plan for the IJB	<p>This went to IJB in June 2019 and was accepted.</p> <p>23/11/20: A further update of the IJB rolling financial plan was presented to the IJB in October 2020. This iteration of the plan will require to be refined once clarity on the impact COVID-19 has on the IJB delegated functions moving forward.</p> <p>13/06/2022 Through the routine financial monitoring reported to the IJB the future year financial projections and challenges have been shared</p> <p>18/11/2022 - An IJB financial plan has been developed and due to be presented to the IJB at its meeting on 8/12/2022</p> <p>IJB financial plan presented to IJB meeting on the 8th December 2022</p> <p>IJB budget development session ran during January 2023 following the financial plan and associated financial gaps- CF 14/2/23</p>	31/12/2022
										Annual National and Scottish Budget Allocation	<p>7/1/20: Annual budget settlement is currently unclear. Awaiting further information.</p> <p>23/11/20: Scottish Government Annual Budget for 2021/22 to be set February 2021 will require to work with Partners t assess the impact this will have on the IJB.</p> <p>26/02/2021: Scottish Government Budget announced and correspondence from Scottish Government has been received by the IJB and Partners. Awaiting formal budget offers from Partners. Paper on budget offers will be updated at the next IJB meeting.</p> <p>08/05/21: IJB agreed budget offer from both Partners at April 2021 meeting. This business was followed by an IJB budget challenge 2021/22 development session.</p> <p>13/06/2022 The IJB set its budget at its March 2022 meeting for financial year 2022/23</p>	31/12/2022



										IJB budget offer from Partners	<p>Ongoing dialogue with both Partners on budget offers for 2023/24 following Scottish Government letters on the parameters for Partners - CF 14/2/23</p> <p>Agreed to move forward on the basis of the budget we have been offered - DK 22/11/23</p> <p>Budget Offer from Partners presented to IJB in March 23. IJB voted to not accept ELC budget offer, ELC been advised of this position. May 23 IJB reporting on further savings required to mitigate the reduced budget offer from ELC. CF - 12/5/23</p>	31/03/2024
										Monitoring of the IJBs financial position	<p>Q1 forecast financial information has been received from Partners and will be presented to the IJB in Sept 2023. Discussions ongoing with ELC Officers regarding the passthrough of local authority pay settlement funding to the IJB - CF 22/08/2023</p> <p>Q2 forecast being presented to the IJB in December 2023 - DK 22/11/23</p>	31/03/2024
5279	Impact of National Care Service Proposals	The IJB is mindful of the development of the NCS legislation and the impact this may have.		High	12	High	12	Wilson, Fiona M	Scottish Government	<p>CO engaging with the Scottish Government and inputting to the consultation - 16/8/22</p> <p>CO has a meeting with Scottish Government Officials in June 2023 - SO 11/5/23</p> <p>National announcement confirmed in July 2023 that local authorities and NHS boards would share accountability for social care and social work support. Under this proposal, local authorities keep service delivery functions, staff and assets. LK 22/8/23</p>	31/12/2023	
4018	Impact of Partners' Decisions	There is a risk that Partners reach decisions on priorities and services (including service reviews) that impact negatively on the IJB leading to an inability to deliver the Strategic Plan	<p>1. Involvement of IJB membership in the Partners' decision making process including voting members and Officers</p> <p>2. Involvement in Partners' service reviews</p> <p>3. Good working relationships and regular formal /informal meetings</p> <p>4. Participation in MSG self-evaluation to inform improvement actions for better partnership working.</p> <p>5. Attendance and participation at the NHSL Board meetings</p> <p>6. Attendance and participation at governance meetings</p> <p>7. Directions agreed at the IJB on 26/10/23.</p>	Medium	9	Medium	6	Wilson, Fiona M	Clarity and monitoring of directions	<p>Action extended to cover the period April 2017 to March 2018. 16/05/19 directions for 2019-2020 currently in review. 23/12/19: Directions agreed at IJB on 31/10/19 - ongoing action. 7/1/20: Directions being finalised for publication. 25/02/20: Directions (including links) will be taken to the Core and Extended CMT on 18th March. 26/02/2021: Development Session ran on the 27th Aug 2020 on Directions, the fitness of purpose of the current directions, the potential impact of Covid on directions, how direction will support remobilisation plans locally and nationally. A paper on Directions following this session was presented to the IJB at the September business meeting of the IJB.</p> <p>East Lothian IJB directions are currently undergoing review. A report containing recommendations for changes / additions to directions will go to the June 22nd meeting of the IJB. The review has been carried out to ensure that directions reflect the requirements of the revised IJB Directions Policy as agreed at the October 2022 meeting of the IJB. Recommendations will include the introduction of four additional 'core directions' to ensure that all delegated functions are covered, and budgets specified for delivery of each of these functions as required by Statutory Guidance. Claire Goodwin 17/5/23</p> <p>Directions were agreed at the IJB on 26/10/23 - LK 22/11/23</p>	31/03/2024	
3925	Operational resources may be insufficient to deliver the Strategic Plan	There is a risk that the IJB fails to achieve its targets due to insufficient access to key services and resources e.g. General Practice, Community Pharmacy, Care at Home, Care Homes, Health Visiting, Housing, acute services etc leading to failure to deliver the Strategic Plan resulting in risk to patients' and clients' safety, external review and reputational damage	<p>1. The Strategic Plan sets out clear priorities</p> <p>2. IJB directions are clear about actions required by NHS and Council</p> <p>3. The Partnership Management Team is focused on ensuring adequate resources are in place for delegated functions to deliver the Strategic Plan</p> <p>4. NHS Lothian is focused on ensuring adequate resources are in place for set-aside and hosted functions to deliver the Strategic Plan</p> <p>5. NHS Lothian and East Lothian Council are focused on ensuring adequate resources are in place for non-delegated but related functions (e.g. housing), to deliver the Strategic Plan</p> <p>6. Quarterly Performance Report to IJB and scrutiny by the Audit and Risk Committee.</p> <p>7. Care at Home contracts in place.</p> <p>8. Use of Integrated Care Fund to increase capacity and improve terms and conditions.</p> <p>9. Use Primary Care Transformation Fund to improve access in west of county.</p> <p>10. Joint Workforce Plan approved and in place at IJB on 23/5/19.</p> <p>11. Financial investment in additional capacity</p>	High	12	Medium	6	Wilson, Fiona M	<p>Develop Joint Workforce Plan</p> <p>Financial investments in additional capacity</p> <p>Care at Home contracts</p> <p>Strategic Development</p> <p>Infrastructure and Corporate Partners</p> <p>GP Sustainability</p>	<p>This will be taken to IJB in May 2019 for approval. Joint Workforce Plan approved at IJB on 23/5/19.</p> <p>Contracts in place</p> <p>New strategic plan being developed which will set new directions. Plan will be completed by December 2022 and risk will require review after this time - 1/9/22</p> <p>Workforce plan been developed for 2022-2025 - LK 11/5/23</p> <p>Ongoing dialogue regarding infrastructure and corporate partners, corporate functions to support the IJB. - LK 11/5/23</p> <p>Short term resilience planning - Practice managers working to identify what the key risks are for them, for business continuity and then helping them to respond to those.</p> <p>Long term - financial oversight and understanding better the income that's coming into GPs through GMS and enhanced service provision. - JM 22/11/23</p>	<p>03/06/2019</p> <p>31/01/2018</p> <p>30/09/2017</p> <p>31/12/2022</p> <p>30/04/2024</p> <p>31/03/2024</p>	



**REPORT TO:** East Lothian IJB Audit & Risk Committee

**MEETING DATE:** 5 December 2023

**BY:** Chief Officer

**SUBJECT:** Operational Health & Social Care Partnership (HSCP)  
Risk Register

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## **1 PURPOSE**

1.1 This paper presents the HSCP's operational risk register.

## **2 RECOMMENDATIONS**

2.1 The Committee is asked to:

- i. Consider the HSCP register to satisfy themselves that there are no operational risks on this register that may become strategic risks to the IJB.

## **3 BACKGROUND**

3.1 Both partners maintain and manage their own risk registers as is best practice. Although the HSCP is jointly managed by East Lothian Council and NHS Lothian, it uses the NHS Lothian risk management system to maintain and manage its risks. These risks are operational in the sense that they impact on the running of the services that are managed directly by the HSCP. Obviously the IJB has other functions delegated to it by NHS Lothian which are not managed by the HSCP and any of these operational risks will not appear on this register.

3.2 At its last meeting the committee asked for sight of the HSCP risk register, an extract (having removed some columns to all printing) this is now attached for information.

## **4 ENGAGEMENT**

4.1 The IJB makes its papers and reports available on the Council's website.

## **5 POLICY IMPLICATIONS**

5.1 This paper is covered within the policies already agreed by the IJB.

## **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 affect the IJBs directions or require a new direction to be issued.

## **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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<b>DATE</b>	November 2023

## **Appendices**

1. Risk Rating Matrix
2. HSCP Risk Register

## Appendix 1- Risk Rating Matrix (DATIX)

Likelihood	Consequences / Impact				
	Negligible	Minor	Moderate	Major	Extreme
<b>Almost Certain</b>	Medium 5	High 10	High 15	V High 20	V High 25
<b>Likely</b>	Medium 4	Medium 8	High 12	High 16	V High 20
<b>Possible</b>	Low 3	Medium 6	Medium 9	High 12	High 15
<b>Unlikely</b>	Low 2	Medium 4	Medium 6	Medium 8	High 10
<b>Rare</b>	Low 1	Low 2	Low 3	Medium 4	Medium 5

