

Notice of Meeting and Agenda



Midlothian Integration Joint Board - Audit and Risk Committee

Venue: Virtual Meeting via MS Teams,

Date: Thursday, 03 December 2020

Time: 14:00

Morag Barrow
Chief Officer

Contact:

Further Information:

This is a meeting which is open to members of the public.

1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting.

3 Declaration of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

4 Minute of Previous Meeting

- 4.1** Minutes of Meeting held on 3 September 2020 - For Approval. 3 - 8

5 Public Reports

- 5.1** Risk Register – Report by Risk Manager. 9 - 26

- 5.2** MIJB Recommendations Internal Audit Follow-Up Review In Progress Actions - Report by Chief Internal Auditor. 27 - 34

- 5.3** Progress Update on Delivery of Midlothian Integration Joint Board Internal Audit Annual Plan 2020/21 - Report by Chief Internal Auditor. 35 - 52

- 5.4** Midlothian Acute Services Plan Update – Chief Officer to report.

- 5.5** NHS Lothian Recovery Update – Report by Chief Officer. 53 - 56

6 Private Reports

No private reports to be discussed at this meeting.

7 Date of Next Meeting

The next meeting will be held on Thursday 4 March 2021 at 2.00 pm.

Clerk Name:	Mike Broadway
Clerk Telephone:	0131 271 3160
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Minute of Meeting



Midlothian Integration Joint Board Audit and Risk Committee

Date	Time	Venue
Thursday 3 September 2020	2.00pm	Virtual Meeting – MS Teams

Present (voting members):

Cllr Jim Muirhead (Chair)	Cllr Derek Milligan
Carolyn Hirst	Pam Russell (Independent Member)
Mike Ash	

Present (non-voting members):

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Jill Stacey (Chief Internal Auditor)	

In attendance:

Grace Scanlin (EY, External Auditor)	Marie Sharp (Local Reporter)
Janet Ritchie (Democratic Services Officer)	

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

1. Welcome and introductions

The Chair, Councillor Jim Muirhead welcomed everyone to the meeting of the Midlothian Integration Joint Board Audit and Risk Committee, following which there was a round of introductions.

2. Order of Business

The order of business was as set out in the Agenda.

3. Declarations of interest

No declarations of interest were received.

4. Note of Meeting

The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 5 March 2020 was submitted and approved as a correct record.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Annual Audit Report to Members and the Controller of Audit - year ended 31 March 2020 – Report by EY, External Auditors	Stephen Reid
Executive Summary of Report		
<p>The purpose of this report was to present the external Annual Audit report to the IJB and the controller of Audit for the year ending 31 March 2020.</p> <p>This report was prepared in accordance with Terms of Appointment letter from Audit Scotland dated 31 May 2016 through which the Accounts Commission appointed EY as external Auditor of Midlothian Integration Joint Board (IJB) for financial year 2016/17 to 2021/22. The Audit is undertaken in accordance with the Local Government (Scotland) Act 1973 and it is EY's responsibility as set out within Audit Scotland's Code of Audit Practice. This report was for the benefit of the IJB and was made available to the Accounts Commission, the Controller of the Audit and Audit Scotland.</p> <p>The external Auditor concluded the audit of the IJB's financial statements for the year ended 31 March 2020 and no audit adjustments were required to be made and there were no unadjusted differences that were required to be communicated. The draft financial statements and supporting working papers were of a good quality. The External Auditor worked with the Chief Finance Officer to make improvements to the Management Commentary and notes to the financial statements to reflect the implication of the Covid-19 global pandemic on the financial statements and the IJB's planning processes.</p> <p>The external Auditor concluded that the other information subject to audit, including the applicable parts of the Remuneration Report and the Annual Governance Statement were appropriate. They were satisfied that the Annual Governance</p>		

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

Statement reflected the requirements of the *Delivering Good Governance Framework*, and the key changes in governance arrangements that were required as a result of changes to working practices due to Covid-19.

Summary of discussion

Grace Scanlin, EY, External Auditor provided the Committee with an outline of the report highlighting the key sections contained within the report.

Thereafter the External Auditor responded to Members questions and comments and it was agreed that there were no particular issues or areas for concern.

Decision

The Audit and Risk Committee noted the external auditors report on the MIJB's annual accounts and the Appendices attached to the report.

Action

Chief Officer

Report No.	Report Title	Presented by:
5.2	2019/20 Audited Annual Accounts – Report by Chief Finance Officer	Clare Flanagan

Executive Summary of Report

The purpose of this report was to present for the Committee's consideration and approval the Annual Accounts 2019/20 which had been reviewed by the IJB's Independent Auditors.

As a statutory body, the IJB was required to produce a set of annual accounts at the end of its financial year (31 March). These accounts were then reviewed by the IJB's external auditors who reported their opinion of the IJB's Annual Accounts to the IJB's Audit and Risk Committee. This report having been agreed by the committee and no outstanding issues the Committee would recommend the annual accounts to the IJB.

The accounts would then be signed by the Chair of the IJB, the Chief Officer of the IJB and the Chief Finance Officer of the IJB.

Summary of discussion

Clare Flanagan, Chief Finance Officer presented the Annual Accounts highlighting the high level points contained within the Accounts.

Thereafter the Chief Finance Officer responded to questions and comments raised by Members. It was noted that the recommendation in the cover report was that the committee was approving both the external Auditors report and this report and both these would be presented to the IJB.

Decision

The Audit and Risk Committee, having noted the external Auditors report on the MIJB's Annual Accounts, agreed to recommended the 2019/20 Annual Accounts to the Midlothian Integration Joint Board.

Action

Chief Finance Officer

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

Report No.	Report Title	Presented by:
5.3	Risk Register – Report by Risk Manager	Morag Barrow
Executive Summary of Report		
<p>The Integrated Joint Board (IJB) Audit and Risk Committee maintained a strategic risk profile which was regularly scrutinised. However, it was important that Midlothian IJB was kept informed of its key risks and the actions undertaken to manage these risks. This report contains the strategic risk profile covering quarter 4 2019/20 (1 January 2020 – 31 March 2020) and the current version of the IJB's strategic risk profile covering quarter 1 2020/21, 1 April 2020 – 30 June 2020. The Committee members are asked to consider the strategic risk profile and current response to the issues, risk and opportunities.</p>		
Summary of discussion		
<p>Morag Barrow, Chief Officer presented this report advising that there were two risks added since the last time in relation to Covid-19 and Care Homes. The Chief Officer provided assurances that there had been significant planning put in place with regards Covid-19 and that there was daily contact with the teams in the Care Homes.</p> <p>It was noted that as well as the risks relating to Care Homes and the public's perception of this there was the additional risk of the IJB reputation and the Chief Officer advised she was working with the Communication's team on appropriate communication.</p> <p>There followed a discussion on the risks during the Covid response phase and the different risks for the Council and Health Board as well as the ones which were unique to the IJB. It was noted that the IJB was an entity in its own right and the need to capture the strategic risks which relate to the strategic plan. The Chief Finance Officer advised that she was involved in the quarterly discussions and would highlight these points to the Risk Manager.</p>		
Decision		
<p>The Audit and Risk Committee considered the strategic risk profile especially those issues and risks highlighted in the covering report.</p>		
Action		
<p>Risk Manager</p>		

Report No.	Report Title	Presented by:
5.4	Midlothian Health and Social care Integration Joint Board Internal Audit Report on Workforce Development	Jill Stacey
Executive Summary of Report		
<p>The purpose of this report was to present to the Midlothian IJB Audit and Risk Committee Internal Audit's report on Workforce Development arrangements in place within Midlothian Health and Social Care Partnership. The Midlothian IJB Audit and Risk Committee was therefore asked to consider the Midlothian Health and Social Care Integration Joint Board Internal Audit Report on Workforce Development, Appendix 1 attached to the Report, and findings contained therein, and to provide any commentary thereon.</p>		

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

Summary of discussion
<p>The Chief Internal Auditor, Jill Stacey advised that the Internal Audit work concluded last year was carried out during 2019/20 by NHS Lothian Internal Auditors. The findings and conclusions of the Internal Audit review were to be included as part of the Annual Assurance report and was presented in full to this Committee for consideration.</p> <p>The Chief Internal Auditor highlighted the main sections contained within the report and in responding to a question raised with regards to the plans for revising some of the dates which are set out in the actions confirmed that flexibility in terms of the implementation dates for these actions had been revised in discussion with management and reasonable review dates agreed.</p>
Decision
<p>The Audit and Risk Committee considered the Internal Audit report on Workforce Development arrangements in place within Midlothian Health and Social Care Partnership (Appendix 1), and findings contained therein.</p>
Action
<p>Chief Internal Auditor</p>

