Midlothian Integration Joint Board

Thursday, 9 October 2025, 14.00-16.00

Midlothian Integrated Assurance Report

Executive summary

Item number: 5.9

This report provides assurance to the Midlothian Integration Joint Board on the governance, risk, and resilience processes within the Midlothian Health and Social Care Partnership (MHSCP).

Clinical and care governance is overseen by the Clinical and Care Governance Group (CCGG), service-level Quality Management Groups (QMGs), and the Social Work Assurance Group (SWAG), supported by specialist subgroups for risk management and shared learning.

The Governance and Assurance Framework (GAF) continues to develop. Areas of medium and low assurance are reviewed by relevant groups:

- Clinical and Care Governance
- Integrated Workforce Governance Board
- Finance and Performance
- Business Governance
- Digital Programme Board
- Partnership Forum

Service plans are in place across HSCP services. Upcoming reports will address risks and support development of a Quality Management System (QMS), integrating governance with performance and resource management.

No new strategic inspections have occurred since the last report. The Annual Assurance Report was presented to NHS Lothian's Healthcare Governance Committee on 23 September 2025, which accepted moderate assurance of MHSCP's systems for safe, effective and person-centred care (Appendix 3).

MHSCP structures meet the requirements of both Midlothian Council and NHS Lothian, including risk register maintenance and major incident planning.

As a result of this report, Members are asked to:

- discuss and approve this report.

Report

Integrated Assurance Report

1 Purpose

1.1 This is the Integrated Assurance report provided by the Midlothian HSCP to the Midlothian Integration Joint Board (IJB).

2 Recommendations

2.1 As a result of this report, Members are asked to:

- Discuss and approve the content of this report.

3 Background and main report

3.1 This report updates Midlothian IJB on the activity undertaken to provide assurance around the delivery of safe, effective, and person-centred care in Midlothian and the processes in place to cover risk and resilience.

3.2 Six Governance Groups report to the Senior and Executive Leadership Teams:

- Clinical and Care Governance
- Integrated Workforce Governance
- Finance and Performance
- Business Governance
- Digital Programme Board
- Partnership Forum

3.3 Areas rated medium or low assurance in the Governance and Assurance Framework are reviewed by the relevant group (Appendix 1). Risk is a standing item in all six groups' terms of reference.

3.4 **Clinical and Care Governance and Assurance Structure and Processes**
The Clinical and Care Governance Group (CCGG) meets quarterly to oversee the safety, effectiveness, and person-centredness of services within the Midlothian Health and Social Care Partnership (MHSCP). Since the last report to the IJB, two meetings have taken place.

3.5 Since April 2023, Group Service, Service, and Team Plans have been in place. The Governance and Assurance Framework (GAF) and revised meeting structures now give CCGG a full view of assurance and risks across services (Appendix 1).

3.6 The evolving GAF reflects system learning, structural changes, and digital updates, promoting a learning culture and system-wide assurance. Completion rates are monitored via digital reminders, and data is input into the GAF app to assess impact, assurance, and governance. Tableau provides a dashboard for oversight (Appendix 2). Quarterly reports go to the Executive Leadership Team, and Service Managers track action plans through line management and CCGG.

3.7 Quality Management Groups (QMGs) report quarterly to CCGG, providing evidence of governance, risk, and quality management. They meet at least four times a year and submit a GAF report and CCGG template, detailing actions from adverse events, complaints, safety alerts, standards, audits, inspections, and other service-specific issues. Each QMG also presents an annual summary to CCGG and service managers. QMGs cover all HSCP business, ensuring social work service assurance.

3.8 The Chief Social Work Officer (CSWO) role, held by the Head of Adult Services, is a statutory responsibility and is a member of Midlothian Integration Joint Board (IJB). The Social Work Assurance Group (SWAG), chaired by the CSWO, meets fortnightly with the Deputy CSWO and Group Service Manager. It leads statutory/regulatory improvement (e.g. Mental Welfare Commission, Care Inspectorate inspections). SWAG approves new policies and oversees audits and quality assurance for all Midlothian social work services, including those outside Midlothian IJB-delegated functions.