ID	Title	Description	Controls in place	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Risk Owner	Progress	Due date
5715	Adaptations	<p>Private Sector Housing Grant 2023 and risks associated with the delivery of private sector adaptations carried out by Care and Repair.</p> <p>Increased demand as well as increased cost of materials have resulted in the Private Sector Housing Grant being fully committed for this financial year as at the end of Period 4.</p> <p>Should no major adaptations be carried out between July 2023 and March 2024, East Lothian Council and IHB will be failing to meet their statutory duties under Housing (Scotland) Act 2006 and the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>If adaptations were to wait until the new financial year in 2024/25, a significant backlog would cause increased delayed discharge times, a potential rise in the housing list as people can no longer live safely at home.</p>	<p>Revision of OT criteria on life and limb basis.</p> <p>RAG system in place for individuals who have been assessed by an OT but are waiting on grant funding being confirmed.</p> <p>Ongoing review / discussions between Housing, C&amp;R and HSCP.</p> <p>Interim review of Care &amp; Repair currently in process.</p> <p>Report being drafted for EMT setting out proposed recommendations.</p> <p>Briefing being drafted for members.</p> <p>Communication drafted to ensure all applicants are aware with ongoing support and advice in place from C&amp;R.</p> <p>Frequent meetings with finance to monitor the budget.</p>	High	15	High	12	Wilson, Fiona M		
5623	Autumn 2023 EL Vaccination Programme	<p>The risk is that ELHSCP will not have sufficient resources to be able to deliver 'Scenario B' described by SG. This is because Scenario B involves the provision of a variant vaccination to high risk groups and will not be available till mid-October.</p> <p>To delivery this requires higher volume of vaccinations over a four week period than the HSCP has planned for and is receiving resources for. This may lead to the HSCP not delivering the vaccination programme at the pace required by SG, to avoidable clinical risk in the programme and reduced uptake of the vaccination by higher risk groups</p> <p>The higher risk is associated with having enough staff to manage the main vaccination clinics, the care home residents programme and the housebound patient programme and completing these by 11th December 2023, which is the requirement by the Scottish Government.</p>	<p>Vaccination team in place with management structure</p> <p>Staff Bank for additional capacity required</p> <p>Capacity in HSCP to provide vaccination provision at 4,000 per week but not at same time as care home and housebound programmes</p> <p>Additional capacity to support inclusive programme</p> <p>Staff training available to increase pool of vaccinators to assist with programme</p>	High	12	Medium	6	Wilson, Fiona M		
5514	Communicable Disease Outbreaks of Public Health Significance	<p>East Lothian Council continue to have the appropriate business continuity plans/contingency in place to ensure continued delivery of business critical services during the COVID19 outbreak.</p> <p>The Council will continue to carry out close ongoing monitoring of COVID and continues to be prepared for any future waves of the virus or alternate long term health issues.</p> <p>While as the situation continues to improve the Council will make itself ready to come out of Response and Business Continuity mode and to move towards Recovery.</p> <p>The risk will remain at the current level until the end of the 22/23 winter period.</p>	<p>Processes in place to establish proactive communicating, and encouraging compliance with all government and public health authorities' advice and reducing the impact/spread of misinformation by relying on information from trusted sources.</p> <p>Established mechanism to stand up the Council Management Team (Critical Incident Response Team) to oversee and direct the Council's response.</p> <p>COVID19 Recovery and Renewal Coordination Group is deployed overseeing planning for recovery and renewal across East Lothian.</p> <p>The Council has had to adapt is delivery of services beyond the COVID pandemic and now subsequent concurrent challenges including the cost of living crisis and ensuing economic volatility. The Recovery &amp; Renewal Plan interventions remain valid and under constant review. ELC will continue to lead recovery supported by our partner agencies context of the Civil Contingencies Act 2004.</p> <p>Resilience Direct continues to be available for use to share information on a multi-agency basis.</p> <p>Business Continuity Plans in place in all services leading to staff continuing to work from home unless it is essential for them to be in their place of work.</p> <p>Public Health Scotland has published (September 2022) National Respiratory Surveillance Plan and also Plan for Monitoring and Responding to New SARS-Cov-2 Variants and Mutations. These plans detail how an effective and efficient surveillance service will be delivered in Scotland and sets out how the identification, investigation, risk assessment and response in relation to COVID19 variants and mutations will be carried out.</p> <p>The document recommends local authorities to stand ready to support any operational roll out of a VAM response.</p> <p>Protective Services continue to have regular engagement with NHS Lothian Health Protection Team and are ready to work in partnership with NHS Lothian in relation to standing up a response where required.</p> <p>HSCP continues to support delivery of the COVID19 vaccination programme.</p> <p>Resilient Communities Groups exist in each Community Council area and Groups are ready to stand-up when required.</p> <p>Volunteer Centre East Lothian collaboration over support for local Third and Voluntary sector organisations able to respond to consequences across communities.</p> <p>The Council provides a prime source of local EL public information, constantly updated, in the Council Website as well as regular updates on Social Media platforms.</p>	Medium	9	Medium	6	Wilson, Fiona M	<p>Fully imbedded and will continue, also have a vaccination program in response to communicable diseases - IG 4/5/23</p> <p>the operational budget for the HSCP has not been confirmed by NHS Lothian and SG has asked that a different scenario for the autumn vaccination delivery is planned for – one that is different to the scenario the HSCP was previously asked to planned for and which informed the operational budget required. The final workforce and management structure has also not been formally agreed through either HSCP of the Lothian WOKG. – IMegaw 26/7/23</p>	30/06/2023
									<p>HSCP are following NHS and ELC guidance on staffing. Using JPF to monitor the situation - IG January 2023</p> <p>There is sufficient staffing capacity planned between 4th September and 16th October and risk for this period has reduced. 26/7/23 IM</p>	30/06/2023
3912	DUTY OF CARE	<p>The Council has a responsibility to provide care and support for the people of East Lothian and East Lothian's environment. Any breach of this duty of care may compromise legislative duties, health, safety and wellbeing, impacting on, for example, the protection of children and adults.</p> <p>Failure to fulfil the duty of care could also result in serious harm/death to an individual/s, prosecution, having to pay compensation and have a negative impact on the reputation of the Council.</p> <p>Additional pressure within this area caused by external providers struggling to deliver through staffing issues.</p>	<p>Prioritise maintenance of safe staffing levels for all statutory services the partnership delivers.</p> <p>Briefing sessions, specialist training and supports are in place.</p> <p>Regular formal supervision in place for all staff including completion of PRD's and e-KSF, focusing on specific and agreed development needs.</p> <p>Clinical &amp; Care Governance Committee established which is to provide strategic oversight within the Partnership. Chief Social Work Officer, Chief Nurse, Clinical Director, AHP Lead oversight and review of practice to assess workload allocation and risk management.</p> <p>Specific oversight groups established for example Care Home, Health &amp; Safety and Risk Management.</p> <p>Services comply with required professional registration standards for all staff, e.g. SSSC, HCPC, NMC etc.</p> <p>"Safer Recruitment" practices and PVG checks embedded.</p> <p>LSI mechanism in place with reporting structure through PPC.</p> <p>Regular engagement with the Care Inspectorate reviewing services in place</p> <p>Risk assessment documentation shared with providers with client RAG in place to ensure services are prioritised for those most at risk.</p> <p>Review of oversight and governance arrangements for assessment completed.</p>	High	12	Medium	8	Wilson, Fiona M	<p>Review ongoing through bi-weekly Care at home meetings chaired by GMs - IG January 2023</p> <p>Continue to end of the financial year - IG 4/5/23</p> <p>Risk remains the same however out to recruitment to increase internal CAH. Workforce may be the limiting factor however, already high interest in the post.</p> <p>There remains uncertainty of sufficient staffing from 16th October (when care home and housebound programmes will run concurrently with the over 75 and higher risk cohorts). During this period the care home and house bound services will be maintained which may reduce staff capacity of vaccination clinics whilst activity will remain at same level. FW 12/7/23</p>	31/03/2024
5356	ELHSCP Workforce Risk	<p>There is a risk that we will not have sufficient workforce to deliver services.</p> <p>Recruitment &amp; Retention.</p> <ul style="list-style-type: none"> <li>- Challenges in recruiting staff.</li> <li>- Failure to retain current staff within ELHSCP.</li> <li>- Lack of resource to deliver mandatory training.</li> </ul> <p>Difficulty attracting nursing staff from acute services to community services.</p> <p>Failure to deliver safe, effective &amp; sustainable health &amp; social care services.</p> <p>Accommodation.</p> <ul style="list-style-type: none"> <li>- Challenge of moving to home working and the closing of office space doesnt support a reactive service or peer support.</li> <li>- Consolidation of building space to increase overall service delivery.</li> </ul> <p>Resulting in staff becoming disengaged with the Partnership and services it delivers.</p> <p>IT</p> <ul style="list-style-type: none"> <li>- Continued divide between employers IT systems.</li> </ul> <p>Resulting in:</p> <ul style="list-style-type: none"> <li>- Potential for unsafe practice.</li> <li>- Inefficient use of time / duplicate workload.</li> </ul>	<p>Development of the workforce &amp; action plan.</p> <ul style="list-style-type: none"> <li>-Workforce Steering group have regular meetings to monitor workforce challenges.</li> <li>-Rolling recruitment processes for some posts i.e home care / nursing.</li> <li>-Recruitment initiatives being developed.</li> <li>-Accommodation home working asset review.</li> <li>-Continued work with IT partners.</li> <li>-Further development of the ELHSCP organisation workforce development team.</li> <li>-AHP recruitment issue improving.</li> </ul> <ul style="list-style-type: none"> <li>-Nursing service developed and attracting new staff and aiding to recruitment.</li> </ul> <ul style="list-style-type: none"> <li>-Adult SW operating hybrid 50% office based approach model - limited to accommodation.</li> </ul> <ul style="list-style-type: none"> <li>-Implementation of workforce action plan ( 3 yr plan ) reliant on fair working practices.</li> </ul> <ul style="list-style-type: none"> <li>- all staff are instructed to complete mandatory learn pro training and this is monitored.</li> </ul>	High	12	Medium	6	Wilson, Fiona M	<p>update from IG 15/8/22 - huddles in place for each service and recruitment programs ongoing</p> <p>JPF used to monitor recruitment with feedback from partner agencies.</p> <p>Sites continue to be closed to support workforce issues. IG - January 2023</p> <p>No change to situation - IG 1/11/22</p> <p>Recruitment in psychiatry across adult and older age is challenging - GN 14/2/23</p> <p>No change as recruitment remains challenging and workforce plan now in place. GN 10/5/23</p> <p>Threat of actual industrial action causing some disruption.</p> <p>Continued dispute over pay in sectors increasing poor recruitment and retention. LX3/8/23</p> <p>Whilst recruitment remains challenging, we are interviewing for an old age consultant w/c 7/8/23. We are still unable to fill the speciality doctor in old age. We have an increased risk to general adult psychiatry due to resignation and general adult psychiatry to recruit. There is a 3 days per week locum starting on 21st August and a sociality doctor started this week but still holding quite a lot of clinical risk GN 4/8/23</p>	01/10/2023

3911	Failure of Provider	<p>There is a risk that failure of a Care at Home provider or Care Home could result in a loss of capacity and service users being out at risk as a result of their service being withdrawn at short notice. A significant proportion of Care at Home is externally provided and therefore difficulty in controlling provision of support and ensure most at risk are receiving care.</p> <p>Additional challenges could impact on capacity and service continuity for vulnerable clients such as care home acquisition, poor quality of care or a lack of capacity to deliver care, potentially generating reputational and/or financial risk to the Partnership and putting extra strain on other partnership services - especially the Hospitals.</p> <p>COVID impacting on Care Home and Care at Home providers both in terms of patient risk and staffing challenges.</p> <p>update 13/06 post covid Care Homes and Care at Home providers continue to struggle to ensure staffing and skill mix. - remains the same November 2022</p> <p>Capacity in partnership and purchased services. In particular, there are risks in relation to staffing shortages and capacity challenges of care at home providers in East Lothian, which potentially leave vulnerable adults at risk of not receiving their care at home support.</p> <p>No providers imminently about to collapse - 16/06</p>	<ol style="list-style-type: none"> <li>Monitoring of care providers to help to identify potential service failures while working with all providers to gain advance information of any potential failure.</li> <li>Quarterly multi-agency quality of care meetings for both Residential and Care at Home to provide support with improvement planning.</li> <li>Establishment of daily Care at Home Huddles.</li> <li>Participation in national working groups to maintain national market intelligence.</li> <li>Contingency protocol established to deal with failure of a major care provider.</li> <li>Joint work with NHS Care at Home Team and GP Practices to maintain standards and address concerns.</li> <li>Effective collaborative working with the Care Inspectorate over performance of regulated services.</li> <li>Working with other Partnerships to allow information sharing mutual support and contingency planning.</li> <li>Engagement with carers aids monitoring of performance within care settings and gives an early alert of risks.</li> <li>Provider performance is monitored using a balanced scorecard approach which rewards good performance through incentives and the use of penalties for material breaches of the contract. A dedicated Planning &amp; Performance manager and officer (CI and LK) will deal with high risk occurrences where a provider ceases to operate or fulfil their contractual obligations. Contingency protocol established to deal with failure of a major care provider.</li> <li>Workforce planning &amp; skill mix is being developed within Council Care Homes and Home Care service.</li> <li>Contingency arrangements developed for transition period to new providers.</li> <li>Care at Home contracts have been re-tendered.</li> <li>18 Workforce plan in place.</li> <li>Direct financial support to providers through SG sustainability payments.</li> <li>Increase in review of individual services to ensure only care required is being delivered.</li> <li>Workforce planning - another review in line with care inspectorate.</li> <li>Block contract funding arrangements to improve recruitment / clustering of providers &amp; cluster packages to sustain care.</li> <li>Lone working arrangement / resilience devices are being actively managed and risk assessed. Policy and procedures are being taken into account for post covid working arrangements.</li> <li>Regular updates from provider of care monitored through Care at Home and Oversight Groups.</li> <li>Continuing to recruit to H2H and homecare. Increased hours and will continue to recruit and maintain equilibrium increasing capacity of internal home care service.</li> </ol>	Medium 8	Medium 6	<p>Wilson, Fiona M</p> <p>Project team in place and a Care at Home Change Board in place to oversee the governance of the procurement - LK 16/8/22</p> <p>Another provider McSense has stopped delivering CAH and services transferred to internal service. Continued monitoring with move to pro active removal of failing provider. Only 3 older people providers left with one causing concern. LK 26/4/23</p> <p>Procurement of care @ home project in place to move services for failed provider - LK 3/11/22</p> <p>Providers continued to be monitored and transfers of services supported.</p> <p>Increased quality monitoring in place with external provision. LK 9/2/23</p>	01/03/2024
3913	Lone Working	<p>There is a risk that failure of the Partnership to provide employees with effective Lone Working arrangements and the appropriate training could result in injury or death to those employees resulting in HSE investigation/prosecution, civil insurance liability, reputational risk, increased sickness absence and pressures on service delivery.</p>	<ol style="list-style-type: none"> <li>Lone working procedures and safe working practices are in place within NHS in line with the NHS Lone Worker policies. Social Work procedures are being developed and devices are being issued across teams where a need has been identified.</li> <li>Operating arrangements are reviewed regularly in team meetings and as a whole partnership.</li> <li>Information on Lone Working Policy is part of the Service Level Induction process. All staff and new recruits undertake training, as required.</li> <li>Respite Carers/Share the Carers have a robust support network and intensive support from their Supervising Social Worker.</li> <li>Alarms installed in work premises used by staff to interview/meet with clients.</li> <li>Significant Adverse Event Procedure is in place to identify cause, effect and learning.</li> <li>A Potentially Violent Clients Register has been set up which enables the sharing of information relating to potentially violent clients across customer facing teams allowing managers to identify and implement control measures to protect employees from potential harm.</li> <li>Mosaic client database reviewed to refresh (red flat clients).</li> </ol>	Medium 8	Low 3	<p>Wilson, Fiona M</p> <p>20/7/19: Algorithms shared between Health &amp; Social Care. Joint Health &amp; Safety meeting held monthly, issue of lone working discussed regularly.</p> <p>19/12/19: Trish Carlyle is leading on this for social care. Carol Jenner confirmed that they are working to having the same approach as health. Joint Commissioning Group have given approval to go ahead with draft policy procedure and planned sign-off will be in Quarter 1 2020. Lesley Berry/Lorraine Cowan discussing health policy and are in discussion re agreeing one process for ELCH.</p> <p>10/2/20: ELC plan to roll out training of Reliance devices in February 2020 and will ask company for delivery of devices soon. Staff training needs are being collated and will be rolled out either via e-learning or paper based training. Additional training (Personal Safety and Conflict Management Training) would be given to all staff. This needs to be looked at again in light of Covid (i.e. the lack of training resources / unable to deliver classroom based training). Can we source an on-line training module?</p> <p>Managers and Team Leaders will need to be trained in using the Sphera Cloud system for risk assessment, recording and reporting incidents.</p> <p>We anticipate each team will have a "Champion" who will assist with the roll-out of policy and procedures (not yet finalised or signed off) and devices.</p> <p>Once the policy and procedures have been implemented, each team manager will be responsible for their team's adherence to lone working policy and procedures.</p> <p>Important note: the LW Policy and Procedure has not yet been signed off. Amendments are being made to the draft document, to take account of changes to the way we work in the light of Covid.</p> <p>Carol Jenner in process of completing the ELC policy and sign off by end of fiscal year and roll out progressing well (Care @ Home ELC staff full roll out completed and administration of devices handed over to Druetherford October 2022 - Cat Cockburn 8/11/22)</p> <p>NHS lone worker upgraded devices being rolled out across ELHSCP - Gordon Gray supporting the administration of planned training and device issue</p> <p>Draft policy for Social Work and Social Care tabled at JCO/PP - comments sought and costs for Lone Working alarms have been sourced. Update requested from Carol Jenner. 12/07/19: Carol Jenner provided update that draft policy &amp; procedure has been shared with managers and consultation process is now closed. Her next actions are to 1. Make changes to Policy &amp; Procedures in line with comments received (by 19th July) 2. Communicate roll-out of Policy &amp; Procedures and training (by mid-August - tbc). 19/11/19: Devices procured and training is being rolled out</p> <p>23/11/20: lone working policy rewritten and requires sign-off (check if CMT) - devices all purchased and currently rolling out to Dru and MHO teams. Phase 2 will be generic adult social work teams. Daily 10.30 workforce check-in with supervisors in place for monitoring of direct teams. Next stage is approval of policy and final roll out.</p> <p>Carol Jenner in process of completing the ELC policy and sign off by end of fiscal year and roll out progressing well (Care @ Home ELC staff full roll out completed and administration of devices handed over to Druetherford October 2022 - Cat Cockburn 8/11/22)</p> <p>NHS lone worker upgraded devices being rolled out across ELHSCP - Gordon Gray supporting the administration of planned training and device issue</p> <p>the AW Lone Working Policy draft doc will be completed by end March 2023, anticipate sign off by end April 2023; Next phase of roll out across remaining teams (Review Team; brokers; strategy; admin, etc) to commence March 2023. - Carol Jenner 15/2/23</p> <p>C Jenner expected to ELC Lone Worker policy completed by end April 2023.</p> <p>Home Care &amp; ECS ELC devices roll out complete and Admin maintenance now with this service. ELC devices for ASW in progress and OT Teams roll out in progress.</p> <p>NHS Device replacement scheme for NHS ELHSCP staff is now in progress 187 devices issued, 17% completed issue &amp; NHS Training. NHS lone worker policy &amp; training in place. As per Q4 ELHSCP H&amp;S Committee meeting update 19/04/2023 - Cat Cockburn</p> <p>Roll out of lone working devices is progressing; focus is currently on roll out to Adult Social Work teams, i.e. teams managed by Graeme McLean and Rod McKenzie.</p> <p>The draft LW Policy, draft LW Procedure and draft Safe and Well procedure are almost complete and will be shared with managers for feedback by end May. - Carol Jenner 11/5/23</p> <p>The draft Operational Procedure and Handbook is almost complete. Carol in final stages and will have this signed off by GMS. Date tbc. It has been 'approved' by Reliance, the organisation which supplies our LW devices and provides our LW service. We are waiting for feedback from Health and Safety colleagues.</p> <p>Carol Jenner 15/8/23</p> <p>12/07/19: Carol Jenner provided update that draft policy &amp; procedure has been shared with managers and consultation process is now closed. Her next actions are to 1. Make changes to Policy &amp; Procedures in line with comments received (by 19th July) 2. Communicate roll-out of Policy &amp; Procedures and training (by mid-August - tbc). 3. Confirm number of Reliance devices required and place order via ELC procurement procedures (by 19th July) 4. Contact Reliance and discuss / schedule the arrangements for them train our staff on use of devices (by 19th July).</p> <p>23/12/19: Training to be rolled out February 2020.</p> <p>060622 - data gathered by Michelle Williams for AHP staff requiring Reliance devices</p> <p>Carol Jenner in process of completing the policy and sign off by end of fiscal year and roll out progressing well (Care @ Home ELC staff full roll out completed and administration of devices handed over to Druetherford October 2022 - Cat Cockburn 8/11/22)</p> <p>the AW Lone Working Policy draft doc will be completed by end March 2023, anticipate sign off by end April 2023; Next phase of roll out across remaining teams (Review Team; brokers; strategy; admin, etc) to commence March 2023. - Carol Jenner 15/2/23</p> <p>C Jenner expected to ELC Lone Worker policy completed by end April 2023.</p> <p>Home Care &amp; ECS ELC devices roll out complete and Admin maintenance now with this service. ELC devices for ASW in progress and OT Teams roll out in progress.</p> <p>NHS Device replacement scheme for NHS ELHSCP staff is now in progress 187 devices issued, 17% completed issue &amp; NHS Training. NHS lone worker policy &amp; training in place. As per Q4 ELHSCP H&amp;S Committee meeting update 19/04/2023 - Cat Cockburn</p> <p>Roll out of lone working devices is progressing; focus is currently on roll out to Adult Social Work teams, i.e. teams managed by Graeme McLean and Rod McKenzie.</p> <p>The draft LW Policy, draft LW Procedure and draft Safe and Well procedure are almost complete and will be shared with managers for feedback by end May. - Carol Jenner 11/5/23</p>	31/03/2024
4695	Mental Health and Substance Use Services	<p>East Lothian requires to apply for a home office license for the storage of controlled drugs within the Esk Centre, Musselburgh</p>	<p>The East Lothian Substance Use Service who are required to store Controlled prescribed drugs within the Esk Centre, Musselburgh will adhere to Medicated assisted Treat Standard Operating procedure 2 and ensure that the following is applied:</p> <ul style="list-style-type: none"> <li>All controlled drugs will be appropriately stored in the recommended and approved medication locked storage cupboards</li> <li>All staff will order, monitor and dispense controlled drugs in adherence with NHS Lothian Controlled drugs policy and procedures</li> <li>East Lothian HSCP is progressing with application through the Home Office to obtain a home office license for No 11</li> </ul>	High 12	Medium 6	<p>Wilson, Fiona M</p> <p>East Lothian HSCP to apply for a home license and this will be progressed once responsible person has had an enhanced disclosure updated. To discuss with HR</p> <p>No update - progressing well - GN 2/5/23</p> <p>Met with the lead substance use pharmacist and before we can apply for the licence we had to ensure PVGs update to date. Service liaising with PVG and then East and Mid will apply at the same time. Hopefully be completed by end of October 2023. GN 4/8/23</p> <p>East and Mid to liaise with controlled drug team to undertake an audit to ensure fully compliant as it is likely that once application is made, we will be inspected.</p> <p>No update - progressing well - GN 2/5/23</p> <p>There are local arrangements in place to ensure compliance. Needs to remain on the register until application is made and inspection completed - GN 4/8/23</p>	31/03/2024
5481	NCS	<p>Draft bill has been proposed by SG with limited details which is leading to uncertainty in future delivery of services both commissioned and internal services.</p> <p>NCS lacks clarity in impact on staffing which is causing anxiety in an already fractured staffing cohort.</p> <p>NCS also risks:</p> <ul style="list-style-type: none"> <li>Fragmentation of health services</li> <li>Poorer outcomes for people using health and social care services</li> <li>Unclear leadership and accountability arrangements</li> <li>Poorer professional and clinical care governance arrangement</li> <li>Loss of local and democratically accountable delivered services.</li> </ul>	<p>Significant engagement in from ELHSCP and IJB into SG consultations and engagements events.</p> <p>Increased communication to staff re the feedback being given to SG on draft bill.</p> <p>Engaged with LA, NHS, Cosla and other partners to ensure ELHSCP are informed of developments of NCS and prepare accordingly.</p>	High 12	High 12	<p>Wilson, Fiona M</p> <p>CO engaging with the Scottish Government and inputting to the consultation - 16/8/22</p> <p>CO meeting Scottish Government Officials again on 31st July - FW 12/7/23</p> <p>National announcement confirmed in July 2023 that local authorities and NHS boards would share accountability for social care and social work support. Under this proposal, local authorities keep service delivery functions, staff and assets. LK 22/8/23</p>	31/12/2023