Report No.	Report Title	Presented by:
5.5	Midlothian Integration Joint Board Internal Audit Follow-up Review Completed Recommendations	Jill Stacey
Executive Summary of Report		
<p>The purpose of this report was to provide information on Internal Audit actions flagged as completed during 2019/20 and confirm the adequacy of the new internal controls and governance of the Midlothian Health and Social Care Integration Joint Board (MIJB). The Midlothian IJB Audit and Risk Committee was therefore asked to consider the progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance of the Midlothian Health and Social Care Integration Joint Board.</p>		
Summary of discussion		
<p>The Chief Internal Auditor, Jill Stacey provided the Committee with a brief update on the work carried out by the internal audit team on the completed audit actions to ensure there was evidence on the ongoing improvement of internal control, risk management and governance arrangements.</p> <p>There followed a brief discussion during which the Chief Internal Auditor responded to questions and comments raised by members of the Committee. The Chief Internal Auditor confirmed that a further follow-up report would be presented in December 2020 on progress with the MIJB Internal Audit recommendations still in progress.</p>		

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

Decision
The MIJB Audit and Risk Committee was therefore asked to consider the progress made by Management in implementing Internal Audit recommendations to improve internal controls, risk management and governance arrangements of the Midlothian Health and Social Care Integration Joint Board.
Action
Chief Internal Auditor

Report No.	Report Title	Presented by:
5.6	Midlothian Health and Social Care Integration Joint Board Internal Audit Report on Performance Management	Jill Stacey

Executive Summary of Report
<p>The purpose of this report was to present to the Midlothian IJB Audit and Risk Committee Internal Audit's report on Performance Management arrangements in place within Midlothian Health and Social Care Integration Joint Board (MIJB)</p> <p>The Midlothian IJB Audit and Risk Committee was therefore asked to consider the Midlothian Health and Social Care Integration Joint Board Internal Audit Report on Performance Management, Appendix 1 attached to the Report and findings contained therein, and to provide any commentary thereon.</p>
Summary of discussion
<p>Jill Stacey, Chief Internal Auditor presented this report advising that this was one of the focussed internal audit pieces of work on the internal audit plan and provided an update on some of the work undertaken to obtain assurances over the arrangements in place for performance management.</p> <p>There followed a brief discussion on the on the performance measures and the work under way in developing the performance management framework.</p>
Decision
The Audit and Risk Committee considered the Midlothian Health and Social Care Integration Joint Board Internal Audit Report on Performance Management (Appendix 1), and findings contained therein.
Action
Chief Internal Auditor

6. Private Reports

No private business to be discussed at this meeting.

7. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 3 December 2020 at 2.00 pm.

The meeting terminated at 15.17 pm.

Midlothian Integration Joint Board Audit and Risk Committee



Thursday 3 December 2020 at 2pm

Risk Register

Item number:	5.1
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Executive summary

The Integrated Joint Board (IJB) Audit and Risk Committee maintains a strategic risk profile which is regularly scrutinised. However, it is important that Midlothian IJB is kept informed of its key risks and the actions undertaken to manage these risks. This report contains the strategic risk profile covering quarter 2 2020/21, 1 July 2020 – 30 September 2020.

Committee members are asked to:

1. Consider the strategic risk profile and current response to the issues, risk and opportunities.

Risk Profile

1 Purpose

- 1.1 This includes the quarter 2 2020/21, 1 July 2020 – 30 September 2020 and highlights current issues, future risks and opportunities of note to the IJB.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- Consider the strategic risk profile especially those issues and risks highlighted in the covering report.

3 Background and main report

- 3.1 The IJB's Audit and Risk Committee regularly scrutinises the strategic risk profile and reports back to the IJB quarterly.
- 3.2 The quarter 2 2020/22 (1 July 2020 – 30 September 2020) present the issues, future risks and opportunities for the IJB.
- 3.3 The most significant issues and risks on the MIJB strategic risk profile during quarter 2 2020/21 are as follows:-

Issues

Care homes

Support to Care Homes continues. In response to Scottish Government guidance issued during the pandemic, Midlothian Health & Social Care Partnership has clinical oversight across all Midlothian Care Homes, providing support and education as required on behalf of NHS Lothian Executive Director of Nursing. Care Homes continue to be supported to provide high quality care and to comply with guidance related to the pandemic including instructions around PPE and testing of staff and residents.

Use of Acute Hospital beds

The use of unscheduled care facilities, including the ED, greatly reduced as a result of COVID-19. Services to support people who have a long term condition to stay well at home continued to operate in order to support as many people as possible to avoid hospital visits.

Many services operated whilst reducing face to face contact – telephone and digital tools were employed. It is the intention of the IJB to review the different models of service provision employed during the pandemic with a view to maintaining certain practices longer term.

Increased investment in services to reduce hospital admission and stay.

There was additional investment in services to support people who have a long term condition to stay well - for example MSK APP physiotherapists were training to support people with COPD and were temporarily redeployed to the Community Respiratory Team.

COVID-19

The Health and Social care partnership management team are developing and reviewing plans for a potential resurgence of COVID-19 pandemic within Community which could result in increased demand for a service and risks around staff absence.

Risk

Balancing the budget in future years' remains

The formal budget offer to the IJB for 2020/21 provided by both partners, they were formally accepted by the IJB by March 2020. These budgets are indicative values and highlight the risk and financial challenges faced by the IJB.

4 Policy Implications

- 4.1 There are no new policy issues raised in this paper.

5 Directions

- 5.1 This report does not require a new direction.

6 Equalities Implications

- 6.1 There are no direct equalities implications arising from this report.

7 Resource Implications

- 7.1 There are no direct resource implications associated with this report.

8 Risk

- 8.1 The risks relevant to the business of the IJB are set out within the attached strategic risk profile.

9 Involving people

- 9.1 The IJB meetings are held in public and IJB papers along with those of the IJB Audit and Risk committee are available on the internet. This work is supported by the IJB's Chief Internal Auditor and the partnership's risk management.

10 Background Papers

- 10.1 None.

AUTHOR'S NAME	Chris Lawson
DESIGNATION	Risk Manager
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DATE	11 November 2020

Appendices:

1. Strategic Risk Profile Quarter 2 2020/21

IJB Strategic Risk Profile

Quarter 2 2020/21





Issues

IJB.RR.18 Use of Acute Hospital Beds


Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.18	<p>Risk cause Midlothian has too high a usage of hospital beds for people who are fit to be discharged or who did not need to be admitted in the first place.</p> <p>Risk event Acute hospitals are unable to function effectively and efficiently because of the number of people occupying beds who do not require hospital care.</p> <p>Risk effect The difficulty of shifting resources to community based services will continue, and people who need hospital care will experience delays. The acute hospital system has to commission services from private providers to meet national targets.</p>	Chief Officer	<p>On-going monitoring of quality</p> <p>IJB set Targets on use of Acute Beds.</p> <p>Directions set.</p> <p>Patient pathway being improved including the establishment of a flow 'hub'</p>	4	5	




Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.18.1	Project to examine the use of acute hospital beds	Q2 20/21: The use of unscheduled care facilities, including the ED, greatly reduced as a result of COVID-19. Services to support people who have a long term condition to stay well at home continued to operate in order to support as many people as possible to avoid hospital visits. Many services operated whilst reducing face to face contact – telephone and digital tools were employed. It is the intention of the IJB to review the	Chief Officer	31-Mar-2021	

		different models of service provision employed during the pandemic with a view to maintaining certain practices longer term. Q2 20/21: This work is ongoing.			
IJB.RA.18.2	Increased investment in services to reduce hospital admission and stay.	Q2 20/21: as stated above, the use of unscheduled care facilities, including the ED, greatly reduced as a result of COVID-19. There was additional investment in services to support people who have a long term condition to stay well - for example MSK APP physiotherapists were training to support people with COPD and were temporarily redeployed to the Community Respiratory Team.	NHS Lothian	31-Mar-2021	
	Scheduling of unscheduled care	Q2 20/21: Papers for Scheduling of Unscheduled care are progressing through Midlothian HSCO SMT for review and discussion.	Head of Older People and Social Care	31-Mar-2021	

IJB.RR.10 Workforce Capacity Including Recruitment & Retention of Health and Social Care Staff



Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.10	<p>Risk cause Potential future ability to recruit sufficient staff.</p> <p>Risk event Insufficient numbers of qualified people to deliver services based on current models.</p> <p>COVID-19 pandemic – increasing demand for a service and risks around staff absence.</p> <p>Risk effect Negative impact on service delivery where services require GPs and care at home staff.</p>	Head of Adult and Social Care; Joint Director Midlothian Health and Social Care Partnership	<p>National program of training for GPs and Health Visitors.</p> <p>Living Wage commitment to address low paid positions.</p> <p>Service Specific Workforce Plan being developed which will include the development of new roles and a changing skill mix.</p> <p>SVQ Assessment Centre Established.</p> <p>Workforce Planning</p> <p>Care at Home Strategy</p>	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.10.4	Increase recruitment to care at home	Q2 20/21: Efforts to increase recruitment continued. Close working with external providers.	Head of Older People and Social Care	31- Mar-2021	