3.9 MHSCP delivered its Annual Assurance Report to the NHS Lothian Healthcare Governance Committee on 23rd September 2025. The Committee agreed to accept moderate assurance that MHSCP has comprehensive systems in place to deliver safe, effective and person - centred care. (Full report included in Appendix 3).

3.10 **Investigating and Learning from Adverse Events and Complaints**
The regular meetings within the governance structure described above enable reporting and analysis of care quality. Midlothian HSCP values integration relationships and fosters both formal and informal escalation methods through both management and professional lines.

3.11 **Adverse Events**

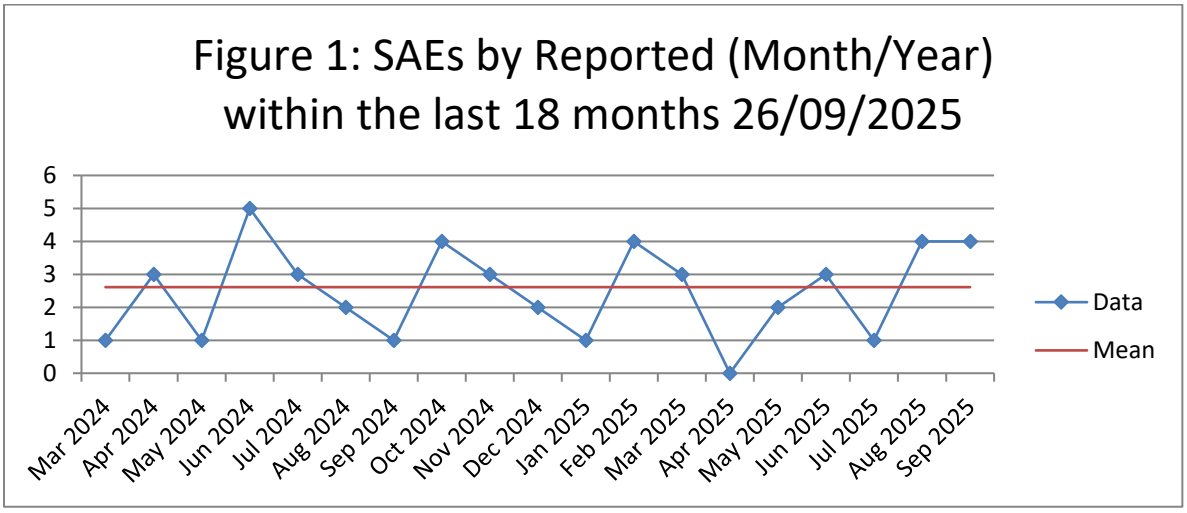
Governance groups oversee significant adverse events within NHS Lothian services delivered by Midlothian HSCP. Dedicated working groups focus on the most common reported harms , including in-patient falls at Midlothian Community Hospital (MCH) and pressure ulcers. A MCH Morbidity and Mortality Review group conducts multidisciplinary reviews of in-patient deaths to support learning and improve patient safety.

3.12 The Midlothian Safety and Experience Action Group (MSEAG) has oversight of the investigation of all significant adverse events, i.e. those graded as moderate or major harm and death, including suicides, and unexpected deaths of patients known to mental health and substance use services. It commissions external reviews in line with NHS Lothian protocols. MSEAG minutes are submitted to the MHSCP Senior Management Team, and final closure of serious adverse events requires approval from the NHS Lothian Medical Director and Executive Nurse Director.

3.13 The HSCP Senior Management Team (SMT) receives monthly reports on complaints and adverse events via Datix, a web-based system used by NHS Lothian staff to report safety concerns, incidents, and near misses. Datix supports data collection and analysis to inform safety and quality improvement plans. It also includes modules for managing Complaints, Claims, and Risk Registers. Themes and learning from complaints and adverse events are reviewed quarterly by MSEAG and discussed at NHS Lothian performance meetings.