5478	Partner agency delivery challenges	<p>Each Partner agency has arrangements in place, with challenges with resources subject to ongoing operational issues.</p> <p>East Lothian Council has a range of back office departments which support the HSCP; a number of these departments are declaring business continuity status.</p> <p>NHS Lothian is escalating significant risk regarding hospital flow and occupancy. The HSCP is required to ensure an ongoing response to the crisis. This is diverting resources.</p>	<p>NHS is managing through quarterly performance meetings, CMT bi-weekly meetings and CMT system pressures</p> <p>ELC is managing through CMT and the discussions of of risk registers</p>	High	12	Medium	4	<p>Wilson, Fiona M</p> <p>ELC finance back in business continuity - Chief Financial Officer is working with the Director of Finance for East Lothian Council on agreeing financial reporting processes, to support the HSCP during workforce issues within ELC finance team - IG 4/5/23</p> <p>ELC principal accountant recruited to Q1 financial forecast received from ELC in July 23. Additional recruitment within the HSCP for HSCP local finance manager. - UK 22/08/2023</p>	31/03/2024
5479	PCIA	<p>Risk that the primary care infrastructure and real estate wont be developed because of the lack of funding.</p> <p>It impacts on the partnership in 3 ways</p> <ol style="list-style-type: none"> <li>1- It presents a risk that patients will not receive GMS care</li> <li>2- It may limit the HSCP to implement the PCIP or provide services accessible across East Lothian</li> <li>3- It may limit the opportunities to provide primary and community care to respond to a growing and ageing population</li> </ol>	<p>HSCP highlight risks to NHS as capital funding is not delegated to the HSCP.</p> <p>Strategic assessments reviewed and updated annually to inform prioritisation process.</p> <p>We can argue that the risk has fallen slightly because NHS Lothian has now competed the prioritisation exercise for all primary care developments identified across Lothian but the risk still remains because of the significant uncertainty over the capital funding from Scottish Government</p>	High	12	Medium	9	<p>Wilson, Fiona M</p> <p>Demographic growth now features on UB risk register - SO July 2023</p> <p>The East Lothian Council Housing Land Audit is reviewed by the HSCP. The current published audit is from 2022 and housebuilding impact on General Practice premises has been reviewed. The 2020 UB Primary Care Premises strategy remains relevant based. This action will be reviewed following publication of the 2023 HLA. Jamie Megaw 15/8/23</p> <p>Some services in the PCIP have been developed to provide direct access for patients with an initial telephone consultation or access to a service out with a practice building. The HSCP continues to use the Edingburgh hospital as a primary care hub and space in the Belhaven has been identified to provide a vaccination clinic from. Work is also underway to provide a Medicines Reconciliation hub in the pharmacotherapy team which will offer a remote service to augment the practice-based model for the current pharmacotherapy team. Jamie Megaw 15/8/23</p> <p>Use of MPCC to change to provide weekend vaccination service for the winter 2023 programme. Further opportunity to develop evening and weekend services are limited due to funding. Accommodation reviewed and commissioned in HSCP and will consider opportunities to use specific clinical rooms more effectively during Monday to Friday by increasing the length of clinic days that can be booked. Jamie Megaw 15/8/23</p>	31/03/2024
3915	Public Protection - Risk of Harm	<p>The Council has a legal responsibility to address concerns that may require a Child or Adult protection response. The Council also has an obligation to manage offenders through the Justice Social Work service and contribute to MAPPA arrangements.</p> <p>It should be noted that by the very nature of the work involved in Child Protection, Adult Protection, management of offenders and people experiencing domestic abuse this is a high risk business even with all the controls and measures in place.</p> <p>Any failure to adequately respond to concerns may negatively impact on children and adults, who may be at risk of harm. This could also result in serious harm/death to an individual/s, prosecution, having to pay compensation and have a negative impact on the reputation of the Council.</p> <p>A failure to secure efficient and effective Public Protection arrangements, covering Child Protection, Adult Support and Protection, local MAPPA arrangements, Violence against Women and Girls (VAWG) and Substance Misuse services, may see the Council being unable to fulfil its statutory duties/duty of care which could contribute to a service user suffering harm/death or detriment. This would in turn result in reputational damage to and increased scrutiny of the Social Work services.</p> <p>There are continuing issues with the delivery of Social Care Services within the Care Home and Care at Home sector. There is the potential for a service failure which could place vulnerable adults at risk of harm.</p> <p>There has been a long standing waiting list for an Outreach Service from Women's Aid Mid and East Lothian which is the specialist service provider for Women experiencing or having experienced domestic abuse. There is a funding gap created by non-recurring revenue streams and increased demand.</p> <p>In the context of rising demand for domestic abuse supports in the county, the council's arrangements for delivering Equally Safe, the national strategy to eradicate violence against women and girls requires a stronger strategic and partnership focus. Without this, East Lothian will not reduce the numbers of people experiencing harm through domestic abuse.</p> <p>Police Scotland had proposed unilateral changes to information sharing arrangements within MAPPA that would have had serious repercussions for the safe operation of MAPPA and the council's ability to deliver its duties as a responsible authority. Whilst the imminence of this risk has been reduced by extending the deadline for the change, the underlying barriers have not been resolved and some uncertainties remain around operational joint working between ELC and Police Scotland. East Lothian has no access to VISOR.</p>	<p>Strategic Structure</p> <p>The East and Midlothian Public Protection Committee (EMPPC) is the local strategic partnership responsible for the overview of policy and practice in relation to Adult Protection, Child Protection, Offender Management and Violence Against Women and Girls. The primary aim of the Committee is to provide leadership and strategic oversight of Public Protection activity and performance across East Lothian and Midlothian. It discharges its functions through four sub-groups which meet quarterly:</p> <ul style="list-style-type: none"> <li>• Performance and Quality Improvement sub-group maintains overview of work through the door and performance in relation to CP and ASP work</li> <li>• Learning and Practice Development sub-group takes forward our 2021-23 strategy for Multi-agency training, and oversees our training programme. Training needs on aspects of Public Protection are considered by this group and are informed by Training Needs Analyses undertaken by the East Lothian Workforce Development Officers in Children's Services and the HSCP.</li> <li>• VAWG delivery group keeps oversight of services for gender based violence</li> <li>• East and Midlothian MAPPA Group (EMMG) oversees MAPPA arrangements.</li> </ul> <p>Critical Services Oversight Group (CSOG), Provides governance and leadership of EMPPC on a quarterly basis</p> <p>Marac (Multi-agency risk assessment conferences) continues to operate on a four weekly basis, by Microsoft Teams, with additional meetings scheduled to respond to increase in demand, ensuring that the needs of and supports to highest risk victims of domestic abuse are planned for on a multi-agency basis.</p> <p>East Lothian S&amp;T implementation group will continue to meet to review and maintain oversight of training and embedding S&amp;T in practice in East Lothian. This will also be monitored via EMPPC Learning and Development Sub-group.</p> <p>A Joint Strategic Needs Assessment for Public Protection has been developed and is being reviewed by CSOG. This projects increased demand for services and makes a number of recommendations for the future delivery of Public Protection services.</p> <p>ELC H&amp;SCP Management attend NHS Gold meetings where the capacity gap is detailed and set in the context of the wider system risk caused by challenges facing NHS Lothian acute sites</p> <p>ELC H&amp;SCP have monthly Care at Home Oversight Group Meetings to monitor the levels of provision of essential care at home. The council's CSWO attends this meeting to ensure discharge of assuring the quality of care. This will remain in place until there is assurance of stability.</p> <p>Care at Home service provision continues to be monitored via East Lothian and Midlothian Public Protection Committee and Critical Services Oversight Group which both meet quarterly.</p> <p>A risk management tool has been developed in relation to Care at Home to provide consistency in how the providers are assessing their capacity to respond and deliver their required level of service.</p> <p>Policies, Protocols, Procedures and Guidance are in place, subject to ongoing review and update and available on Public Protection website: www.emppc.org.uk.</p> <p>Chief Social Work Officer (CSWO) fulfils statutory role and responsibilities, overseeing and reporting on Public Protection issues to Chief Executive and Elected Members, reporting annually to Council giving oversight of Public Protection performance including assessment of risks and pressures.</p> <p>The Council continues to work towards delivering the UK Government's Counter Terrorism strategy, known as CONTEST, of which Prevent is a key element. EMPPC has a Prevent referral pathway which has been reviewed.</p> <p>The Lead Officer for Adult Protection leads the Council Officer forum, to support learning and practice and process consistency in Adult Protection.</p> <p>All Regulated Services e.g. Care homes for older people, residential units for young people, Schools are inspected by Care Inspectorate and Education Scotland. Improvement plans are implemented following all Regulated Services inspections. A weekly Care at Home Oversight Group has been established to oversee and manage risks in relation to staffing</p> <p>Both the Lead Officer for Child Protection and Adult Protection participate in the Inter-agency Referral Discussion Overview Group, which reviews and provides quality assurance of the decisions taken to manage vulnerable children and adults risks.</p> <p>The CSWO is chair of the local Strategic Oversight Group for MAPPA and actively involved in national and local discussions around MAPPA information sharing, supported by ELC legal and justice services. The East and Midlothian MAPPA Group provides oversight and assurance of local MAPPA performance and practice.</p> <p>The CSWO remains actively engaged in national meetings aimed at achieving a long-term solution to the MAPPA information sharing / VISOR issue ahead of the implementation of the replacement system MAPPS. The CSWO will continue to provide regular assurance of the safety of MAPPA practice to the CEO.</p> <p>The CSWO and Chief Executive are fully sighted on the current situation regarding VISOR. Access to VISOR requires Non-Police Personnel Vetting L2 or L3 and this is a highly intrusive process and colleagues in legal, Information Governance and HR have advised that JSW staff cannot be instructed to undertake this vetting and have confirmed that JSW need access to the information that VISOR holds only, not the system itself, to fulfil their duties under the Management of Offenders (Scotland) Act 2005 on which MAPPA is based.</p>	High	12	Medium	8	<p>Wilson, Fiona M</p> <p>Awaiting outcome through PPC - IG January 2023</p> <p>No update for FW to own - awaiting output (June) - IG 4/5/23</p> <p>CSOG has completed a strategic needs assessment and are now reviewing the role and function of CSOG with a view to improving local public protection strategic processes. This work is being supported by the Care Inspectorate who have facilitated development workshops with members. This work is ongoing. Review in 3 months - FW 20/7/23</p> <p>HSCP leads linking in with work through PPC - IG January 2023</p> <p>Ongoing to September 2023 - IG 4/5/23</p> <p>Update sought re: training - FW 12/7/23</p> <p>Review of CIP function underway - IG January 2023</p> <p>This is continuing to September 2023 - IG 4/5/23</p> <p><b>The East Lothian Partnership's establishment of the new Community Safety and Justice Partnership, and creation of its 3 supporting groups - Community Safety Group, Community Justice Group and Equally Safe Group - will see a renewed focus on community safety and justice priorities during 2023/24. - Risk reviewed by Director of ELHSCP and CSW - September 2023</b></p>	30/06/2023
3918	Regulatory Inspections	<p>There is a risk that external regulatory inspections identify significant weaknesses in our services leading to reputational damage and sustainability of the Partnership e.g. external audit, Joint Strategic Inspections, Best Value Review.</p> <p>Anticipate joint inspection of adult support and protection within the financial year.</p> <p>Partnership plans are progressing in anticipation of joint inspection of ASP currently reviewing available evidence and preparation of draft position statement</p>	<ol style="list-style-type: none"> <li>1. Systematic approach to preparation for inspections</li> <li>2. Ensuring a proactive approach to regulatory requirements</li> <li>3. Joint Improvement Planning in response to inspection findings</li> <li>4. Regular Self Evaluation and Improvement Planning e.g. PSIF and HGIOC</li> <li>5. Preparation for inspection used as a learning tool</li> <li>6. Review and adoption of any post inspection improvement plan requirements and any external national audit report requirements.</li> <li>7. H&amp;SCP Clinical &amp; Care Governance Committee has been established to monitor effective implementation of all improvement plans ensuring practice improvement is embedded.</li> <li>8. Quality and Service Improvement Manager now in post and progressing evidence based record on continuous improvement.</li> </ol> <p>Preparatory activity for inspection is underway.</p>	Medium	6	Medium	6	<p>Wilson, Fiona M</p> <p>Eskgreen and Abbey site reviews completed. Works completed to meet requirements.</p> <p>Eskgreen site medium term plan being taken to council for approval to progress - IG 1/11/22</p> <p>Inspections and action plans have been developed on all sites to address any shortfalls - LC 1/11/22</p> <p>A Care Inspectorate visit was carried out on 30 May 2022 and highlighted significant concerns regarding the condition of the building at Eskgreen. And asked that an action plan be developed to outline the long term provision of refurbishment upgrades across the home.</p> <p>This was actioned and a thorough assessment of the building took place.</p> <p>As well as looking at refurbishment plans, options were also considered to identify relocation proposals for Eskgreen residents within other care home facilities on either a temporary or permanent basis.</p> <p>Options were submitted to Elected Members on Tuesday 12 December 2022 where it was agreed that the option that would provide the best level of long-term care would be to permanently relocate residents to existing care home facilities, and decommission Eskgreen as a Care Home facility.</p> <p>This work is ongoing and will be completed by April 2023.</p> <p>To date The Abbey has had alterations and upgrades as described below but the long term future of The Abbey will have to be reviewed as part of the ongoing re-design programme. Margaret Drew 22/2/23</p> <p>The Abbey was recently inspected and no environmental improvements have been identified by the Care Inspectorate. LC 2/5/23</p> <p>Eskgreen due to the environmental issues has now closed. The abbey has completed the work outlined at the last inspection in terms of all the environmental issues highlighted at the last inspection. LC 3/8/23</p>	01/10/2023
E412	Safe nursing staff levels	<p>There is a risk of insufficient nurse staffing levels caused by high level of sickness/absence: High</p>	<p>7.30am daily staff safety huddle, attend by ward and day services charge nurses, AHP, Nurse Practitioners, Site and Capacity and 2.45pm</p>	High	16	Medium	8	<p>Weekly operational meetings and oversight group set up to ensure assurance and governance MK Feb 2023</p> <p>ASP inspections progressing positively, report expected 29/5 subsequent action plan to be developed - MK 2/5/23</p> <p>ASP inspections completed. Post inspection - there requires to be an operational meeting to ensure completion of the ASP improvement plan and oversight of associated actions/ planning.</p> <p>This meeting now sits with the Public Protection office as the lead agency for the improvement plan. Graeme Mclean 25/7/23</p>	01/10/2023
E412	Safe nursing staff levels	<p>There is a risk of insufficient nurse staffing levels caused by high level of sickness/absence: High</p>	<p>7.30am daily staff safety huddle, attend by ward and day services charge nurses, AHP, Nurse Practitioners, Site and Capacity and 2.45pm</p>	High	16	Medium	8	<p>Weekly operational meetings and oversight group set up to ensure assurance and governance MK Feb 2023</p> <p>ASP inspections progressing positively, report expected 29/5 subsequent action plan to be developed - MK 2/5/23</p> <p>ASP inspections completed. Post inspection - there requires to be an operational meeting to ensure completion of the ASP improvement plan and oversight of associated actions/ planning.</p> <p>This meeting now sits with the Public Protection office as the lead agency for the improvement plan. Graeme Mclean 25/7/23</p>	01/10/2023