IJB.RA.10.5	Opportunity for staff to achieve SVQ qualifications and meet registration requirements.	Q2 20/21: Work on hold due to pandemic.	Head of Adult Services	31-Mar-2021	
IJB.RA.10.6	Care at Home	Q2 20/21: Recommissioning work paused due to pandemic	Head of Older People and Primary Care	31-Mar-2021	
IJB.RA.10.7	Increased support to staff and recruitment to Care at Home roles as a result of COVID-19 pandemic	Q2 20/21: Support remains in place to Care at Home to meet increased demand due to pandemic including monitoring of staffing levels, staff well being support and continued support with PPE.	Head of Older People and Primary Care	31-Mar-2021	





IJB.RR.11 Care homes

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.11	<p>Risk cause Increased demand and changed requirements around care home delivery.</p> <p>Risk event COVID-19 pandemic – increasing demand for a service and risks around staff absence.</p> <p>Risk effect Capacity within care homes putting delivery of directions and strategic plan at risk. Puts at risk quality of care.</p>	Head of Adult and Social Care; Joint Director Midlothian Health and Social Care Partnership	<p>Care Inspectorate inspections of Care homes</p> <p>Daily report from Care Homes to Health and Social Care partnership to form daily SITREP.</p> <p>Weekly supported visit by care home support team.</p> <p>Weekly return to Scottish Government.</p> <p>Internal audit of Care Homes</p> <p>Care home strategic overview group, NHS Lothian.</p> <p>Care Home Assurance Group, Midlothian.</p>	4	5	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.11.1	Weekly care home staff testing for COVID.	Q2 20/21: Midlothian Care Home staff testing is managed on NHS testing programme, all Care Homes are tested weekly. Support and monitoring continues. Additional 8 week supply of staff testing kits provided. Additional support has been put in place to support care homes who have confirmed positive staff cases.	Head of Primary Care and Older People	31-Mar-2021	
IJB.RA.11.2	Enhanced Care Home support team	Q2 20/21: Clinical and care support for care home staff to support infection control and support wellbeing of residents.	Head of Primary Care and Older People	31-Mar-2021	

IJB.RR.15 COVID


Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.15	<p>Risk cause Increased demand and changed requirements taking account of COVID 19.</p> <p>Risk event Resurgence of COVID-19 pandemic within Community – increasing demand for a service and risks around staff absence.</p> <p>Risk effect Capacity within all services putting delivery of directions and strategic plan at risk. Puts at risk quality of care.</p> <p>Service ability to respond to a 2nd wave of COVID.</p> <p>Reputational risk.</p>	Head of Adult and Social Care; Joint Director Midlothian Health and Social Care Partnership	<p>Increased support for Care Homes.</p> <p>Business Continuity Plans to respond to surge in demand.</p> <p>COVID response team to support planning activities</p> <p>NHS wide winter planning, MLC winter planning and HSCP planning.</p> <p>Comprehensive winter flu vaccination programme.</p>	4	5	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.15.1	Management plans in place to mobilise local lockdown	Q2 20/21: Business continuity plans are in place to mitigate risks for local lockdowns.	Chief Officer	31-Mar-2021	
IJB.RA.15.2	Winter planning	Q2 20/21: Winter plan has been submitted to NHS.	Chief Officer	31-Mar-2021	
IJB.RA.15.3	Continued modernisation and delivery of key services	Q2 20/21: On going work, mobilisation plan.	Chief Officer	31-Mar-2021	
IJB.RA.15.4	Impact on in year financial position	Q2 20/21: Work on going and continue to submit financial returns to Scottish Government regarding additional COVID related expenditure. Funding has been received to date with further funding required later in the financial year. In year financial position provided regularly to IJB for monitoring purposes.	Chief Finance Officer	31-Mar-2021	


Risks

IJB.RR.01 Balancing budget in future years

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.01	<p>Risk cause Inadequate resources to meet demand in the manner in which services are currently delivered.</p> <p>Risk event Inability to meet demand within existing resources.</p> <p>Risk effect Overspends due to excessive demand for services, quality failures, and cuts in other services. The Community Health Partnership will have made financial commitments when in operation some of which will extend in to the period covered by the IJB and will require to be honoured.</p>	Chief Finance Officer	<p>Chief Finance Officer responsible for the governance, appropriate management of finance and financial administration of the IJB.</p> <p>Early Warning Indicators from NHS Lothian and Midlothian Council.</p> <p>Strong budget control systems in place in NHS Lothian and Midlothian Council.</p> <p>Financial Strategy and medium term financial plan developed</p> <p>New Governance arrangements in place which includes a finance and performance group.</p>	4	5	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.01.2	Financial Plan	Q2 20/21: Work ongoing to update the IJB's rolling 5 year financial plan. Financial Plan due to be reported to IJB for consideration in Q3. Finance LMP return routinely submitted to Scottish Government to support the release of funding from them.	Chief Finance Officer	31-Mar-2021	



IJB.RR.03 Demographic Changes


Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.03	<p>Risk cause Increasing demands on services as a result of ageing population, and increasing numbers and complexity of need of children moving into Adult Services.</p>	Joint Director Midlothian Health and Social Care Partnership	<p>Routine update of joint needs assessment so that the allocation of resources can be reviewed and amended.</p> <p>Continual process of service redesign to ensure people access services quickly, and their recovery is supported effectively.</p>	5	4	

	Risk event Inability to meet demand within existing resources.		Business Transformation Board – Council Transformation Board			
	Risk effect Demands made on Social Care resource budget exceed available budget. Capacity to maintain and develop preventative services is put at risk.		Demographic profiling to ensure forward planning reflects the demographic profile of the IJB. Captured in financial Strategy Dialogue with partners regarding allocation/demographic issues impacting on Midlothian.			

IJB.RR.04 Governance


Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.04	Risk cause Complexity of governance arrangements for the three bodies - NHS Lothian , Midlothian Council and the IJB - having to work together Risk event Issues arise which lead to uncertainty about decision making authority. COVID-19 pandemic Risk effect The IJB's governance systems are unable to operate effectively.	Chief Officer	Performance Reports Use of Audit to Monitor effectiveness of Internal controls Code of Corporate Governance Integration Scheme Regular formal and informal meetings with partners. New Integrate Care Forum	2	4	


Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.04.02	Ministerial Steering Group (MSG) Progress of Integration self-assessment	Q2 20/21: action plan in place and reviewed quarterly	Chief Officer	31-Mar-2021	
Not new	Review of Scheme of Integration	Q2 20/21: both partners review of the scheme is on hold due to the COVID-19 pandemic. Scottish Government guidance was issued to this effect.	Joint Director Midlothian Health and Social Care Partnership	31-Dec-2020	

New	Emergency Recess arrangements	Q2 20/21: IJB came out of Emergency recess at the end of July 2020 and now hold business meetings virtually.	Joint Director Midlothian Health and Social Care Partnership	31-July-2020	
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IJB.RR.07 Managing Change




Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.07	<p>Risk cause Information on changes to service released before service user or employees consultation strategy developed.</p> <p>Risk event There is the potential for information to be released on draft schemes or proposals for changes to service delivery.</p> <p>Disruption due to the pandemic. Significant change to service delivery.</p> <p>Risk effect This could have a negative impact on Service Users and Employees by creating unnecessary concern regarding potential changes which have not been fully considered or consulted on.</p>	Joint Director Midlothian Health and Social Care Partnership	<p>Strategic plan.</p> <p>Directions made and monitored.</p> <p>Performance reporting against delivery of strategic plan and other key indicators.</p> <p>There is an Organisational Development Officer in post, delivering an OD programme alongside a number of Lothian-wide initiatives. Workforce Planning</p> <p>Strategic Planning Group minutes routinely available to IJB.</p>	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.07.1	Communications Strategy	Q2 20/21: Work on Communication and Engagement Strategy progressed. Communication planning around COVID-19 pandemic. This work remains ongoing and has been included in the Midlothian HSCP winter plan.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2021	


IJB.RA.07.2	Strategic approach to pandemic response	Q2 20/21: NHSL Strategic Framework on Pandemic Response has been developed and circulated to all areas for review. Midlothian HSCP has developed existing resilience response approach to incident management. Further discussions to be held to agree reporting to IJB.	Joint Director Midlothian Health and Social Care Partnership	31 -Mar-2020	
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IJB.RR.08 Management Information


Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.08	<p>Risk cause The two main software systems used within the Council (Framework-i) and NHS Lothian (Trak) to support the delivery of adult and social care do not integrate at present.</p> <p>Risk event These systems are used to drive performance information.</p> <p>Risk effect The lack of integration of the information between the systems reduces the potential for holistic reporting.</p>	Head of Adult and Social Care; Joint Director Midlothian Health and Social Care Partnership	The Interagency Information Exchange allows direct and up to date access to other professional's information. Data sharing agreements	5	3	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.08.1	Interagency Information Exchange	Q2 20/21: Work to upgrade Mosaic completed. Further developments outlined in Partnership Digital Programme, approved by IJB Feb 2020 alongside Direction related to digital development and information exchange.	Business Applications Manager	31-Dec-2020	
IJB.RA.08.2	Performance Information	Q2 20/21: Partnership agreed to introduce Outcome Monitoring framework but progress halted due to the pandemic. Performance reports presented to IJB. Work to improve performance reporting continues. Work was paused during Pandemic lockdown.	Joint Director Midlothian Health and Social Care Partnership	31-Dec 2020	
IJB.RA.08.3	IT software development	Q2 20/21: new software and IT infrastructure employed to assist IJB and other communication eg Microsoft Teams for meetings and sharing of documents. Extension of homeworking in response to Pandemic.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2021	


IJB.RR.09 Leadership Capacity - IJB

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.09	<p>Risk cause Changing membership of IJB creates challenges to ensure all members have a clear understanding of the Integration of Health and Social Care.</p> <p>Risk event New members may have a knowledge gap around the work of the IJB, the planned outcomes and measures to drive forward improvement.</p> <p>Risk effect Ability of new members to make a positive contribution to the IJB.</p>	Chief Officer	<p>National and local Induction programs in place.</p> <p>Membership changes incrementally.</p> <p>User, Carer and Third Sector members receive pre-meeting support.</p> <p>Induction/development programme in place.</p> <p>Leadership Development training in place.</p> <p>The IJB has changed members, chair and CO in the last year yet continues to function well</p>	3	2	


IJB.RR.11 Working With Other Organisations (Partnership)

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.11	<p>Risk cause The establishment of the Integrated Joint Board (IJB) may reduce the efforts required to work with other Community Planning partners.</p> <p>Risk event THE HSCP focusses too narrowly on its immediate responsibilities to deliver direct services in health and</p>	Chief Officer	<p>The IJB Chair and Chief Officer are members of the Community Planning Board.</p> <p>Health and Social Care are active in Area Targeting work.</p> <p>Reducing inequality is the key objective of the Community Planning Partnership.</p>	3	4	



	care, and neglects the task of building long term sustainability. Risk effect The HSCP does not achieve its long term objectives.		Other agencies - e.g. Housing; Libraries; Fire and Rescue; Ambulance - are actively involved in joint planning groups. Regular Summits being held with the voluntary sector 3-4 times per year Ongoing engagement with the Community Planning Partnership Component of the Single Midlothian Plan			
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Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.11.2	Strengthening engagement with the independent sector	<p>Q2 20/21: Partnership working with the Independent Sector (care homes and care at home) has been more intensive as a result of the pandemic. Joint work, shared protocol, new guidance and sharing of best practice. Performance monitoring updates, in particular around Care Homes to the IJB.</p> <p>Increased partnership working involving volunteers, new post actively being progressed through partners recruitment process to support this area.</p> <p>Assurance group in place for both NHS and HSCP for monitoring performance of care homes, this is reported weekly into SG.</p>	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2021	

IJB.RR.14 Business Continuity


Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.14	<p>Risk cause Lack of clarity about Business Continuity arrangements.</p> <p>Risk event The Health & Social Care Partnership is unable to implement proposals in the absence of an effective governing body.</p> <p>Risk effect</p>	Chief Officer	<p>Integration Scheme - standing orders and a code of governance in place.</p> <p>Substitute IJB members in place by NHS Lothian, Midlothian Council, Users, Carers and Third Sector.</p> <p>The Council and NHS have their own Business Continuity Plans and arrangements in place to monitor third party suppliers. (Check local code of governance)</p>	3	4	

	The IJB fails to make good progress with the implementation of its Strategic Plan.				
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Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.14.1	UK Exit from European Union	Q2 19/20: UK remains on track to complete negotiations regarding the UK exit from European Union. Preparing for the UK exit from the EU remains a high priority within NHSL and MLC with strategic management groups set up for both areas.	Chief Officer	31-Dec-2020	
IJB.RA.14.2	COVID-19 pandemic planning and resilience	Q2 19/20: Substantial resilience planning has been carried out with a focus on Winter Planning and Business Continuity. Winter plan has been submitted to NHSL with ongoing reviews throughout the winter period.	Chief Officer	31-Mar-2021	

Opportunities




IJB.OP.01 Strategic Plan

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.OP.01	The creation of a Strategic Plan provides the opportunity to describe the future shape of care services.	Joint Director Midlothian Health and Social Care Partnership	<p>The Strategic Plan sets out the direction of travel for all health and care services and identifies how available funding will be used to enable some of these changes to take place.</p> <p>Funding such as social care monies and Primary Care Transformation funds will enable some of the aspirational plans to be put into effect.</p> <p>Directions provides clarity and specificity about actions flowing from the Strategic Plan.</p> <p>Strategic Planning Group has been established to monitor implementation of Strategic plan.</p> <p>Annual Delivery Plan.</p> <p>Working with local planning groups and services to develop plans for future years.</p>	5	4	

Risk Management report Key:

Very low risk	1-3	
Low risk	4-8	
Medium risk	9-15	
High risk	16-20	
Critical risk	25	

Action Key:

In progress	
complete	
Overdue	

Midlothian Integration Joint Board Audit and Risk Committee



Thursday 3 December 2020 at 2pm

MIJB Recommendations Internal Audit Follow-Up Review In Progress Actions

Item number: 5.2

Executive summary

This report details the MIJB's reported performance in addressing and closing the issues and recommendations raised by Internal Audit.

There are currently 8 remaining In-Progress Internal Audit Recommendations for MIJB. There has been a significant impact of Covid-19 response on Management's progress with the implementation of some of the Internal Audit Recommendations due to capacity and delays in activity. For those Internal Audit Recommendations identified as being overdue during the year, Management have requested revised target dates to ensure these represent realistic timescales for their full implementation in light of ongoing Covid-19 activity. These have been approved by Internal Audit and the Pentana Risk system has been updated accordingly. The Internal Audit team will continue to monitor progress by Management with implementation of Internal Audit recommendations.

The Midlothian IJB Audit and Risk Committee is asked to:

- **Acknowledge the progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance, and mitigate risks;**
- **Consider whether it is satisfied with the progress made by Management and any other actions required; and**
- **Note that Internal Audit will continue to monitor the completion of the outstanding recommendations and will provide update reports to the MIJB Audit and Risk Committee.**

MIJB Recommendations Internal Audit Follow-Up Review In Progress Actions

1 Purpose

1.1 The purpose of this report is to:

- Inform the MIJB Audit and Risk Committee of the number of recommendations raised by Internal Audit for the MIJB that are in progress;
- Note the MIJB's reported performance in addressing the associated internal control and governance issues by the agreed implementation; and
- Highlight the main governance and financial risks where recommendations are found to be outstanding.

2 Recommendations

2.1 The MIJB Audit and Risk Committee is asked to:

- Acknowledge the progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance, and mitigate risks;
- Consider whether it is satisfied with the progress made by Management and any other actions required; and
- Note that Internal Audit will continue to monitor the completion of the outstanding recommendations and will provide update reports to the MIJB Audit and Risk Committee.

3 Background

3.1 Internal Audit suggests recommendations for improving internal control and to assist the MIJB deliver against its objectives. Where MIJB Management agree these recommendations, the actions are updated to Pentana Risk (Midlothian Council's performance management system) along with a date by which Management should have completed the agreed action.

3.2 MIJB Management are responsible for acting on the recommendations by the agreed due date and when complete, closing the recommendation on the Pentana Performance system. The Internal Audit plan includes follow up activity in relation to recommendations made and checks the completed recommendations to determine whether they have been implemented satisfactorily and thus give assurance over the ongoing improvement of internal control, risk management and governance arrangements. The Internal Audit report on Follow-Up of Completed Recommendations was presented to the MIJB Audit and Risk Committee on 3 September 2020.

- 3.3 Internal Audit continues to meet with MIJB officers on a quarterly basis to follow-up on Management progress with implementation of the remaining recommendations. This enables discussions for agreeing extensions to due dates to ensure that Internal Audit has oversight of this and to provide a visible audit trail in Pentana Risk system.