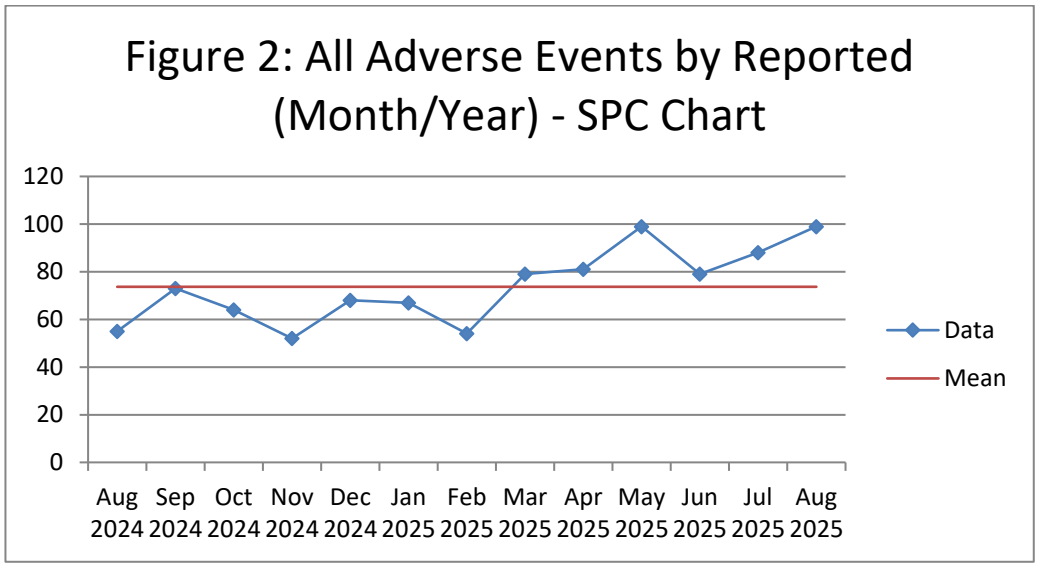
3.14 At the time of writing 11 major harm Significant Adverse Event (SAEs) are open and under investigation.

3.15 Figure 1 shows data from Datix on reported SAEs over the past 18 months. Monthly figures remain stable, with normal variation around a consistent median. This data is reviewed quarterly at MSEAG, with fortnightly updates on new SAERs.



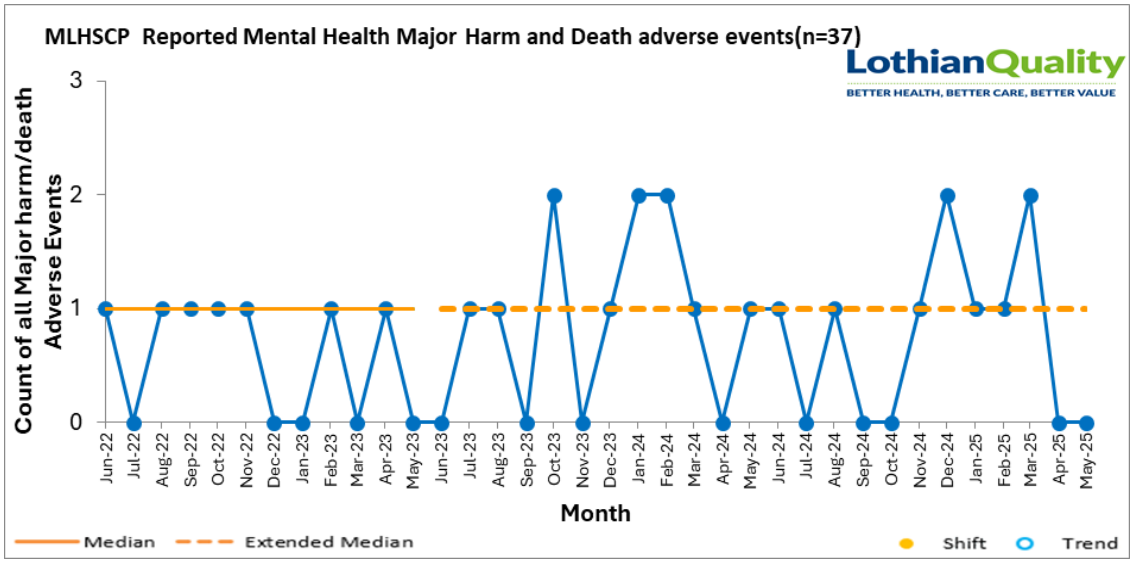
3.16 In June 2025, an increase in overall adverse events was noted. Further analysis found no rise in SAEs (moderate and major harm or death), but increased reporting of falls without significant harm at Midlothian Community Hospital and of pressure ulcers and staffing concerns in District Nursing were identified as contributing to the overall increase. Figure 2 shows the most recent data on all reported adverse events (all levels of harm).