412	Care nursing staff levels of inpatient ward areas	Vacancies, insufficient supply of registered staff. This could result in compromised patient safety, prolonged length, and unsatisfactory patient experience							31/03/2024
3914	Service Activity Pressures	<p>There is a risk that demographic pressures see demand for services outstrip available budgetary and staffing resources leading to unmet client need and risk to clients safety and independence, potentially generating reputational risk for East Lothian Council.</p> <p>Service Activity pressures see demand for services outstrip available budgetary and staffing resources leading to unmet client need and risk to clients safety and independence, potentially generating reputational risk for the Council as well as failing to meet statutory responsibilities.</p> <p>COVID impacting service capacity by causing significant ongoing staffing pressures.</p> <p>This risk is managed by the IUB</p> <p>Care at home external provision remain static at significantly lower levels which impacts on risks and hospital discharges.</p>	<p>1. New planning structure established which will support an overall programme of change and include a number of change boards to which all projects will report. Changes boards reflect agreed priorities of the IUB and include Primary Care, Shifting the Balance of Care, Adults with Complex Needs, Mental Health, Carers and Reprovisioning.</p> <p>2. New planning structure includes Reference Groups as well as Change Boards. Reference groups are multi-stakeholder and include service users, carers, voluntary sector organisations, practitioners, community planning partners, housing colleagues and other groups.</p> <p>3. Resource Allocation System (RAS) established with additional short term practitioner capacity to accelerate pace of reviews to ensure resources are allocated according to need within financial constraints.</p> <p>4. Application of the Eligibility criteria has been reviewed and delegated authority implemented. Scrutiny of budget authorisations and analysis of trends through delegated authority.</p> <p>5. Self Directed Support (SDS) implemented and audited with action plan in place.</p> <p>6. Currently commission a range of services which fulfil an early intervention and prevention role. As part of continual planning and service redesign. Mandatory "Golden Threads" have been established which all change programmes and projects must evidence as having achieved as part of the proposed change. These include early intervention and prevention.</p> <p>7. Strong relations with third sector organisations etc.</p> <p>8. A three year increased investment plan was agreed at the IUB in early 2017. April 2019 will see the third year of this agreement start where day centres will be operating to a new Service Level Agreement.</p> <p>9. All funding of commissioned provision has undergone a Strategic Fit and Best Value review. This includes Integrated Care Fund funding and services.</p> <p>10. Three year budget efficiency plans developed for implementation from 2019 - 2022.</p> <p>11. Services forecast trajectory of need across all Care Groups to inform service development and financial planning.</p> <p>12. Recovery Plan is in place.</p> <p>13. Financial overview regularly considered short, medium and long term measures for resourcing.</p> <p>14. Resource allocation system - delegated authority is in place.</p> <p>15. Community transformation approved at IUB summer 2021 - adults of carers change board overseeing.</p> <p>16. ICAT forum continues to ensure resources are deployed effectively as possible.</p> <p>Care home placements for older people restricted by this sector recruitment and retention.</p>	High	12	Medium	9	<p>Wilson, Fiona M</p> <p>02/07/19: Report feedback 4/7/19. Action plan implemented and to be reviewed 6 monthly.</p> <p>8/7/20: Will be reviewed by end January 20 and updates communicated.</p> <p>22/09/21: Review of SDS - met some level of need. Progress of SDS put on hold to mitigate risk - not completed due to Covid &amp; agreement of realistic resources.</p> <p>10/8/22 - SDS Action plan requires re-visiting to identify outstanding and new actions. MK</p> <p>Christine Johnson to scope out what o/s actions there are - MK 11/5/23</p> <p>Operational staff met with planning and performance staff to see what had been progressed and what is outstanding regarding the SDS action plan. Requirement for GM of P&amp;P and ASW GM to look at the resources required to who will take forward - LK 22/8/23</p> <p>August 2022 - papers presented to IUB in June 2021 and a set of principles were agreed. Update on progress to be presented to SPG in August 2022 and then to IUB.</p> <p>Update on progress presented to SPG in September 2022 - IG 1/11/22</p> <p>A Care Inspectorate visit was carried out on 30 May 2022 and highlighted significant concerns regarding the condition of the building at Eskgreen. And asked that an action plan be developed to outline the long term provision of refurbishment upgrades across the home.</p> <p>This was actioned and a thorough assessment of the building took place.</p> <p>As well as looking at refurbishment plans, options were also considered to identify relocation proposals for Eskgreen residents within other care home facilities on either a temporary or permanent basis. Options were submitted to Elected Members on Tuesday 12 December 2022 where it was agreed that the option that would provide the best level of long-term care would be to permanently relocate residents to existing care home facilities, and decommission Eskgreen as a Care Home facility.</p> <p>This work is ongoing and will be completed by April 2023.</p> <p>To date The Abbey has had alterations and upgrades as described below but the long term future of The Abbey will have to be reviewed as part of the ongoing re-design programme. Gillian Neil 27/2/23</p> <p>No further update IG 4/5/23</p>	31/12/2023
5696	Sustainability of General Practice in East Lothian	<p>There is an increased risk that General Practice in East Lothian is unsustainable because of increasing demands (population growth, demographic growth and more failure management due to constraints in the wider health system) and restricted resources (partial delivery of 2018 GMS Contract) available to respond to these demands.</p> <p>This will lead to reduced access for patients, reduced provision of service and may lead to the return of one or more contracts to NHS Lothian by General Practices. It may also lead to NHS Lothian and the IUB failing to provide access to GMS services for all residents in East Lothian.</p>	<p>GMS contact, associated national and local enhanced services commit funding to General Practices to provide service</p> <p>PCP funding to provide services to transfer work from general practice teams (impact of control is limited due to national funding and workforce so has not fully supported the ambitions of the 2018 GMS contract)</p> <p>Regular contact with General Practices and representatives (Informal GP Reps meeting, Practice Reps meeting, Practice Managers' meeting Primary Care Change Board, communication channels with practices (e.g generic mailbox, direct contact with HSCP staff)</p> <p>GPAS report (organised by LMC for practice teams to self report on pressure and workload)</p>	High	12	Medium	8	<p>Hood, David - SHOULD BE FIONA?</p> <p>10/8/22 - IRIS will provide report covering summary of activity with the service over past 12 months. Revisions to process and paperwork are at an advanced stage. The intention is that a 'test' phase will commence in October 2022. MK</p> <p>Test phase commence in line with new MOSAIC developments - IG 1/11/22</p> <p>IRIS project coming to and end and due to be completed 31/3/23. final report will be prepared and made available specific changed to MOSAIC processes will go live with upgraded system - MK February 2023</p> <p>Concluded as of 31/3/23 await final report MK 2/5/23</p>	31/07/2023
5413	Water Quality	<p>Belhaven Community Hospital not in use and services within the Edington have stopped using and water.</p>	<p>Lorraine Cowan working with NHSI infection prevention control team to progress the the media works required for Belhaven Hospital and Edington Hospital.</p>	Medium	8	Medium	4	<p>Wilson, Fiona M</p> <p>Work commenced across site to improve plumbing to address the issues. General upgrade has been agreed and will commence from January 2023.</p> <p>All patients decanted to Ward 6 within the ELCH and a plan has been developed to return to the base hospital unit from Mid January 2023. LC 1/11/22. A programme of work was developed to address the water quality and asbestos found. Work will be concluded by the middle of January and staff and patients scheduled to move back on the 16th of January 2023.</p> <p>Edington issues have been resolved and all services have been reinstated. LC 22/12/22</p> <p>Estates have developed a schedule of works that has addressed the water quality issues at Belhaven. The work within ward one has been completed and the residents moved back to Blossom house on the 19th of January. Work on ward 3 has commenced and will be completed by the end of February to allow ward 3 to re-open. LC 23/01/23</p> <p>Issues in the Hub being rectified and set to open in 6 weeks time. LC 2/5/23</p> <p>The only area in the hospital left to have work completed is the HUB. Work has commenced within the hub which should be completed by the end of October 2023. LC 3/8/23</p> <p>Work on ward 3 is completed</p> <p>Work on the Hub (what was Ward 2) has commenced. Due to the need to order parts this will add circa 6 weeks to the lead-in time for it to be ready for occupation. Current expected date for the Hub to be functional is the end of October 2023 - Gordon Gray 22/8/23</p>	31/11/2023
								<p>Communication with staff, relatives and clients ongoing - IG 1/11/22. Communication with patients and relatives continued throughout the work, meetings were held with patient and relatives throughout the process. A newsletter was developed to continue ensuring that information was being given throughout the process, especially regarding the festive period. LC 22/12/22</p> <p>Staff, resident and relatives engagement continued throughout the festive period and in to January, this was well received by everyone involved, feedback has been very positive and encouraging. A Video of residents moving back into blossom house has been developed and readily available for everyone to view, highlighting the many positive changes that have been made to the ward. LC 23/01/23</p> <p>Senior Communications Adviser continues to issue and update newsletter every 4 weeks to staff, residents and relatives to keep all well involved and updated. LC 2/5/23</p> <p>as above LC 3/8/23</p>	31/10/2023