4 Performance

- 4.1 In the report on Completed Audit Recommendations that was presented to MIJB Management and MIJB Audit and Risk Committee on 3 September 2020 it was noted that some previously longstanding actions from prior years' Internal Audit reviews had been completed.
- 4.2 There has been a significant impact of Covid-19 response on Management's progress with the implementation of some of the Audit Recommendations due to capacity and delays in activity.
- 4.3 For those Audit Recommendations that have become overdue during the year, Management have advised Internal Audit of the revised target dates to ensure these represent realistic timescales for their full implementation in light of ongoing Covid-19 activity. In accordance with the new Protocol, these revised due dates have been approved by Internal Audit based on the further work required to fully implement these recommendations. This is reflected in the Pentana Risk system.
- 4.4 There are currently 8 remaining In-Progress Internal Audit Recommendations for MIJB. Good progress has been made with the implementation of 5 previously longstanding actions from prior years' 2017/18 and 2018/19 relating to Performance Targets & Reporting and Strategic & Delivery Planning, with completion in full of these expected by March 2021. Progress has been made on the 3 Internal Audit recommendations from 2019/20 relating to Workforce Development with some of the sub-actions being completed and there are plans in place to implement the remainder. These are summarised in Appendix 1.
- 4.5 The Internal Audit team will continue to monitor progress by Management with the implementation of Audit recommendations.

5 Policy Implications

- 5.1 There are no direct policy implications arising from this report.

6 Equalities Implications

- 5.1 There are no direct equalities implications arising from this report.

7 Resource Implications

- 7.1 There are no direct resources implications arising from the proposals in this report.

8 Risk

- 8.1 The recommendations made by Internal Audit are directly related to reducing the level of risk that the MIJB is exposed to. These recommendations were raised to reduce financial, reputational, strategic and governance risks.

9 Involving people

- 9.1 The MIJB Chief Officer, Chief Finance Officer and Integration Manager have been involved in progressing the implementation of the Internal Audit recommendations and have reviewed this report in advance of its consideration by the MIJB Audit and Risk Committee.

10 Background Papers

- 10.1 Two follow-up audit recommendations reports are presented to the MIJB Audit and Risk Committee each year in accordance with the approved MIJB Internal Audit Annual Plan 2020/21.

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DATE	17 November 2020




Appendix 1 - MIJB Internal Audit Recommendations - Progress Report





2017/18 - Performance Targets and Reporting MIJB




Action Code	Action	Original Due Date	Revised Due Date	Icon	Progress	Latest Notes	Managed By
IA.IJBPTR.01	KPIs should be stated for all objectives within the IJBs' key plans, including the plans for older people, learning disabilities, physical disabilities, mental health, and alcohol & drug misuse. These KPIs should then be approved by each IJB board.	31-Jul-2018	31-Mar-2021	▶	50%	Q2 2020/21: There are high level KPIs in the form of MSG indicators. The Chief Officer is working to develop a performance framework that will include the main planning groups. This will be a collaborative process in 2020. High Level KPIs are reported to Scottish Government which is included in the annual performance report. Inclusion of KPIs in plans is increasing but further work is required. This will be aided by the outcome of mapping work in December 2020 and throughout 2021.	Integration Manager
IA.IJBPTR.03	The IJB chief officer will agree with the IJB board what the key high level plans are. For each of these plans, the chief officer will ensure that all key actions are phrased as SMART objectives. These objectives will then be approved by the IJB board.	31-Jul-2018	31-Mar-2021	▶	50%	Q2 2020/21: A Strategic Plan was published in April 2019. Key themes are outlined in the Strategic Plan. Planning groups are developing plans in line with this – one year rolling plans. This will be clarified as part of the work on high level outcomes for the HSCP in Dec 2020.	Integration Manager

2018/19 - Chief Internal Auditor's Annual Assurance Report and Opinion for Midlothian Health & Social Care Integration Joint Board

Action Code	Action	Original Due Date	New Revised Due Date	Icon	Progress	Notes	Managed By
IA.IJB2018/19.01	Linkages within the Strategic Plan should clearly relate local objectives to national objectives. Similarly linkages between Directions issued by the MIJB and the Delivery Plan or supporting detailed action plans should be also be established.	31-Oct-2019	31-Mar-2021		60%	Q2 2020/21: A new Strategic Commissioning Plan will not be published until April 2022 although work on developing this plan has started. Directions were reissued in October 2020 to the CEOs of Midlothian Council and NHS Lothian. The Strategic Planning Group reviewed its Terms of Reference in August 2020. Work underway to map links between Strategic Plan and Directions. Due to the impact of COVID-19 will require a further extension to 31 March 2021.	Integration Manager
IA.IJB2018/19.02	The Delivery Plan should contain more detail regarding action to be taken in terms of what is to be done as well as how, by when and by whom it is to be achieved. How outcomes are to be measured should also be defined.	31-Oct-2019	31-Mar-2021		70%	Q2 2020/21 - Planning groups have plans in line with the 3 year Strategic Plan – one year rolling plans. Delivery Plan (known as Update to Strategic Plan 2020-21) is complete – it was delayed due to the pandemic. Each individual group is also updating its own operational plan. Due to the impact of COVID-19 will require a further extension to 31 March 2021.	Integration Manager
IA.IJB2018/19.04	Performance measures in the MIJB's Performance Management Framework should be more appropriately aligned to key priorities and outcomes of its Strategic Plan.	31-Oct-2019	31-Mar-2021		40%	Q2 2020/21: There are high level KPIs in the form of MSG indicators. The Chief Officer is working to develop a performance framework that will include the main planning groups. This will be a collaborative process in 2020. A performance paper is presented to the IJB at each Board. Matter of Focus commissioned to work with the IJB Board members and HSCP staff of all levels and service areas to develop framework around performance and outcomes. In addition performance dashboard is being developed – expected December 2020.	Integration Manager

2019/20 – Workforce development focused on the Midlothian Health and Social Care Partnership arrangements to support the Midlothian Integration Joint Board workforce direction.

Action Code	Action	Original Due Date	Revised Due Date	Icon	Progress	Notes	Managed By
IA.IJBWFD.1.1 (Rec 1)	A review of the Midlothian Health and Social Care Partnership Workforce Planning Framework should be conducted to ensure it is aligned to the current Strategic Plan.	01-Sep-2020	31-Mar-2021		50%	Q2 2020/21: The overall approach to Workforce Action Plans is currently being revised to take cognisance of the recommendations, transformation agenda's and future workforce requirements. National Guidance was not received until Dec 2019. Work with services and action planning has recently recommenced following a pause due to COVID. NHS Lothian completed an Audit with actioned timescales that will result in all plans being developed by March 2021. Workforce planning within NHS Lothian currently paused due to COVID. Further work across Midlothian Council being supported by HR. Work being managed through the H&SCP Workforce Planning Group. Due to the impact of COVID-19 will require a further extension to 31 March 2021.	AHSC Performance Officer; Head of Adult and Social Care; Head of Primary Care and Older People's Services
IA.IJBWFD.1.2 (Rec 1)	Management should seek to develop the detailed workforce plan (noted in the report Finding 2.1) for the organisation in order to support the delivery of the Strategic Plan.	01-Sep-2020	31-Mar-2021		15%	Q2 2020/21: As noted in action IA.IJBWFD.1.1	AHSC Performance Officer; Head of Adult and Social Care; Head of Primary Care and Older People's Services

Action Code	Action	Original Due Date	Revised Due Date	Icon	Progress	Notes	Managed By
IA.IJBWFD.2.2 (Rec 2)	Following the publication of the revised workforce planning guidance in December 2019, the Midlothian HSCP should proceed with the development of their three-year Workforce Plan to ensure publication by 31 March 2021 with attention given to the guidance when creating the plan. Management should ensure the plan is approved by the MIJB prior to the publication.	31-Dec-2020	31-Mar-2021		50%	Q2 2020/21: This work is ongoing and estimated to be completed by the 31 March deadline.	AHSC Performance Officer; Head of Adult and Social Care; Head of Primary Care and Older People's Services
IA.IJBWFD.2.5 (Rec 2)	Management should determine a timetable for providing updates on workforce planning to the MIJB. This will include dates for submitting drafts of the full three-year Workforce Plan in order to have a final version ready for publication by the deadline of 31 March 2021.	31-Dec-2020	31-Mar-2021		50%	Q2 2020/21: Work was delayed due to Covid but workforce planning group is now managing this	AHSC Performance Officer; Head of Adult and Social Care; Head of Primary Care and Older People's Services
IA.IJBWFD.3	All staff charged with completing the overall HSCP workforce plan, and the individual lower-level plans, should receive comprehensive training to allow them to more effectively perform the work. The training should be based upon the Scottish Government guidance published in December 2019.	31-Aug-2020	31-Mar-2021		10%	Q2 2020/21: Staff have been provided with the template and guidance on how to complete. This is being coordinated by the workforce group.	AHSC Performance Officer; Head of Adult and Social Care; Head of Primary Care and Older People's Services

Midlothian Integration Joint Board Audit and Risk Committee



Thursday 3 December 2020 at 2pm

Progress Update on Delivery of Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2020/21

Item number: 5.3

Executive summary

The purpose of this report is to present to the Midlothian IJB Audit and Risk Committee an update on progress with the delivery of the Internal Audit Annual Plan 2020/21 for the Midlothian Health and Social Care Integration Joint Board (MIJB).