Figure 2:



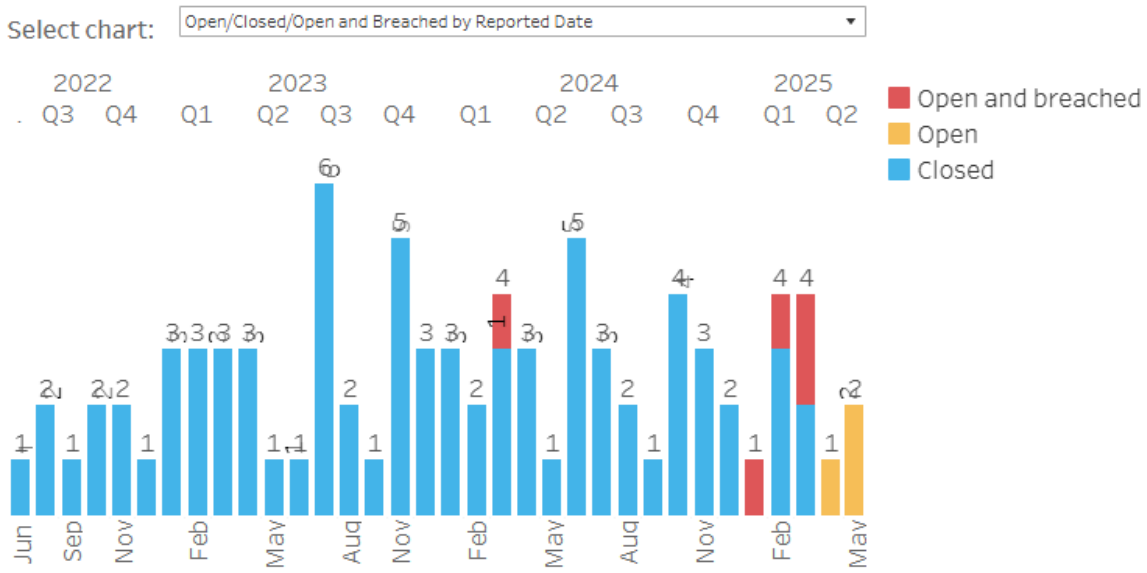
3.17 Major harm and death events in Mental Health and Substance Use Services are reported separately to highlight trends and distinguish them from other services. SAER numbers in mental health, substance use, and other services remain static (Figure3). Updated figures on drug-related deaths were unavailable at the time of writing. The HSCP and MELDAP continue to prioritise activity to engage and support harm reduction for people who use substances.

Figure 3:



3.18 Midlothian HSCP maintains strong performance on SAE review completion KPIs. Most breaches are beyond the control of HSCP processes (Figure 4). Complaints handling performance also remains steady. The HSCP prioritises investigation quality over meeting completion deadlines alone, encouraging Service Managers to include information on risk assessments and safety mitigations in Local Case Reviews to support confident decisions on whether further review is needed.

Figure 4: Status of non-level 1 reviews reported each month



3.19 Ongoing review of learning needs is undertaken and the SMT works with the Quality Improvement Support Team of NHS Lothian to discuss actions required and to enable appropriate learning opportunities to be identified and delivered.

3.20 Outstanding actions from previously investigated Significant Adverse Events are recorded on Datix and continue to be monitored by the MSEAG to ensure that they are completed.