Orthopaedic Rehab Pathway Ability to delivery orthopaedic rehab program for Lothian

Workforce  
30 day length of stay

Drug-related deaths in EL Use of illicit drugs continues to put the lives and safety of young people and adults at risk, which may result in debt related violence or death.

Substance Use Services have successfully implemented Medication Assisted Treatment Standards 1- 5 offering:

- Dedicated contact service
- same day assessment and treatment,
- Robust non-fatal overdose pathway where assertive outreach nurses offer harm reduction and support
- Development of low threshold cafes

Effective multi agency working with Police Scotland, MELDAP, Substance Use, SW and other partners.

Effective communication shared with local communities and partners re recent risk of illicit substances available within East Lothain and risks associated with this

Clinical Care Governance



**REPORT TO:** East Lothian IJB Audit & Risk Committee  
**MEETING DATE:** 5 December 2023  
**BY:** Chief Internal Auditor  
**SUBJECT:** Internal Audit Report – Change Board Governance

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## **1 PURPOSE**

- 1.1 To inform the Audit and Risk Committee of the recently issued audit report on Change Board Governance.

## **2 RECOMMENDATIONS**

- 2.1 The Audit & Risk Committee is asked to note the contents of the audit report.

## **3 BACKGROUND**

- 3.1 An assurance review of Change Board Governance has been undertaken as part of the Audit Plan for 2023/24.
- 3.2 The main objective of the audit was to review the adequacy and effectiveness of the arrangements in place for Change Board Governance within the East Lothian IJB.
- 3.3 The main findings from our audit work are outlined in the attached report which has been graded Reasonable Assurance.

## **4 ENGAGEMENT**

- 4.1 The findings from the review have been discussed with Management, but do not require wider engagement.

## **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.

## **8 RESOURCE IMPLICATIONS**

8.1 Financial – None

8.2 Personnel – None

8.3 Other – None

## **9 BACKGROUND PAPERS**

9.1 None

### **Appendix 1: Internal Audit Report – Change Board Governance**

<b>AUTHOR'S NAME</b>	Duncan Stainbank
<b>DESIGNATION</b>	Chief Internal Auditor
<b>CONTACT INFO</b>	dstainbank@eastlothian.gov.uk
<b>DATE</b>	29 November 2023



East Lothian Integration Joint Board  
Change Board Governance  
November 2023

Conclusion

Reasonable Assurance

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# 1 Executive Summary: Change Board Governance

## Conclusion: Reasonable Assurance

The East Lothian Integration Joint Board has established a 'Change Board' structure for monitoring the delivery of strategic priorities, however the recent report on the Structure and Governance Review of Change Boards, that was approved by the East Lothian Strategic Planning Group on 05/10/2023, identified weaknesses in the framework for Change Boards. Internal Audit supports the recommendations made in this report, although we have identified some further improvements, including recommendations being allocated a clear responsible officer and target date for implementation, the development of a review process to ensure that the recommendations are appropriately followed-up and an annual review of Change Boards' communication strategies with service users and stakeholders.

### Background

The East Lothian Integration Joint Board's Strategic Plan 2022 – 25 was formally approved by the Board on 15/09/2022 and has seven strategic objectives, including developing services that are sustainable and proportionate to need and delivering new models of community provision, working collaboratively with communities. A 'Change Board' structure has been established for monitoring the delivery of these strategic priorities, each Change Board is created with a remit to oversee a range of change projects and programmes arising from the strategic priorities and is chaired by a senior HSCP Officer. The governance framework in place requires Change Boards to present regular updates to the Strategic Planning Group outlining the progress being made towards the delivery of key workstreams. The recent report on the Structure and Governance Review of Change Boards approved by the East Lothian Strategic Planning Group on 05/10/2023 has been taken into consideration during this audit.

### Summary of findings & recommendations

The following key findings and recommendations are highlighted, which have all been **agreed by Management**:

- While the Strategic Planning Group have approved recommendations in respect of Change Boards, which are supported by Internal Audit, the recommendations have not been allocated a clear responsible officer or target date for implementation. *Management have agreed to produce an action plan for Change Boards, which will clearly outline the responsible officer and target date for each of the recommendations approved by the Strategic Planning Group by May 2024.*
- The East Lothian Integration Joint Board have yet to develop a review process to ensure that the recommendations approved by the Strategic Planning Group are appropriately followed-up. *Management have agreed to produce a combined Change Board Project Delivery Plan which will incorporate the implementation of the recommendations and will be reviewed by the Strategic Planning Group by August 2024.*
- Change Boards should undertake an annual review of their communication strategies with service users and stakeholders to confirm that all groups are being appropriately consulted. *Management have agreed to undertake a review of how Change Boards communicate with service users and stakeholders, in conjunction with the recommendations proposed in the report on the Structure and Governance Review of Change Boards by August 2024.*

### Recommendation Summary

Recommendations Grade	High	Medium	Low	Total
Current Report	-	3	-	3
Prior Report	-	2	3	5

### Materiality

The East Lothian Integration Joint Board incurred expenditure of £199.2 million in 2021/22 and had annual expenditure of approximately £214.7 million in 2022/23. The Integration Joint Board receives approximately two thirds of its funding from NHS Lothian and one third from East Lothian Council. The Integration Joint Board currently has six active Change Boards.

## 2 Headlines

Objectives	Conclusion	Comments
1. Change Boards have a clear Terms of Reference to support decision making by the Strategic Planning Group and the Integration Joint Board.	Reasonable	The East Lothian Integration Joint Board's Strategic Plan 2022 – 25 was formally approved by the Board on 15/09/2022 and has seven strategic objectives. The East Lothian Integration Joint Board has established a 'Change Board' structure for monitoring the delivery of these strategic priorities. The report on the Structure and Governance Review of Change Boards was approved by the East Lothian Strategic Planning Group on 05/10/2023 and identified weaknesses in the framework for Change Boards including their Terms of Reference. Internal Audit supports the key recommendations made in this report, however we have identified some improvements, including the need for recommendations to be allocated a clear responsible officer and target date for implementation. In addition, a review process requires to be developed to ensure that the recommendations are appropriately followed-up.
2. The delivery of projects and programmes is supported by an appropriate standardised process that is being utilised correctly.	Reasonable	From our review, we found that the report on the Structure and Governance Review of Change Boards identified that improvements were required in respect of standardised project documentation and made the following recommendation: 'Where projects are initiated by Change Boards, a Project Delivery Plan should be developed – a template will be provided for this (covering planned activity, timescales, engagement, measurable outcomes, links to IJB strategic priorities, etc.)'. Internal Audit supports this recommendation.
3. Arrangements are in place to ensure the use of reference and other involvement groups is reasonable and supports the delivery of the strategic objectives.	Reasonable	The use of reference and other involvement groups was appropriate to the delivery of the objectives for the Change Boards reviewed. The Community Hospitals and Care Homes Provision Change Board had a Communication and Engagement Strategy in place, however for the Carers Change Board, we were advised that communication is primarily by email, and that circulation and communication strategies require to be further developed. An annual review of communication strategies with service users and stakeholders should be undertaken to confirm that all groups are being appropriately consulted.
4. The Strategic Planning Group have governance processes in place across the Change Boards, which are appropriately managed and monitored.	Reasonable	For the two Change Boards reviewed, we found that regular updates had been presented to the Strategic Planning Group or IJB (SBAR reports) outlining the progress being made towards the delivery of key workstreams, however the report on the Structure and Governance Review of Change Boards recommended that: 'Improvements should be made to the administrative arrangements for Change Boards. This should include establishing a standardised approach to minuting meetings and to the filing of reports, minutes, and other Change Board outputs.' Internal Audit supports this recommendation.
5. Communication takes place across partner organisations for programmes of work or any change of Directions.	Reasonable	For the two Change Boards examined, we are advised that members of the partner organisations (East Lothian Council and NHS Lothian) attend the Change Board meetings and that key decisions which may impact on the partner organisations are communicated during these meetings. The decisions are subsequently summarised in the minutes of the meetings which are shared with all members.



### 3 Areas where expected controls are met/good practice

No.	Areas of Positive Assurance
1.	<p>The East Lothian Integration Joint Board has recognised the need for a review of Change Board Governance and the report on the Structure and Governance Review of Change Boards was approved by the East Lothian Strategic Planning Group on 05/10/2023. The following key recommendations were approved by the Strategic Planning Group:</p> <ul style="list-style-type: none"><li>• Change Boards should produce new / updated Terms of Reference (ToR) based on a generic template provided. ToR should then be reviewed annually to ensure that they are still appropriate, and that Change Board activity remains on track.</li><li>• Change Board ToR should include details of how they plan to engage with stakeholders and how stakeholder feedback will inform Change Board activity.</li><li>• ToR should, where appropriate, include arrangements for 'closing' Change Boards on completion of activity, including plans and timescales for final reporting to the SPG / IJB.</li><li>• Individual Change Boards should be required to produce an annual programme outlining projects / workstreams planned for the year ahead, including specifying dates for any reporting required to the SPG / IJB.</li><li>• Change Boards should focus on transformation / change projects and activities and should not be involved in overseeing operational activity. Regular review of Change Board ToR and annual programme planning will help to maintain this focus.</li><li>• Where projects are initiated by Change Boards, a Project Delivery Plan should be developed – a template will be provided for this (covering planned activity, timescales, engagement, measurable outcomes, links to IJB strategic priorities, etc.).</li><li>• Change Board membership should include the General Manager whose role links most closely to the Change Board remit. Where possible, the relevant General Manager should act as Chair for the Change Board (and will be responsible for appointing a Vice Chair).</li><li>• Membership of each Change Board should also include a Strategy Officer from the Planning and Performance Team whose role should include providing a link to other strategic activity.</li><li>• Change Board Chairs should be included in the membership of the SPG (with Vice Chairs attending the SPG in their absence).</li><li>• The current TEC Board should be established as a formal Change Board, with ToR and an annual programme plan as described above.</li><li>• Improvements should be made to the administrative arrangements for Change Boards. This should include establishing a standardised approach to minuting meetings and to the filing of reports, minutes, and other Change Board outputs.</li></ul>