The Midlothian IJB Audit and Risk Committee is therefore asked to:

- (a) Note the progress Internal Audit has made by the mid-year point with activity in the approved Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2020/21 (Appendix 1); and**
- (b) Consider the list of Internal Audit reports by partners' Internal Auditors presented to their respective Audit Committees that are relevant to MIJB for assurance purposes (Appendix 2), consider the assurances contained therein, and provide any commentary thereon.**

Progress Update on Delivery of Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2020/21

1 Purpose

- 1.1 The purpose of this report is to inform the Midlothian IJB Audit and Risk Committee of the progress Internal Audit has made, in the first 6 months of the year to 30 September 2020, towards completing the Internal Audit Annual Plan 2020/21 for the Midlothian Health and Social Care Integration Joint Board (MIJB).

2 Recommendations

- 2.1 Members of the MIJB Audit and Risk Committee are therefore asked to:
- a) Note the progress Internal Audit has made by the mid-year point with activity in the approved Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2020/21 (Appendix 1); and
 - b) Consider the list of Internal Audit reports by partners' Internal Auditors presented to their respective Audit Committees that are relevant to MIJB for assurance purposes (Appendix 2), consider the assurances contained therein, and provide any commentary thereon.

3 Background and main report

- 3.1 The Public Sector Internal Audit Standards (PSIAS) require the MIJB's Chief Internal Auditor to prepare an annual report that incorporates the statutory audit opinion on the adequacy and effectiveness of MIJB's framework of governance, risk management and control, a summary of the work that supports the opinion, and a statement on conformance with the PSIAS.
- 3.2 The Midlothian IJB Internal Audit Annual Plan 2020/21 approved by the MIJB Audit and Risk Committee on 5 March 2020 includes sufficient work to enable the MIJB Chief Internal Auditor to prepare the statutory independent and objective audit opinion to the year ending 31 March 2021. However, the scope of the audit to be provided by NHS Lothian Internal Audit team (Grant Thornton) is yet to be determined.
- 3.3 The Appendix 1 to this report provides details of the half yearly progress by Internal Audit with its work activity to deliver the approved MIJB Internal Audit Annual Plan 2020/21. Those audits which are underway to reflect their continuous audit approach are highlighted in light shading and those scheduled for the second half of the year are not shaded.

- 3.4 The continuous audit approach which is applied to Internal Audit work for the MIJB enables Internal Audit to provide added value advice on internal controls and governance and 'critical friend' consultancy services as the MIJB continues to develop its governance and transforms its service delivery.
- 3.5 In addition to its own governance arrangements, the MIJB places reliance on the governance arrangements adopted by NHS Lothian and Midlothian Council, the partners. This includes the existing mechanisms embedded within both NHS Lothian and Midlothian Council for provision of Internal Audit assurances to their respective Audit Committees.
- 3.6 The Appendix 2 to this report provides the list of Internal Audit reports by partners' Internal Audit providers (MLC Internal Audit for Midlothian Council; Grant Thornton for NHS Lothian) that have been presented to their respective Audit Committees within the second half year 2019/20 and the first half year 2020/21 which are relevant to MIJB for assurance purposes, with a summary of assurances contained therein. The MIJB Chief Internal Auditor will take account of these assurances from partners' Internal Auditors to provide assurance to the MIJB.

4 Policy Implications

- 4.1 The Midlothian Integration Joint Board (MIJB), established as a separate legal entity as required by the Public Bodies (Joint Working) (Scotland) Act 2014, is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Midlothian partnership area, based on resources which have been delegated to it by the partners, Midlothian Council and NHS Lothian.
- 4.2 The MIJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration. The establishment of robust Risk Management and Audit arrangements is one of the key components of good governance and will be critical to the capacity of the MIJB to function effectively.

5 Equalities Implications

- 5.1 There are no direct equalities implications arising from this report.

6 Resource Implications

- 6.1 There is a commitment to provide Internal Audit resource to the Midlothian Health and Social Care Integration Joint Board (MIJB) for review of the adequacy of the arrangements for risk management, governance and control by the MIJB of the delegated resources.
- 6.2 Internal Audit service is provided by the Council's Internal Audit team which has a shared service arrangement with Scottish Borders Council including the appointed MIJB Chief Internal Auditor, with support from NHS Lothian Internal Audit team (Grant Thornton).

7 Risk

- 7.1 Key components of the audit planning process include a clear understanding of the MIJB's functions, associated risks, and potential range and breadth of audit areas for inclusion within the plan. The MIJB Internal Audit Annual Plan 2020/21 has been informed by the risks, controls and mitigation actions as set out within the IJB's Strategic Risk Register and key stakeholders have been consulted to capture potential areas of risk and uncertainty more fully. This exercise is informed by key developments at both a national and local level and other relevant background information, for example the Strategic Plan. Discussions with the MIJB's Chief Officer and Chief Financial Officer will continue on a regular basis to ensure Internal Audit plans are risk-based and provide relevant assurance.
- 7.2 The PSIAS require Internal Audit to evaluate the effectiveness of the MIJB's Risk Management arrangements and contribute to improvements in the process.
- 7.3 The MIJB Internal Audit Annual Plan 2020/21 should be considered to be flexible and has been periodically reviewed to ensure it reflects any new arrangement or changing risks and priorities. Discussions will continue with MIJB Management and the MIJB Audit and Risk Committee to determine the scope of the audit to be provided by NHS Lothian Internal Audit team (Grant Thornton) using a risk-based approach to ensure that Internal Audit assurance continues to add value.
- 7.4 It is anticipated that improvements in the management and mitigation of risks will arise as a direct result of MIJB Management implementing the Internal Audit recommendations made during the year or outstanding from previous years.
- 7.5 In addition to its own governance arrangements, the MIJB places reliance on the governance arrangements adopted by NHS Lothian and Midlothian Council, the partners. Where appropriate, existing mechanisms embedded within both NHS Lothian and Midlothian Council have been used to provide assurance to the MIJB.

8 Involving people

- 8.1 The MIJB Chief Officer, Chief Finance Officer and Integration Manager have received this update report to assist them in discharging their roles and responsibilities.

9 Background Papers

- 9.1 Midlothian IJB Internal Audit Annual Plan 2020/21 (approved by the MIJB Audit and Risk Committee on 7 March 2019)

AUTHOR'S NAME	Jill Stacey
DESIGNATION	MIJB Chief Internal Auditor
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DATE	17 November 2020

Ref	Category	Audit	Days	Commentary	Status
1.	Assurance	Annual Assessment of Internal Control and Governance	20	Prepare an annual assurance report for MIJB Management and MIJB Audit and Risk Committee summarising the work undertaken by Internal Audit during the year and forming an opinion on the adequacy of the MIJB's arrangements for risk management, governance and internal control for delegated resources. Test a sample of the key elements in the MIJB Code of Corporate Governance to determine whether these are operating effectively. This will be used to inform the MIJB's Annual Governance Statement.	Ongoing follow-up on implementation of actions on Areas of Improvement set out in the Annual Governance Statement 2019/20. Annual evaluation of compliance with and effectiveness of MIJB's Local Code of Corporate Governance and annual evaluation of effectiveness of MIJB's internal controls and governance arrangements scheduled 4 th Quarter.
2.	Assurance	tbc	30	NHS Lothian Internal Audit team (Grant Thornton) will deliver this Audit. The scope of the Audit is yet to be determined. Options for discussion: Focus on a specific IJB direction or commissioned services; The implementation of the ministerial task force recommendations; Set aside and financial planning; or Other area of risk.	Scope of audit – no progress on determination.
3.	Assurance	Performance Management	25	Assess whether there is appropriate alignment of performance measures in the MIJB's Performance Management Framework to key priorities and outcomes of the Strategic Plan and validate the evidence of improvement of health and wellbeing within Midlothian through integrating health and social care services. Review and evaluate the source systems, data and processes to produce the annual performance report required by the Scottish Government.	Internal Audit Report on Performance Management presented to MIJB Audit and Risk Committee 3 September 2020. Internal Audit will continue to liaise with MIJB Management on the progress with refinements and developments on the Performance Management Framework. This will be used to inform the Chief Internal Auditor's Annual Assurance Report 2020/21 on the adequacy of the arrangements for risk management, governance and internal control by the MIJB of the delegated resources.