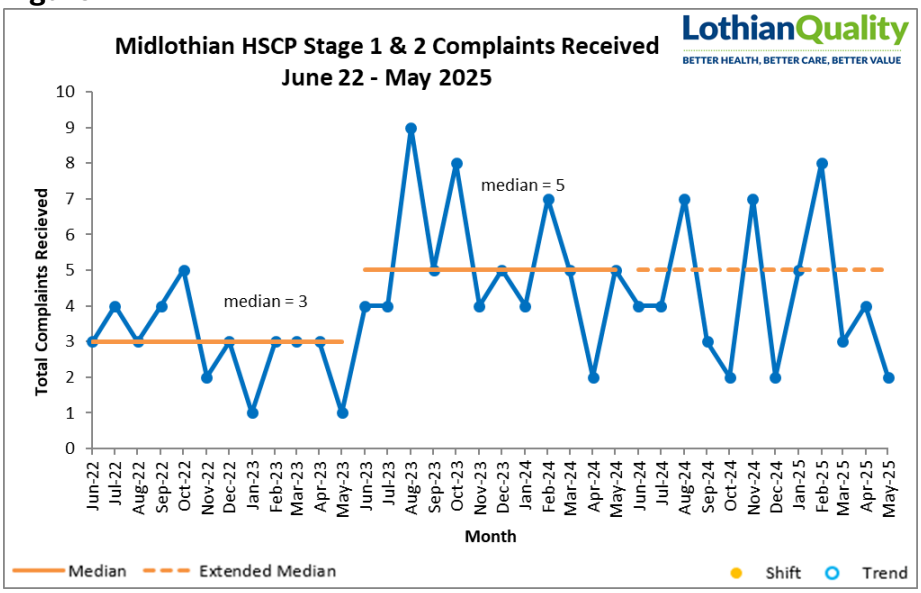
3.21 Midlothian Council services within the HSCP have less mature adverse event processes. In acknowledgement, the Council Corporate Management Team approved a paper (March 25) recommending a short-life working group, involving all three Council Directorates, to develop a Council-wide Adverse Events Policy and Procedure. Governance within the HSCP will be provided by the Social Work Assurance Group (SWAG).

3.22 SWAG oversees governance for all Council Social Work and Social Care services. Chaired by the Chief Social Work Officer, it plays a key role in ensuring safe and effective service delivery. Standing agenda items include strategic and registered service inspections, Mental Welfare Commission reports, learning reviews, and shared policy development.

3.23 **Complaints**
Complaints are usually handled through each organisation's process, with integrated responses provided when appropriate. Enquiries from Elected Members, MPs, and MSPs are typically routed through the Council and managed by relevant Heads of Service.

3.24 MSEAG monitors performance against KPIs and analyses complaint themes related to NHS Lothian services within the MHSCP, reporting quarterly to NHS Lothian performance reviews. This report covers the most recent data available up to May 2025 from the report received from NHS Lothian. The number of stage 1 & 2 complaints received between June 2024 and May 2025 appears to be within previously observed patterns, with no apparent new trends or shifts since the last integrated assurance report (Figure 4).

Figure 4:



3.25 At the time of writing Midlothian is involved in responding to 6 open complaints, all of which are currently within the 20-day KPI for response. Work continues to share learning from the investigation of adverse events and complaints and to improve local services in line with findings and recommendations.

3.26 **Safe & Effective District Nursing Service – SPSO Findings & Improvement Work**
District Nursing in Midlothian has faced sustained demand and staffing pressures, notably since April 2025. A similar situation in 2023 led to a Joint Director and Executive Nurse Director commissioning a review, initially for Midlothian and later expanded across Lothian. Midlothian HSCP remains engaged in this Pan-Lothian review.

3.27 Rising complexity led to a revised staffing model with skill mix, agreed in November 2024 by the Nursing and Midwifery Workforce Thematic Group. Implementation is underway, with productivity initiatives focused on "right person, right care, right time." A new referral system has improved consistency. A paper-lite pilot was paused by NHS Lothian due to safety concerns related to in-patient ward to community information transfer, pending further review and an additional pilot in West Lothian. Staff education has improved, though study leave is often disrupted due to service pressures. Work continues to finalise skill mix and future-proof workforce planning.

3.28 On 27 July 2025, NHS Lothian received an SPSO report upholding a complaint about care provided to a Midlothian resident in 2022 by the District Nursing service and the Royal Infirmary of Edinburgh. The report found the District Nursing care and treatment documents to be unreasonable, citing failures to:

1. Complete timely assessments
2. Reassess patients within a reasonable timescale
3. Conduct Waterlow (pressure ulcer risk) assessments correctly
4. Create person-centred care plans
5. Plan two-person visits for basic care, particularly skin checks
6. Avoid reliance on patient self-reporting when inappropriate.