# 4 Detailed Recommendations

## Terms of Reference

Objective 1	Findings & Risk 1	Grade	Recommendations
	<p>The East Lothian Integration Joint Board’s Strategic Plan 2022 – 25 was formally approved by the Board on 15/09/2022 and has seven strategic objectives, including developing services that are sustainable and proportionate to need and delivering new models of community provision, working collaboratively with communities. We found that a ‘Change Board’ structure has been established for monitoring the delivery of these strategic priorities.</p> <p>A report on the Structure and Governance Review of Change Boards was approved by the East Lothian Strategic Planning Group on 05/10/2023 and identified weaknesses in the framework for Change Boards including their Terms of Reference. In respect of Terms of Reference, the report recommended that: ‘Change Boards should produce new/updated Terms of Reference (ToR) based on a generic template provided. ToR should then be reviewed annually to ensure that they are still appropriate, and that Change Board activity remains on track.’</p> <p>The report on the Structure and Governance Review of Change Boards made a total of 36 recommendations. Internal Audit supports the key recommendations made in this report, however we have identified some further improvements, including the need for recommendations to be allocated a clear responsible officer and target date for implementation. In addition, a review process requires to be developed to ensure that the recommendations are appropriately followed-up.</p>	<b>Medium</b>	<p><b>1.1 Management should ensure that each of the recommendations approved by the Strategic Planning Group are allocated a clear responsible officer and target date for implementation.</b></p> <p><b>1.2 A review process should be developed to ensure that the recommendations approved by the Strategic Planning Group are appropriately followed-up.</b></p>

Management Response	Responsible Officer & Target Date
<p><b>1.1 Agreed – the Chair of each Change Board will be responsible for ensuring that the recommendations approved by the Strategic Planning Group are implemented.</b></p> <p><b>1.2 Agreed – a combined annual Project Delivery Plan will be brought to the Strategic Planning Group at the beginning of the reporting year, this will include follow-up to previous years and is in addition to the individual Change Boards reporting to the Strategic Planning Group.</b></p>	<p><b>1.1 Change Board Chairs May 2024</b></p> <p><b>1.2 General Manager – Planning and Performance August 2024</b></p>

# 4 Detailed Recommendations

## Reference and Other Involvement Groups

Objective 3	Findings & Risk 1	Grade	Recommendation
	<p>For a sample of two Change Boards (Carers Change Board and the Community Hospitals and Care Homes Provision Change Board), we checked to ensure that the use of reference and other involvement groups was reasonable and supported the delivery of the strategic objectives, and that the two Change Boards had appropriate communication strategies in place. The following points were noted:</p> <ul style="list-style-type: none"> <li>• The overarching remit of the Carers Change Board as per the Terms of Reference provided was the implementation of the Carers Strategy (Direction 14b) and the use of reference and other involvement groups by the Change Board was considered appropriate.</li> <li>• For the Carers Change Board, we were advised that communication is primarily by email, and that circulation and communication strategies require to be further developed. However, we are informed that when consulting on specific projects, in person sessions are offered, for example strategy outcomes sessions held at VCEL, Tranent and Leuchie House, North Berwick.</li> <li>• We were informed that one of the key workstreams for the Community Hospitals and Care Homes Provision Change Board was to revisit and oversee the East Lothian Integration Joint Board’s Direction 12l (previously 12d) in relation to community hospitals, care homes and the development of intermediate care services. The Change Board established three working groups (Communication and Engagement, Capacity and Planning, and Finance and Capital) to help consider community hospital and care home provision in East Lothian. This Change Board is now closed down with the Chief Officer and Senior Management Team being directed to develop a range of capacity options for inpatient community hospital and care home beds, together with intermediate care services based on the work carried out by the Change Board. From our review, we found that the use of reference and other involvement groups had been appropriate to the delivery of the Change Board’s strategic objectives.</li> <li>• The Community Hospitals and Care Homes Provision Change Board had a Communication and Engagement Strategy in place.</li> </ul>	<b>Medium</b>	<b>3.1 Management should ensure that Change Boards annually review their communication strategies with service users and stakeholders to confirm that all groups are appropriately consulted on key projects.</b>

Management Response	Responsible Officer & Target Date
<p><b>3.1 Agreed – service user and stakeholder engagement is included within each Project Delivery Plan template to evidence how stakeholders’ opinions will be incorporated into the Change Board. Decisions will be shared through normal communication channels, including communications with stakeholders, the Strategic Planning Group, the Integration Joint Board, the ELHSCP website and overall through the ELHSCP Communication and Engagement Strategy.</b></p>	<p><b>3.1 Change Board Chairs August 2024</b></p>

# A Recommendation Grading/Overall Opinion Definitions

Recommendation	Definition
<b>High</b>	Recommendations relating to factors fundamental to the success of the control objectives of the system. The weaknesses may give rise to significant financial loss/misstatement or failure of business processes.
<b>Medium</b>	Recommendations which will improve the efficiency and effectiveness of the existing controls.
<b>Low</b>	Recommendations concerning minor issues that are not critical, but which may prevent attainment of best practice and/or operational efficiency.

Levels of Assurance	Definition
<b>Substantial Assurance</b>	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
<b>Reasonable Assurance</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
<b>Limited Assurance</b>	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
<b>No Assurance</b>	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

## B Resource, acknowledgements & distribution list

Internal Audit	
Chief Internal Auditor: Duncan Stainbank	Senior Auditor: Andrew Steven

Review Dates	Completed By Date
Internal Audit Draft Report Submission	20 November 2023
Management Review Completion	23 November 2023
Final Report Issue	28 November 2023

Report Distribution	
Chief Officer East Lothian IJB	General Manager – Planning and Performance
Audit & Risk Committee Members	Audit Scotland

### Acknowledgements:

The weaknesses identified during the course of our audit have been brought to the attention of Management. The weaknesses outlined are those, which have come to our attention during the course of our normal audit work and are not necessarily all of the weaknesses, which may exist.

Although we include a number of specific recommendations, it is the responsibility of Management to ensure that adequate arrangements are in place for complying with Change Board Governance for the East Lothian Integration Joint Board.

The content of this report has been discussed with the General Manager – Planning and Performance to confirm factual accuracy. The assistance and cooperation received during the course of our audit is gratefully acknowledged.



**REPORT TO:** East Lothian IJB – Audit and Risk Committee

**MEETING DATE:** 5 December 2023

**BY:** Chief Internal Auditor

**SUBJECT:** Internal Audit Update of NHS Lothian 2023/24 Audit Reports

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## 1 PURPOSE

- 1.1 To inform the Audit and Risk Committee of the recently issued audit reports relevant to IJB Governance, Internal Control and Risk Management processes submitted to the NHS Lothian Audit & Risk Committee.

## 2 RECOMMENDATION

- 2.1 That the Audit and Risk Committee note the contents of the audit report and consider any risk management implications.

## 3 BACKGROUND

- 3.1 The NHS Lothian Internal Audit team reports key audit findings, conclusions and recommendations to the NHS Lothian Audit & Risk Committee. Some of this internal audit work will provide assurances that should be considered by the East Lothian IJB.
- 3.2 All audit reports are available publicly for review at the following link for NHS Lothian at [Audits \(nhslothian.scot\)](https://www.nhs.uk/audit-reports/).
- 3.3 One audit review is considered appropriate to bring to the attention of the East Lothian IJB Audit & Risk Committee, being the Audit Review of Complaints Handling (Appendix 1). This review was provided with a Limited Assurance grading.

## 4 ENGAGEMENT

- 4.1 Engagement with management will have been undertaken in accordance with the procedures in place for the relevant Internal Audit team.

## **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.

## **8 RESOURCE IMPLICATIONS**

8.1 Financial - None

8.2 Personnel - None

8.3 Other - None

## **9 BACKGROUND PAPERS**

9.1 None

### **Appendix 1: Audit Review of Complaints Handling**

<b>AUTHOR'S NAME</b>	Duncan Stainbank
<b>DESIGNATION</b>	Chief Internal Auditor
<b>CONTACT INFO</b>	dstainbank@eastlothian.gov.uk
<b>DATE</b>	29 November 2023



# NHS Lothian

Internal Audit 2023/24

Complaints Handling

August 2023

## FINAL REPORT

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# Contents



This report is confidential and is intended for use by the management and directors of NHS Lothian. It forms part of our continuing dialogue with you. It should not be made available, in whole or in part, to any third party without our prior written consent. We do not accept responsibility for any reliance that third parties may place upon this report. Any third party relying on this report does so entirely at its own risk. We accept no liability to any third party for any loss or damage suffered or costs incurred, arising out of or in connection with the use of this report, however such loss or damage is caused.

It is the responsibility solely of NHS Lothian's management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.



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<b>Report Distribution</b>	
<b>Executive Lead:</b>	
<ul style="list-style-type: none"> <li>Executive Director of Nursing, Midwifery and Allied Health Professionals</li> </ul>	
<b>For action:</b>	
<ul style="list-style-type: none"> <li>Head of Patient Experience</li> <li>Deputy Director of Nursing</li> </ul>	
<b>For Information:</b>	
<ul style="list-style-type: none"> <li>Director Of Finance</li> <li>Audit and Risk Committee</li> </ul>	

# Executive summary



## Background

NHS Lothian's definition of a complaint is: 'An expression of dissatisfaction by one or more members of the public about the Board's action or lack of action, or about the standard of service provided by or on behalf of the Board.'

NHS Lothian values listening to the opinions and feedback of those making use of their services and are committed to ensuring stakeholder complaints and feedback shapes the work that they do. NHS Lothian has an ambition to ensure that they routinely collect and learn from patients, the public, and health and social care staff. NHS Lothian has a responsibility to acknowledge where things go wrong, put things right as quickly as possible, to learn lessons, prevent reoccurrence, and identify improvements.

The effective management of complaints enables the organisation to provide a better experience to service users. In particular, guidance states the requirement for NHS Scotland organisations to welcome feedback and use to it improve services, to address complaints in a person-centred way, and to respect the rights of patients and the public.

Over the last 2 years there has been significant development and improvement work carried out and the operational arrangements and process for handling complaints was redesigned during 2022 and new protocols introduced across the organisation.



## Objectives

The objective of this review is to provide an independent assessment of the design and operational effectiveness of NHS Lothian's Complaints Handling Arrangements. We reviewed and assessed the controls in place within the updated complaints handling process and considered the progress being made to implement and embed the new processes, ensuring a robust and timely investigation & clear roles and responsibilities .

Our review focussed on the following key risks:

- The new roles and responsibilities and protocols for resolving complaints has not been documented clearly and/or there is no clear mapping or communication of the process resulting in staff being unaware of process requirements and ultimately complaints being mis-managed by NHS Lothian.
- There is ineffective oversight of complaints received across NHS Lothian resulting in the Board not having assurance that all complaints received have been dealt with appropriately.
- There is no feedback loop for lessons learned, and a lack of assurance that teams are acting on recommendations from complaints. As a result, relevant improvements are not identified and shared across the wider organisation where relevant.

Due to the early delivery of this audit in the financial year, and the implementation of updated processes in January 2023, our testing covered the period of January 2023 – April 2023 to ensure we considered a representative sample. We have confirmed with management that processes have remained consistent from January 2023 to present.

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# Executive summary

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## Limitations in scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks exist in this process which our review and therefore our conclusion has not considered. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

During our testing we were unable to review a sample of complaint investigation reports therefore, we cannot provide assurance over the quality of these.

This report does not constitute an assurance engagement as set out under ISAE 3000.



## Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.

# Headline messages



## Conclusion

### Limited Assurance

We have reviewed the processes and controls around complaints handling and have concluded that the processes have provided a **LIMITED LEVEL OF ASSURANCE**. This was confirmed through testing in specific areas of the organisation and through discussions with management.

The risks reviewed are set out on the following page with the assurance rating we have assessed for each one and the number of recommendations raised. We have reported by exception against the areas where we consider that Management and the Audit and Risk Committee should focus their attention.

We reviewed NHS Lothian's processes in place for handling complaints, including, recording, managing, investigating, monitoring progress and responding to complaints received. In January 2023 there were updates made to the roles and responsibilities within the services for complaints; whilst this is being embedded into the ways of working, there are improvements which can be taken forward.

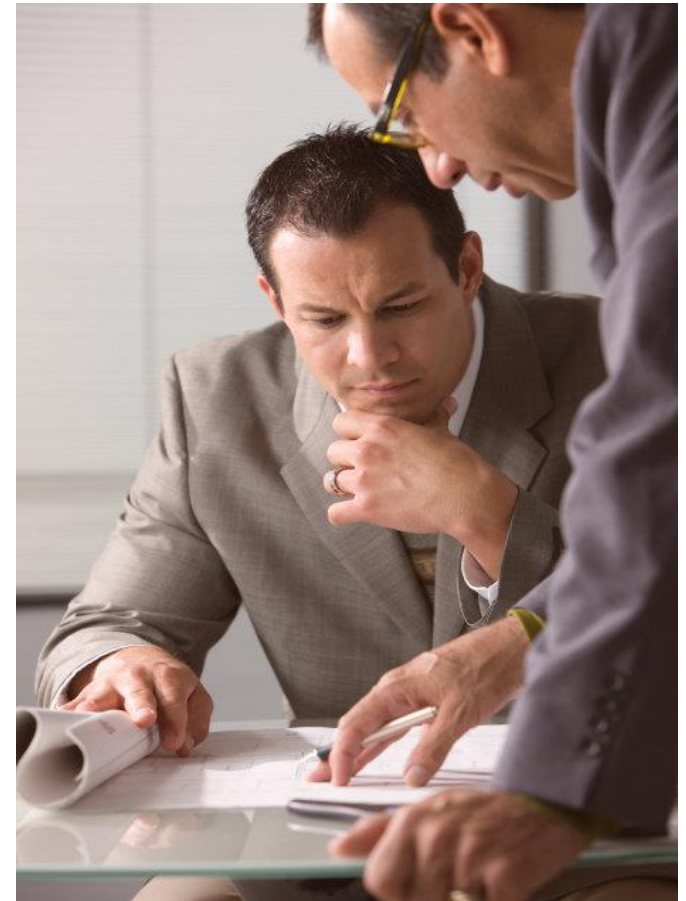
As part of this review, we completed sample testing of both stage 1 and stage 2 complaints, held discussions with services and reviewed processes and reporting.