Ref	Category	Audit	Days	Commentary	Status
4.	Other	Recommendations Follow Up Review	10	Undertake two reviews: The first will assess performance against closing Audit Actions by the agreed due date; and the second will include a sample check on the adequacy of new internal controls for Audit Actions flagged as closed.	Internal Audit Follow-up of Completed Recommendations Report presented to MIJB Audit and Risk Committee 3 September 2020. A further follow-up report will be presented to MIJB Management and the MIJB Audit and Risk Committee on progress with the MIJB Internal Audit open recommendations.
5.	Other	Administration of Audit Scotland Reports	2	Monitor publication of Audit Scotland reports and co-ordinate submission by Management of relevant Audit Scotland Reports to the MIJB Audit and Risk Committee / Board.	Ongoing. Tracker in place to coordinate relevant Management presenting reports to MIJB or its Audit and Risk Committee to ensure transparency of best practice and lessons learned.
6.	Other	Audit Committee Self-Assessment	3	Provide assistance to Chair in undertaking a self-assessment of the MIJB Audit and Risk Committee against the CIPFA best practice guidance.	Actions arising on identified Areas of Improvement from the inaugural 2018/19 self-assessment of MIJB ARC are still in progress. MIJB Chief Internal Auditor will facilitate MIJB ARC Self-Assessment in 4 th Quarter.
7.	Other	Attendance at Boards / Committees	5	Prepare for and attend MIJB Board / Audit and Risk Committee meetings.	Ongoing
8.	Other	Audit Planning for 2021/22	5	Renew risk assessment, develop and consult on proposed coverage within the MIJB Internal Audit Annual Plan 2021/22.	Scheduled 4th Quarter.
	Total		100	Midlothian Council's Internal Audit function will provide 70 days and NHS Lothian Internal Audit team will provide 30 days to support the delivery of the Plan.	