3.29 Midlothian HSCP began addressing these issues upon receiving the draft report in May 2025. An apology was issued to the complainant, and actions are included in Midlothian's local District Nursing improvement plan. An independent audit of documentation in June 2025 showed progress but highlighted the need for further improvements. Staff wellbeing measures are in place, and the Pressure Ulcer Collaborative is supporting this work. A weekly oversight group monitors staffing, workload, absence, and prioritisation. Collaboration with the Sustainability and Value team is helping develop a staffing dashboard.

3.30 Documentation issues identified by the SPSO and the audit have been shared with teams. Improvements focus on patient safety, care quality, and NMC standards. Regular casenote audits have resumed, and training includes examples of good documentation. Efforts include better risk identification, training, wellbeing support, and recruitment of six newly qualified nurses (NQRNs). Induction planning and staff engagement events are underway. Progress is being tracked via the Service Improvement Plan and governance frameworks.

3.31 Similar themes in two other SPSO reports led to a Short Life Working Group reporting to the Nursing and Midwifery Care Assurance Board. At the Lothian level, the Community Nursing Review is supporting improvements in electronic records. A new care assurance system which mirrors LACAS is in development. Person Centred Care Plans (PCCPs) on TRAK have been suspended pending the development of new care plans better tailored to District Nursing. These are being mapped to TRAK and will be tested on paper before rollout.

3.32 A weekly Pan-Lothian huddle addresses system-wide pressures and coordinates actions across HSCPs. Priorities include insulin administration for older adults, IT infrastructure, care assurance, education, and recruitment.

3.33 **Clinical and Professional Oversight of Care Homes**
The Scottish Government's *My Health, My Care, My Home* framework (June 2022) and the subsequent Advice Note (December 2022) outline principles for improving health and wellbeing in care homes through cross-sector collaboration. Midlothian and pan-Lothian partners are working to implement these recommendations and shape future care models. The approach acknowledges the distinct role of HSCPs compared to the regulatory functions of the Care Inspectorate.

3.34 **Inspections**
The Clinical and Care Governance Group (CCGG) and the Social Work Assurance Group (SWAG) oversees inspections by regulatory bodies and monitors related action plans. Managers submit inspection reports via QMGs and attendance at SWAG.

3.35 MHSCP services undergo external inspections by Healthcare Improvement Scotland, the Mental Welfare Commission, and the Care Inspectorate. Reports are submitted to SMT, with action plans monitored through QMGs, CCGG, the East and Midlothian Public Protection Committee, and the Social Work Assurance Group. Immediate action is taken when concerns arise, with operational and professional leads jointly overseeing implementation, led by Service Managers and supported through governance structures to ensure sustainable improvement.

3.36 No new strategic inspections have occurred since the last report.
However, in July 2024, the Care Inspectorate began a review of social work governance under Section 53 of the Public Services Reform (Scotland) Act 2010. The review, concluding in December 2024, aims to assess how governance supports leaders in fulfilling statutory duties, supporting staff, and upholding social work values. It covers all statutory social work areas across Scotland and includes document reviews, a national survey, interviews, and focus groups. A final report was published in June 2025 was considered at SWAG.

3.37 A Social Work and Occupational Therapy review began in late 2024, with four workstreams: communication and engagement, data/performance/practice, learning and development, and organisational structure. A representative working group is progressing these areas, reviewing policies, analysing Mosaic data, and consulting on roles. This sits within the Strategic Plan and Transformation agenda.

3.38 QMGs have developed a systematic approach to managing Mental Welfare Commission themed report recommendations. These reports often include actions for the Scottish Government, NHS Boards, and HSCPs, which are incorporated into action plans and submitted to the Commission. Governance is maintained through reporting to HSCP SMT and the Social Work Assurance Group.

3.39 **Risk Management**
Midlothian HSCP is compliant with the NHS Lothian Risk Management Policy and Midlothian Council Risk Management Policy and Strategy. The Risk Management process within Midlothian was audited in 2021 and the finalised report confirmed that the Risk Management processes within Midlothian provided high assurance and demonstrated best practice in several areas:

- Midlothian HSCP Senior Management Team meets monthly, and risk is a standing agenda item.
- Service level risks registers are locally managed, and oversight is held by Heads of Service for review and escalation to the Senior Management Team (if required).
- Risks are routinely monitored through these escalating levels with additional risk oversight held by Midlothian Council and Midlothian IJB both strategically and operationally.
- Each risk recorded either operationally or strategically have actions associated to mitigate the risk, these are routinely monitored through the appropriate level of monitoring as mentioned above.
- Each risk has a risk owner identified who is the accountable person for managing the related actions and providing routine updates on the status of the risk.