Our testing of 10 stage 1 complaints identified that 50% of those selected had achieved the required response time. However, from our further high level analysis of all complaints received in the same period, we noted that 208 out of 317 did not comply. This is equivalent to 66%.

Our testing of a sample of 13 stage 2 complaints, identified that lessons learned, and action plans are not consistently created and are not re-visited to confirm that mitigating actions have been put in place. Full details are included within the Detailed Findings and Action Plan of this report.

The Datix system used for the recording of complaints records progress made and maintains a log of uploaded documentation relevant to the complaint which is helpful in managing responses. However, management explained that the reports that Datix provide are not always useful, and further analysis is required. We have therefore considered this to be a low-level recommendation.

We will review progress made as part of our recommendation tracking during the 2023/24 year and summarise progress against these recommendations in our Head of Internal Audit Opinion.



# Headline messages



## Conclusion

We have raised 12 recommendations. The grading of these recommendations based on risk, is summarised in the table below.

Risks	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
The new roles and responsibilities and protocols for resolving complaints has not been documented clearly and/or there is no clear mapping or communication of the process resulting in staff being unaware of process requirements and ultimately complaints being mis-managed by NHS Lothian.	Moderate Assurance	-	1	4	1
There is ineffective oversight of complaints received across NHS Lothian resulting in the Board not having assurance that all complaints received have been dealt with appropriately	Significant Assurance	-	-	1	-
There is no feedback loop for lessons learned, and a lack of assurance that teams are acting on recommendations from complaints. As a result, relevant improvements are not identified and shared across the wider organisation where relevant.	No Assurance	3	2	-	-

# Summary of findings



## Examples of where recommended practices are being applied

- NHS Lothian has up to date process flow charts in place which include sufficient information to allow services to handle complaints relevant to them. The flow charts use colour coding to separate the responsibilities of the services and the patient experience team.
- There is guidance available for those required to investigate complaints, which includes the right knowledge, no conflicts of interest and free from bias. We confirmed the guidance includes links to templates which should be used during the complaints process.
- All complaints policy and process documents are readily available to staff via the intranet.
- For our sample of Stage 1 complaints, we confirmed that all complainants had been contacted throughout the process and contacted via telephone or letter with an outcome/apology.
- The patient experience team are readily available to answer questions or queries from services on the process and have provided training sessions to employees where requested.
- During conversations with the sites across NHS Lothian, it was confirmed that Datix is the single point of reference for complaints.
- There is weekly reporting to the management team which reports open actions with data taken from Datix on the same day and therefore is timely and provides management with accurate figures.
- Fortnightly reporting to the Patient Safety and Action Group includes complaints over 40 days old. During the meeting the relevant Director is invited to attend to explain why the complaint is delayed.
- Annual complaints reporting includes KPI's which have been defined by Scottish Government.



# Summary of findings



## Areas requiring improvement

- There is poor compliance with the Complaints Policy with regard to timeframes (set by Scottish Government) for responding to stage 1 complaints. We analysed the completion dates for all complaints (partially upheld, upheld and not upheld) from January 2023 - April 2023. This confirmed that 65% of complaints were not completed within the target timescales.
- Within our sample of 10 stage 1 complaints from January 2023 - April 2023, where a complaint had not been completed within the timescales the service did not contact the patient experience team to request an extension or contact the complainant to inform them of the delay.
- Datix reporting does not include details required for directorates to act on the information. The reports show clearly the status of complaints by manager, open complaints by stage, and number of days. Through discussions with services, it became apparent that the dashboards do not provide sufficient detailed information for the services to act upon these.
- NHS Lothian does not consistently identify actions for remediation following the investigation of a complaint. We selected a sample of stage 2 complaints made between January and April 2023. For the 13 stage 2 complaints tested, we found that:
  - Where lessons learned and actions were identified, these actions were not SMART.
  - Five complaints had no lessons learned or actions recorded on Datix.
- Whilst the complaints process and flowcharts include establishing lessons learned and actions following a complaint, there is no feedback loop process in place to ensure that actions from complaints have been embedded or sustained.
- There is no defined process in place to ensure the learning that has been identified by an investigation following a complaints investigation is shared across the health board where relevant.



# Detailed findings & action plan

1.1

## Moderate Assurance

The new roles and responsibilities and protocols for resolving complaints has not been documented clearly and/or there is no clear mapping or communication of the process resulting in staff being unaware of process requirements and ultimately complaints being mis-managed by NHS Lothian.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>There is poor compliance with the Complaints Policy with regard to timeframes for responding to stage 1 complaints.</u></p> <p>We selected a sample of stage 1 (Appendix 2) complaints to confirm that the documented process has been followed. Our sample covered the period from January 2023 to April 2023 to ensure we had a representative sample of complaints managed using the updated processes.</p> <p>Of the 10 stage 1 complaints selected:</p> <ul style="list-style-type: none"> <li>Five complaints met the five-day response timescale set by the Scottish Government, and five complaints did not. <ul style="list-style-type: none"> <li>In two cases, the Patient Experience Team (PET) followed up with the service which resulted in a response being issued. The PET are responsible for monitoring, reviewing and issuing the services response to the complainant.</li> <li>In one instance this was due to the complainant not responding to communications with the service.</li> </ul> </li> <li>Where a complaint had not been completed in five days the service did not contact PET or contact the complainant to inform them of the delay or when the next contact will be made as required by the process.</li> </ul>	<p><b>Recommendation 1</b></p> <p>The services should be reminded of the timescales in place for dealing with complaints and the process which should be followed where this has not been achieved.</p> <hr/> <p><b>Recommendation 2</b></p> <p>After the five-day timescale has been breached the Complaints Officer from the PET team should follow up with the service to understand why this is the case and encourage progress.</p>	<p><b>Actions:</b> On issue of the initial communication to service PET will include clarification of the expected timescale (5+5 Days) for the service to issue their response to the complainant.</p> <p>On review at day 5 by the PET team will reiterate to service the operational process (as set out in the stage 1 flowchart ) that they need to follow.</p> <p><b>Responsible Officer:</b> Head of Patient Experience</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 1 September 2023</p> <hr/> <p><b>Actions:</b> On review at day 5 when the PET team reiterate to service the operational process (as set out in the stage 1 flowchart ) that they need to follow they will require service to provide an explanation and offer to support progress.</p> <p><b>Responsible Officer:</b> Head of Patient Experience</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 1 September 2023</p>

# Detailed findings & action plan

1.1	<b>Moderate Assurance</b>	The new roles and responsibilities and protocols for resolving complaints has not been documented clearly and/or there is no clear mapping or communication of the process resulting in staff being unaware of process requirements and ultimately complaints being mis-managed by NHS Lothian.
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Finding and implication	Audit recommendation	Management response, including actions
<p>We analysed the dates for all complaints (partially upheld, upheld and not upheld) from January 2023 - April 2023 to confirm how many Stage 1 complaints were not completed in the five-day timescale - 208 out of 317 (65%) were not completed within the target timescales.</p> <p>The PET are responsible for reviewing and issuing the services response to the complainant.</p>	<p><b>Recommendation 3</b></p> <p>NHS Lothian should ensure that where a stage one complaint did not adhere to the five-day timeframe this is acknowledged when issuing the response.</p>	<p><b>Actions:</b> On review at day 5 when the PET team engage with service the PET team will advise service to apologise if the timeframe for providing a response will exceed 10 days. (See below)</p> <p><b>Responsible Officer:</b> Head of Patient Experience</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 1 September 2023</p>
	<p><b>Improvement Action 1:</b></p> <p>Where a complaint requires more information from the complainant, NHS Lothian should consider implementing a process where they can ‘stop the clock’ until a response is received. This process should be made clear to the complainant.</p>	<p><b>Management Response:</b> Whilst the standard is 5 days there is provision for an additional 5 day extension – when the complaint is received the complainant is advised of a 5 – 10 day expected turnaround</p> <p>The national Complaints Handling Procedure does not make provision for “stopping the clock” however it recognises that complaints cannot be logged or investigated without all of the pertinent details.</p> <p>The PET team currently contact complainants where there is insufficient information to progress the investigation. These complaints are categorised as “further details requested” and the 5 day timeframe does not commence until the necessary information is received.</p>

# Detailed findings & action plan

1.2

Moderate Assurance

The new roles and responsibilities and protocols for resolving complaints has not been documented clearly and/or there is no clear mapping or communication of the process resulting in staff being unaware of process requirements and ultimately complaints being mis-managed by NHS Lothian.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Potential to expand current controls in place around roles and responsibilities.</u></p> <p>During discussions with directorates, we confirmed that directorates understand who their complaints commissioners are, however, this is not documented.</p> <p>One directorate had a matrix in place which allows them to identify the lead investigator for certain complaints. Whilst it may not always be possible for this person to fulfil this role, due to, for example being named in the complaint, it allows the commissioner to quickly assign complaints where this is not the case.</p> <p>A matrix to identify lead investigators could be adopted by each directorate to strengthen the assigning of complaints.</p>	<p>Recommendation 4</p> <p>All directorates should define within their local delivery plan who will fulfil the complaints commissioner role as this currently varies across NHS Lothian.</p> <p>Recommendation 5</p> <p>Local delivery plans for complaints should be updated to include a matrix which allows directorates to identify the lead investigator for sub-directorates.</p>	<p><b>Management Response:</b> The Executive Nurse Director has requested that Business Units (at appropriate level for the part of the organisation) define their local complaints assurance process.</p> <p><b>Actions:</b> CMT will be asked to complete a template setting out the complaints commissioner for each service within scope of responsibility</p> <p><b>Responsible Officer:</b> Executive Nurse Director</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 31 December 2023</p> <p><b>Actions:</b> CMT will be asked to complete a matrix identifying the role responsible as lead investigator for sub directorates.</p> <p><b>Responsible Officer:</b> Executive Nurse Director</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 31 December 2023</p>

# Detailed findings & action plan

2.1

## Significant Assurance

There is ineffective oversight of complaints received across NHS Lothian resulting in the Board not having assurance that all complaints received have been dealt with appropriately.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Datix reporting does not include details required for directorates to act on the information.</u></p> <p>The Datix system used within NHS Lothian for complaints has a dashboard functionality allowing management to easily view progress of open complaints. This is a live system where all additions, closures or amendments are instantly updated.</p> <p>These show clearly the status of:</p> <ul style="list-style-type: none"> <li>complaints by manager,</li> <li>open complaints by Stage, and</li> <li>number of days,</li> </ul> <p>Through discussions with services, it became apparent that the dashboards do not provide sufficient detailed information for the services to act upon these. For example, who the complaint is currently sitting with.</p> <p>As a result, management within the services need to complete further analysis to obtain information required to follow up on overdue complaints.</p>	<p>Recommendation 6</p> <p>A piece of work should take place with directorates to understand what information they require and what expectations they have to be able to access information from the Datix dashboard. This will allow the Patient Experience Team to understand and take action if Datix can be configured to meet these requirements.</p>	<p><b>Management Response:</b> The ability to make changes to the Datix system is not within the scope of PET team and sits with Quality Improvement Support Team.</p> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>1) Invite DATIX to NHS Lothian to understand fully the complaints module and its full functionality <b>by 31 December 2023</b></li> <li>2) The PET Team &amp; QIST will meet with each business unit to explain the functionality / possibilities of the Datix dashboard and to understand their individual requirements. This will be <b>by 31 December 2023</b></li> <li>3) The PET team will collate the responses and establish what as a minimum should be provided in each Dashboard <b>by 31 March 2024</b></li> <li>4) Where additional elements are required (eg reporting) these should be set out as options and feedback back to QIST as administrators of DATIX <b>by 31 July 2024</b></li> </ol> <p><b>Responsible Officer:</b> Head of Patient Experience</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> See above</p> <p><b>Grant Thornton Comment:</b> We have discussed the above timescales with key contacts they are firm that these are the earliest dates they can work too – we suggest that management provide the ARC with a paper to explain in greater detail the process for taking this action forward.</p>

# Detailed findings & action plan

3.1

No assurance

There is no feedback loop for lessons learned, and a lack of assurance that teams are acting on recommendations from complaints. As a result, relevant improvements are not identified and shared across the wider organisation where relevant.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>NHS Lothian does not consistently identify actions for remediation following the investigation of a complaint.</u></p> <p>We selected a sample of stage 2 (Appendix 3) complaints made between January 2023 and April 2023.</p> <p>For the 13 stage 2 complaints we selected, we reviewed Datix to confirm that appropriate actions have been identified and an action plan is in place to implement the actions. We found that:</p> <ul style="list-style-type: none"> <li>• Eight complaints had lessons learned and subsequent actions identified. However, these actions were not SMART (specific, measurable, achievable, realistic, timely).</li> <li>• Five complaints had no lessons learned or actions recorded on Datix.</li> </ul> <p>As a result of a lack of action plans, there are common themes across complaints which are reoccurring, for example, within our sample three out of five complaints from the Acute Medicine directorate were focused on lack of discharge planning.</p> <p>Having action plans and lessons learned will enable themes to be identified and improvements to be made which should in turn reduce the number of complaints received.</p>	<p><b>Recommendation 7</b></p> <p>Following an investigation of a stage 2 complaint, an action plan must be uploaded onto Datix as well as:</p> <p>EITHER – confirmation that it is in place prior to issuing a response to the complainant.</p> <p>OR – where an action plan is not relevant, this should also be recorded within Datix.</p>	<p><b>Actions:</b> The lead investigator role will be further defined to include the development of the action plan (the investigation commissioner is currently responsible for ensuring this is done)</p> <p>CMT will instruct business units on the requirement to develop and upload action plans or record as not required</p> <p>PET will escalate to the relevant investigation commissioner where this has not been done</p> <p><b>Responsible Officer:</b> Head of Patient Experience</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 31 December 2023</p>
	<p><b>Recommendation 8</b></p> <p>Training should be held with complaints commissioners, complaints investigators, and those with responsibility to review and sign off action plans, covering key elements of an effective action plan including SMART actions (specific, measurable, achievable, realistic, timely).</p>	<p><b>Actions:</b> Training resources will be developed as part of a commissioned programme of work around learning from patient experience and outcomes.</p> <p><b>Responsible Officer:</b> Head of Patient Experience</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 31 March 2024</p>

# Detailed findings & action plan

3.1	No assurance	There is no feedback loop for lessons learned, and a lack of assurance that teams are acting on recommendations from complaints. As a result, relevant improvements are not identified and shared across the wider organisation where relevant.
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Finding and implication	Audit recommendation	Management response, including actions
Finding 3.1 continued.	<p>Recommendation 9</p> <p>The investigation commissioner should ensure that actions arising from complaints are SMART (specific, measurable, achievable, realistic, timely) prior to approval of an action plan to assist in the clarity and monitoring.</p>	<p><b>Actions:</b></p> <p>Review toolkit to include details of action planning</p> <p>The investigation commissioner role will be further defined to include the review of the action plan</p> <p><b>Responsible Officer:</b> Head of Patient Experience</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 31 March 2024</p>

# Detailed findings & action plan

3.2

No assurance

There is no feedback loop for lessons learned, and a lack of assurance that teams are acting on recommendations from complaints. As a result relevant improvements are not identified and shared across the wider organisation where relevant.

Finding and implication	Audit recommendation	Management response, including actions
<p>NHS Lothian has no established process to monitor the implementation and sustainability of actions identified following the investigation of a complaint.</p> <p>Whilst the complaints process and flowcharts include establishing lessons learned and actions following a complaint, there is no process in place to ensure that actions from complaints have been embedded or sustained, and there is a potential risk that similar complaints will re-occur if actions are not embedded and sustained.</p> <p>Without this in place, it is likely that incomplete actions may go undetected, and patients will experience the same issues going forward.</p>	<p>Recommendation 10</p> <p>NHS Lothian should develop a process to monitor if actions identified and included within the action plan following the investigation of a complaint have been implemented and sustained following implementation.</p>	<p><b>Actions:</b> CMT will be asked, as part of their local complaints assurance process flowchart, to identify the management oversight in place to follow up action plans for each service within scope of responsibility.</p> <p><b>Responsible Officer:</b> Head of Patient Experience</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 31 December 2023</p>

# Detailed findings & action plan

3.3

No assurance

There is no feedback loop for lessons learned, and a lack of assurance that teams are acting on recommendations from complaints. As a result relevant improvements are not identified and shared across the wider organisation where relevant.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>There is no defined process in place to ensure the learning that has been identified by an investigation following a complaints investigation to be shared across the health board where relevant.</u></p> <p>During discussions with directorates, it became apparent that lessons learned are not shared across NHS Lothian where relevant. Without this there is a risk there are missed opportunities for learning across NHS Lothian.</p>	<p>Recommendation 11</p> <p>NHS Lothian should develop a standardised process to support directorates to cascade learning following complaints to other directorates across NHS Lothian.</p>	<p><b>Actions:</b> Opportunities and processes will be developed as part of a commissioned programme of work around learning from patient experience and outcomes</p> <p><b>Responsible Officer:</b> Head of Patient Experience</p> <p><b>Executive Lead:</b> Executive Nurse Director</p> <p><b>Due Date:</b> 31 March 2024</p>



# Appendices

# Appendix 1: Staff involved and documents reviewed



## Staff involved

- Head of Patient Experience
- Deputy Director of Nursing
- Associate Nurse Director (Royal Infirmary of Edinburgh)
- Site Director (Royal Infirmary of Edinburgh)
- Director of Acute Services
- Nurse Director Acute Services
- Site Director (Woman and Childrens Services)
- Deputy Director of Midwifery (Woman's Services)
- Professional Lead (Children's Services)
- Site Director (Western General Hospital)
- Associate Nurse Director (Western General Hospital)
- Site Director (Royal Edinburgh Hospital)
- Nurse Director - Mental Health Services (Royal Edinburgh Hospital)

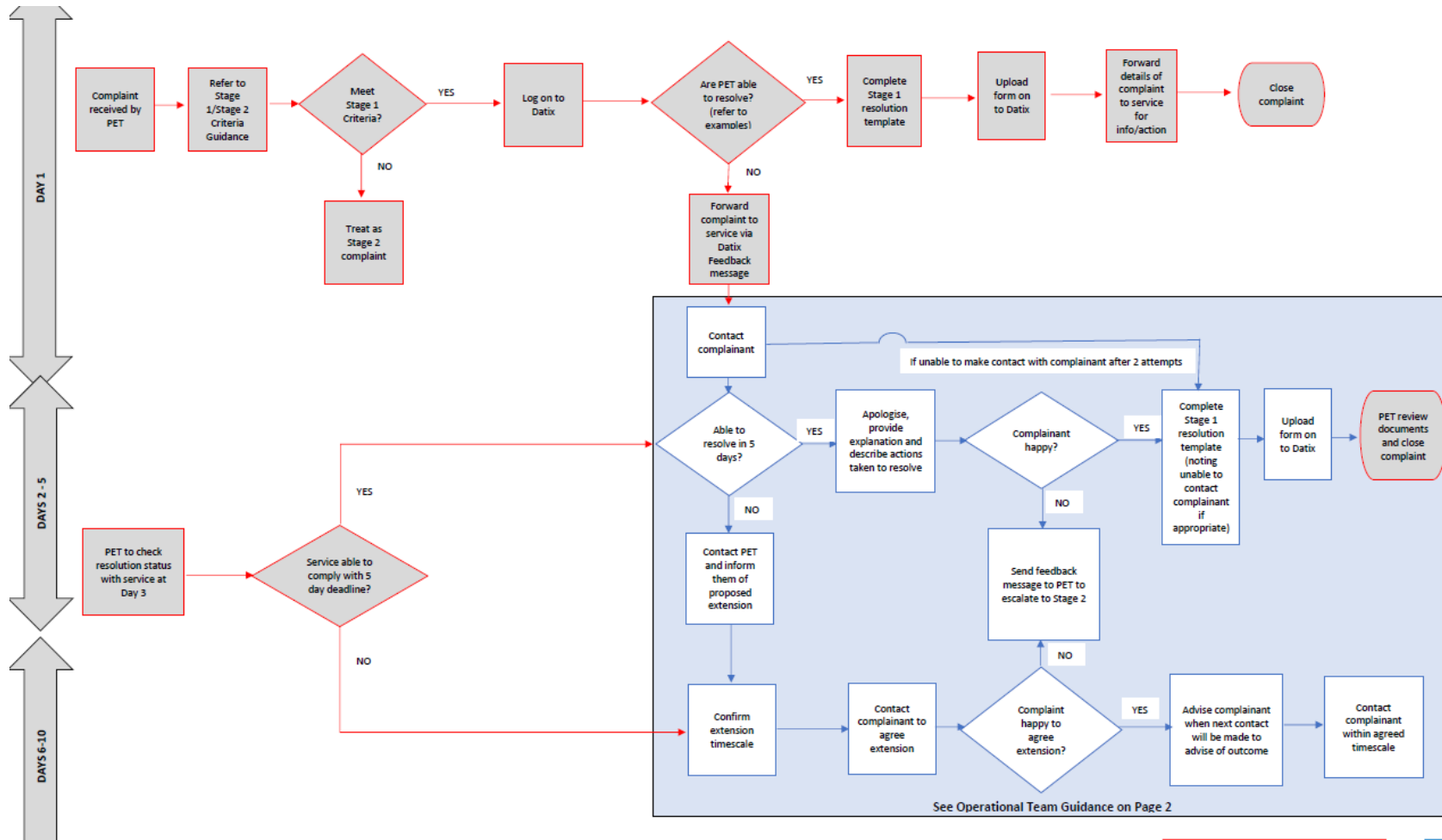


## Documents reviewed

- Investigating a Complaint
- Stage 1 Flow Chart (Appendix 2)
- Stage 2 Flow Chart (Appendix 3)
- Concern Flow Chart
- SPSO Flow Chart
- Roles and responsibilities
- CMT – Complaints Handling Procedure
- Complaints training presentation
- Datix System
- Patient Experience Team weekly reporting
- Healthcare Governance Committee report – March 2023
- Patient Safety and Experience Action Group reporting
- Patient Experience Action Plan
- 2020/21 and 2021/22 Complaints Annual Report



# Appendix 2: Stage 1 Flowchart

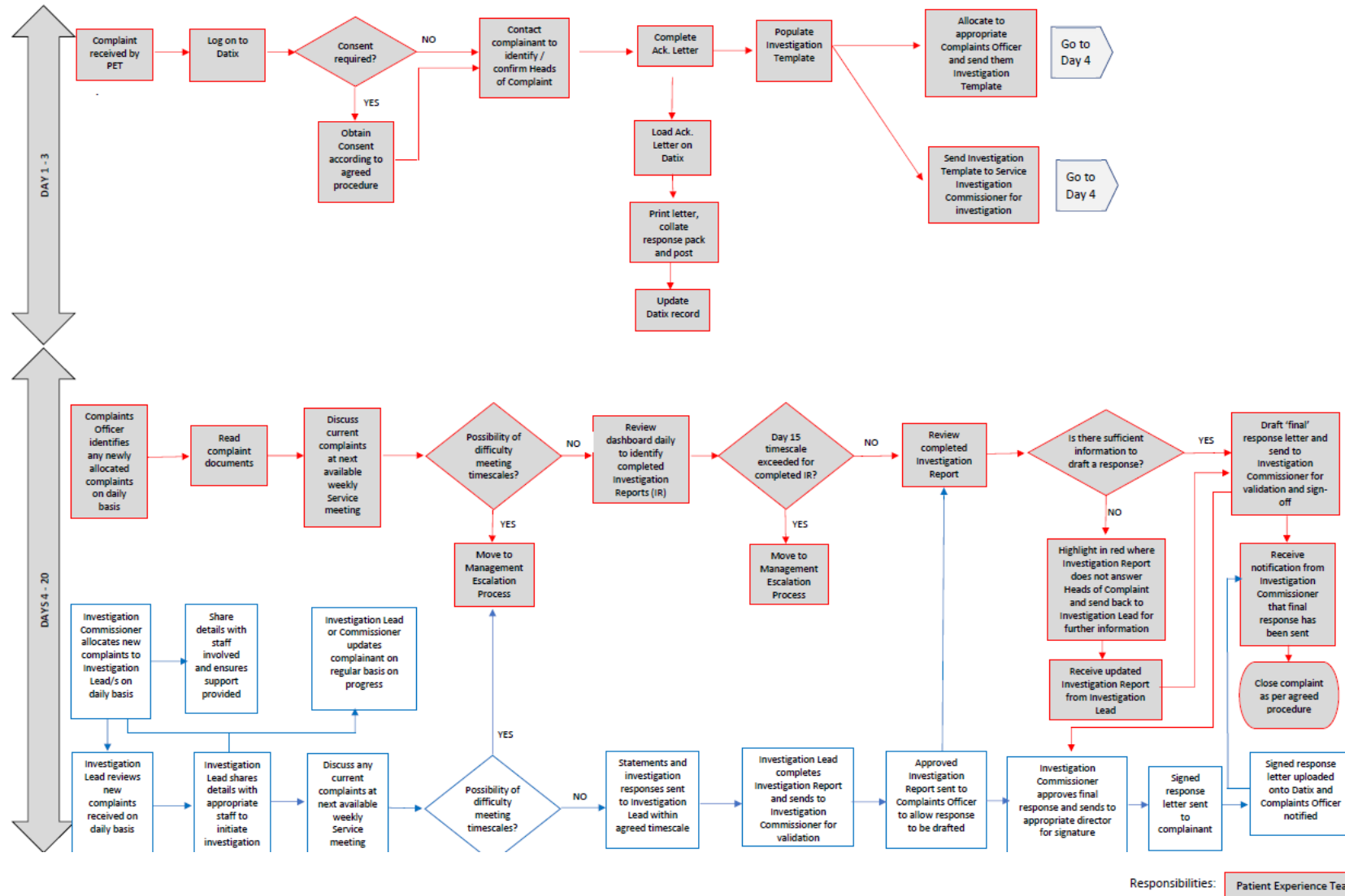


Responsibilities:

Patient Experience Team

Operational Teams

# Appendix 3: Stage 2 Flowchart



# Appendix 2:

## Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating*	Description
<b>Significant Assurance</b>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. 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. 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>
<b>Moderate Assurance</b>	<p>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> <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>
<b>Limited Assurance</b>	<p>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> <p>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• 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.</li> </ul> <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>
<b>No assurance</b>	<p>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</p> <p>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 a number of HIGH rated recommendations)</p>

# Appendix 4:

## Our recommendation ratings

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
<b>High</b>	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> <li>• Key activity or control not designed or operating effectively</li> <li>• Potential for fraud identified</li> <li>• Non-compliance with key procedures/standards</li> <li>• Non-compliance with regulation</li> </ul>
<b>Medium</b>	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> <li>• Important activity or control not designed or operating effectively</li> <li>• Impact is contained within the department and compensating controls would detect errors</li> <li>• Possibility for fraud exists</li> <li>• Control failures identified but not in key controls</li> <li>• Non-compliance with procedures/standards (but not resulting in key control failure)</li> </ul>
<b>Low</b>	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> <li>• Minor control design or operational weakness</li> <li>• Minor non-compliance with procedures/standards</li> </ul>
<b>Improvement</b>	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> <li>• Information for management</li> <li>• Control operating but not necessarily in accordance with best practice</li> </ul>