3.40 **Resilience and Major Incident Planning**
Midlothian Health and Social Care Partnership supports NHS Lothian and Midlothian Council in fulfilling their duties as Category 1 Responders under the Civil Contingencies Act (2004). Acting on behalf of the Midlothian IJB, the Partnership collaborates with both organisations to meet these legal obligations.
The Act outlines seven key duties for Category 1 Responders:

- Risk assessment
- Emergency planning
- Business continuity planning

- Promoting business continuity
- Public communication
- Information sharing
- Cooperation

3.41 The Partnership maintains major incident plans aligned with NHS Lothian's Resilience Policy and reports regularly on resilience and continuity. Incident management is supported by a virtual control room and physical sites at Midlothian Community Hospital and Fairfield House. Service Managers update their resilience and continuity plans annually, feeding into the overarching Partnership Resilience Plan.

3.42 Staff training and awareness sessions are scheduled for 2025–2026, with lessons learned from past incidents informing ongoing improvements.

3.43 **Risk Register**
Operational risks are captured in the Partnership Risk Register, which is held on Datix. The risk register is reviewed and updated quarterly at Senior Management Team meetings, and risks are escalated when required to the NHS Lothian Corporate Risk Register and Midlothian Council Strategic Risk Profile. The Midlothian HSCP Risk Management Process is illustrated in Appendix 4.

3.44 HSCP mitigation plans contribute to the overarching corporate risk registers held by NHS Lothian and Midlothian Council. One new risk was identified this year and due to the high-risk level, recorded by NHS Lothian, relating to the financial recovery planning. However, this risk remains under local mitigations.

3.45 The following risks on the NHS Lothian Corporate Risk Register are relevant to the Midlothian HSCP:

- 4 Hours Emergency Access Target
- Hospital Bed Occupancy (previously Timely Discharge of Patients)
- HSCP may not achieve financial balance

4 Policy Implications

4.1 This report should provide moderate assurance to Midlothian IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian, and that appropriate mechanisms are in place to assess and manage risk and ensure service resilience.

5 Directions

5.1 Clinical and care governance, risk management and resilience planning are implicit in various Directions that relate to the delivery of care.

6 Equalities Implications

6.1 The Governance and Assurance Framework requires services to provide assurance that they are complying with the Equalities duties including the completion of Integrated Impact Assessments (IIA's) where necessary. This supports the HSCP to comply with its equality duties.

7 Resource Implications

7.1 Resource implications are identified by managers as part of service development. and additional resource may at times be required to ensure required standards of clinical and care governance, risk management and resilience planning are met. The expectation is that these activities are embedded in service areas and teams and that staff have time built in to attend the relevant oversight groups and undertake the associated responsibilities.

8 Risk

8.1 This report is intended to keep the IJB informed of governance arrangements and any related risks and to provide assurance to members around improvement and monitoring activity.

8.2 All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

9 Involving people

9.1 Midlothian staff are involved in the development and ongoing monitoring of processes related to clinical and care governance and risk identification, assessment and management.

9.2 Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10 Background Papers

10.1 N/A

AUTHOR'S NAME	Fiona Stratton, Claire Ross, Nick Clater, Dr Rebecca Green, and Roxanne King
DESIGNATION	Chief Nurse, Chief AHP, Head of Adult Services & Chief Social Work Officer, Clinical Director, and Executive Business Manager
CONTACT INFO	fiona.stratton@nhs.scot claire.ross4@nhs.scot nick.clater@midlothian.gov.uk rebecca.green@nhs.scot

	roxanne.king@nhs.scot
DATE	23rd September 2025

Appendices:

Appendix 1: Midlothian HSCP Governance Structure
Appendix 2: Midlothian Integrated Governance and Assurance Framework Q1overview July 2025
Appendix 3: Midlothian HSCP Annual Report (2025) to NHS Lothian Healthcare Governance Committee
Appendix 4: Midlothian HSCP Risk Management Process