Below is the list of Internal Audit reports by partners' Internal Audit providers (MLC Internal Audit for Midlothian Council; Grant Thornton for NHS Lothian) that have been presented to their respective Audit Committees within the second half year 2019/20 and the first half year 2020/21 which are relevant to MIJB for assurance purposes, with a summary of assurances contained therein.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
Midlothian Council Audit Committee 3 December 2019 (Source: Midlothian Council website Committee meetings)	Internal Audit Recommendations Progress Report	To inform the Audit Committee of the number of recommendations raised by Internal Audit over the last 4 years and the Council's performance in addressing these issues by the agreed implementation dates.	Over the period 2016/17 to October 2019, Internal Audit raised a total of 391 recommendations: 339 are reported as having been completed (87%); 43 have not yet reached their due date (11%); and 9 are showing as overdue (2%). CMT had a discussion on the overdue actions, the reasons why they were not completed by the original due date, and risk mitigations in place in the interim. In accordance with the new Protocol, revised due dates for completion of the overdue Internal Audit recommendations have been proposed by relevant Management, were discussed at CMT, and have been agreed by Internal Audit based on the further work required to implement these recommendations in full.
Midlothian Council Audit Committee 28 January 2020 (Source: Midlothian Council website Committee meetings)	Social Care Income Charging, Billing and Collection	To assess the mechanisms in place to raise charges for Social Care clients in a timely manner and the process of collection and recovery of those charges, including the reliance upon various elements, namely: Care Plan, Funding, Contract and Financial Assessment.	Substantial Assurance in terms of the arrangements to undertake financial assessments, arrange billing, make payments to suppliers; and update service charges and benefit rates each year. There is a segregation of duty between the staff processing and authorising the financial assessment information on Mosaic system. The financial assessment forms that were tested were fully completed and comprehensive procedures are available for staff undertaking financial assessments. Three recommendations (3 Low) have been agreed with Management to make improvements.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
<p>Midlothian Council Audit Committee</p> <p>28 January 2020</p> <p>(cont'd)</p>	Electronic Payments	To review the security and authorisation controls, including segregation of duties, over the Council's electronic payment systems. The audit included a review of the Council's response to the Audit Scotland Report: Report on a Significant Fraud-Dundee City Council (Audit Scotland, March 2018).	<p>Substantial assurance. Largely satisfactory controls are in place including policies and procedures, reconciliation and exception reporting, segregation of duties applied, access permissions, and the security of relevant files to ensure the integrity of payments made by the Council. There is, however, some scope for continued improvement such as documenting the business continuity plan, procedure mapping the flow of all transactions (document still in development), more regularly reviewing access permissions, and an updated assessment of the security of the BACS file for 2 applications.</p> <p>Six recommendations (2 Medium; 4 Low) have been agreed with Management to address the control issues raised.</p>
<p>Midlothian Council Audit Committee</p> <p>10 March 2020</p> <p>(Source: Midlothian Council website Committee meetings)</p>	Procurement and Management of Contracts	To review the high level controls and governance arrangements surrounding the Procurement and Management of Contracts.	<p>Limited Assurance (Risk, control, and governance systems have some satisfactory aspects; however, there are some significant issues likely to undermine the achievement of objectives).</p> <p>The Procurement team has undergone a significant turnover of staff over the past year and lacks the capacity and resilience to deliver its strategic priorities. There are a number of contracts that have expired and have not been retendered, there are delays undertaking tender exercises, and there is a lack of oversight of other areas undertaking tender exercises. There is no system in place to manage contracts from cradle to grave and no dedicated contract monitoring resource. There is a lack of formal reporting of any contract monitoring undertaken by Services and the Procurement team does not have oversight of this.</p> <p>Six recommendations (3 High; 3 Medium) have been agreed with Management to address the control issues raised.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
Midlothian Council Audit Committee 10 March 2020 (cont'd)	Change and Transformation Programme	To review progress made with the implementation of improvements to ensure that the governance and accountability arrangements for transformation are effective.	<p>Since our previous report considerable work has been undertaken to improve processes for delivering the transformation programme, though this will take time to embed before benefits are fully realised. The Chief Executive, supported by Senior Officers, is providing the impetus for change in order for the Council to deliver quality services on a financially sustainable basis. Governance arrangements are in place to monitor the delivery of the various initiatives within the transformation programme, but their efficiency and effectiveness could be further improved. The four recommendations made in our previous report are shown as 100% complete based upon the development and approval of the Medium Term Financial Strategy (MTFS). Limited assurance: Concerns exist over delivering all savings, in particular efficiency savings; and savings are not sufficiently ambitious and are not suitably cross cutting.</p> <p>Six further recommendations (5 High; 1 Medium) have been agreed with Management to address the risk, control and governance issues raised.</p>
	Business Planning, Budget Setting and Monitoring	To evaluate the implementation of improvements to ensure that budgets set for 2019/20 are sustainable and based on realistic plans which are subjected to appropriate scrutiny and challenge.	<p>Since our previous report work is ongoing to improve processes for budgetary control, though this will take time to embed before benefits are fully realised. Action has been taken to attempt to stabilise the Council's financial position; driven by the Chief Executive supported by Senior Officers and the Financial Services team. Five of the seven recommendations made in our previous report have been implemented whilst two remain incomplete. Limited Assurance relating to budgets set for 2019/20 and associated monitoring and reporting processes. Risk, control, and governance systems have some satisfactory aspects. Some improvements have been made in the last 9 months as noted above though further improvements are required.</p> <p>Three further recommendations (1 High; 2 Medium) have been agreed with Management to address the risk, control and governance issues raised.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
<p>Midlothian Council Audit Committee</p> <p>22 June 2020</p> <p>(Source: Midlothian Council website Committee meetings)</p>	Community Empowerment	To review the implementation of the requirements of the Community Empowerment (Scotland) Act 2015.	<p>The Community Planning Partnership (CPP) has prepared and published a local outcomes improvement plan (LOIP) - 'The Single Midlothian Plan' and locality plans following consultation with the community. Good progress has been made with implementing the other requirements of the Act. Reports have been produced and published in accordance with the requirements set out in the Community Empowerment Act (Parts 2, 3 and 5) which stipulates the frequency, content and publication of reports.</p> <p>Substantial Assurance (Largely satisfactory risk, control, and governance systems are in place. There is, however, some scope for improvement as current arrangements could undermine the achievement of objectives). Management are working on actions to address two issues, thus no recommendations.</p>
	Internal Audit Annual Assurance Report 2019/20	To provide the statutory annual Internal Audit opinion on the adequacy of Midlothian Council's overall control environment.	<p>The systems of internal control and governance are generally adequate with improvements having been made during the year. The implementation of further Audit recommendations as part of a culture of continuous improvement is of importance particularly relating to the strategic governance arrangements that underpin procurement and contract management, financial management, workforce development, and delivery of change & transformation.</p> <p>The Local Code has been updated as part of Internal Audit's assessment of internal control and governance to include comprehensive evidence against each of the seven principles of good governance and sub-principles. Corporate and Service Risk Registers are subject to regular review by those Managers who are allocated the responsibilities for managing individual risks.</p> <p>The Financial Regulations (approved July 2012), and associated policies and procedures need to be reviewed and updated. Improvements over the capital planning arrangements are required to apply the Accounts Commission good practice guide 'Major capital investment in Councils'.</p> <p>The annual Internal Audit opinion has been used to inform the Chief Executive's Annual Governance Statement 2019/20.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
Midlothian Council Audit Committee 12 October 2020 (Source: Midlothian Council website Committee meetings)	ICT Operational Processes (2019/20 audit – deferred report re Covid)	To evaluate the change / incident / problem management operational controls to ensure they are designed appropriately and that all parties are adhering to them. This included an assessment of the response to the Audit Scotland report “Principles for a digital future: Lessons learned from public sector ICT Projects” (May 2017).	<p>Substantial assurance for incident and problem management and the framework for the Service’s assessment against best practice. Effective processes to ensure ICT incidents and problems are appropriately logged and addressed. Severe incidents are reported to the Council’s Risk Management Group (RMG) and action plans are developed in response to these and progress is tracked. Service has participated in various external and self-assessment exercises, including annual Public Sector Network (PSN) certification.</p> <p>Limited assurance for change and project management. Weaknesses were noted with the governance of the Digital Led Transformation Group (DLTG) which has not met since May 2019, project prioritisation processes, consistency and completeness of project documentation, and closure reporting. One medium rated recommendation has been agreed with Management to improve the governance arrangements.</p>
	Information Governance - Records Management (2019/20 audit – deferred report re Covid)	To assess the effectiveness of the governance, risk management and control processes over the management of the Council’s records and archives.	<p>The Council’s first Records Management Plan (RMP) was approved by the Keeper in June 2014. The Keeper recommended the publication of the RMP as an example of good practice. The Council participated in a Progress Update Review (PUR) with the Keeper in 2019. The PUR mechanism is designed to provide a platform through which authorities can receive feedback and advice from the Keeper’s Assessment Team following any internal self-assessment of their agreed RMP. The report noted that the Council continues to take its records management obligations seriously and is working to bring all elements into full compliance with the Act and fulfil the Keeper’s expectations.</p> <p>Substantial Assurance for the majority of the elements in the Council’s records management plan and Limited Assurance for specific low risk controls including quality assurance of the Information Asset Registers, training of staff, and a formal action plan for reporting progress to Senior Management.</p> <p>Five recommendations (1 Medium; 4 Low) have been agreed with Management to improve processes and practices.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
<p>Midlothian Council Audit Committee 12 October 2020 (cont'd)</p>	<p>Internal Audit Follow-Up of Completed Recommendations</p>	<p>To provide an update on the status of the implementation by Management of audit recommendations made and agreed in Internal Audit reports in previous years to improve internal controls and governance.</p>	<p>From the 36 recommendations tested, 1 (3%) was not completed, 28 (78%) were found to have been completed satisfactorily and 7 (19%) were identified as partially satisfactory requiring further work. A key factor for Management to enable and evidence sustained controls is having documented processes, workflows or checklists that are up-to-date and published where they are accessible to ensure there is awareness of the expected control (first line); supplemented by Management oversight and monitoring that arrangements and controls are operating effectively (second line). This is of particular importance for Midlothian Council at a time of rapid change in personnel, roles and structures within the organisation.</p> <p>The Corporate Management Team considered the Internal Audit follow-up findings on 9 September 2020. It was agreed that Internal Audit would work with Directors as a critical friend to ensure the remaining elements of the audit actions are fully completed or a sustained control is established, to assist with continuous improvement.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
<p>NHS Lothian Audit and Risk Committee</p> <p>25 November 2019</p> <p>(Source: NHS Lothian website Key Documents > Audits)</p>	Quality Strategy	<p>To review the controls in place to monitor the delivery and implementation of the Board's Quality Strategy, with a focus on the controls in place across NHS Lothian to provide assurance that the Quality Strategy is being implemented. Particular focus on the governance arrangements from the 2018/19 programmes / networks and how they have contributed to the delivery of the Quality Strategy in year 1.</p>	<p>The review comprised of two control objectives, of which one received Limited Assurance with the other not receiving an assurance rating. Given the nature of the work undertaken by the various networks and programmes across NHS Lothian, there is not a 'one size fits all' framework that can be used to assess the width and depth of various networks and programmes, which are at differing level of maturity.</p> <p>Since the approval of the Quality Strategy by the Board in June 2018, there has been a lack of reporting on the implementation of the Quality Strategy across NHS Lothian governance framework. Additionally, it was noted that there is a lack of the ownership and visibility of the strategy at the Corporate Management Team, who are responsible for the delivery of the Quality Strategy.</p> <p>Two recommendations (1 High; 1 Low) have been agreed with Management to improve the governance arrangements.</p>
	Staff Satisfaction	<p>To assess if there are effective controls in place over the management of staff engagement, including the capture and evaluation of information, and committee oversight of improvement work performed. Focused testing on areas of risk identified through comparing directorate response rates and action plan completion rates across NHS Lothian.</p>	<p>The review comprised of four control objectives, of which one received Significant Assurance, and three received Moderate Assurance. The electronic iMatter system is used to co-ordinate the work within the organisation, and provides effective management of confidential survey data, reporting, and management of action plans. There were many areas of good practice identified during the review, and it should be recognised that the organisation as a whole, as well as individual directorates are learning from previous experience of iMatter cycles, and continuing to improve.</p> <p>Five recommendations (3 Medium; 2 Low) have been agreed with Management to improve systems, processes and practices.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
NHS Lothian Audit and Risk Committee 25 November 2019 (cont'd)	Adverse Events: Duty of Candour	<p>To review the procedures in place at NHS Lothian to ensure their processes align the requirements of the Duty of Candour legislation. The review considered NHS Lothian policies and operational procedures and what processes are in place to ensure staff identify when a case would trigger Duty of Candour and know how to implement the procedure once identified. Recognising that the process is new and has recently been established, we considered how process improvement is occurring and how lessons learned are being incorporated into the process going forwards.</p> <p>Note: the audit did not consider NHS Lothian's Adverse Events procedures; Healthcare Improvement Scotland has recently undertaken a review into the Adverse Event procedures.</p>	<p>The review comprised of four control objectives, of which all four received Significant Assurance.</p> <p>There were clear processes in place across NHS Lothian, including at a service level, aligning to the Duty of Candour legislation with training being provided to appropriate staff, reporting of severe adverse events updated to reflect changes and a well-defined process for identifying and following Duty of Candour procedures.</p> <p>A few minor areas for improvement (of a housekeeping nature) were identified during the audit, including the need to update the DATIX e-learning managing and reviewing adverse events module training and ensuring a formal action plan is put in place against identified improvements recognised by the Adverse Events Leadership Group.</p> <p>Two recommendations (2 Low) have been agreed with Management to improve processes.</p>
	Patients Funds: Adults with Incapacity	<p>To review the processes in place to apply for corporate appointeeship or powers under Part 4 of the Act, including how a decision to apply was reached and what alternative solutions were sought. To review the governance in place for managing patient's funds once appointeeship / additional powers have been granted, including who is involved in decisions and what records are maintained, ensuring procedures align to the Code. Additionally, to consider the process to pass authority over financial affairs to an appropriate party or back to the patient once a patient is discharged from NHS Lothian care or incapacity ceases.</p>	<p>The review comprised of three control objectives, of which two received Moderate Assurance and one Limited Assurance.</p> <p>The use of the Trojan patient funds management system allows staff to monitor transactions and report information to management. Effective controls around the completion and storage of application forms, there should be a comprehensive review of the procedures to ensure that all patients eligible for AWI powers or corporate appointeeship are being managed appropriately.</p> <p>This review has focussed on the controls in place for patients with incapacity within REAS, Management are advised to consider arrangements for those patients being treated through the HSCPs and where there are similar circumstances.</p> <p>Six recommendations (1 High; 5 Medium) have been agreed with Management to improve the governance arrangements, including availability of information for the audit review.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
<p>NHS Lothian Audit and Risk Committee</p> <p>24 February 2020</p> <p>(Source: NHS Lothian website Key Documents > Audits)</p>	Treasury and Cash Management	To review the effectiveness of the key controls over cash management, including the management and operation of bank accounts and cash flow management; the design and operation of controls at cash offices and the design and operation of controls in relation to petty cash.	<p>The review comprised of six control objectives, of which all six received Significant Assurance.</p> <p>Overall, effective controls are in place around treasury and cash management. The Standing Financial Instructions and Scheme of Delegation give specific instruction and Finance have developed a number of Financial Operating Procedures around these to ensure compliance with the scheme of delegation. Processes and systems are in place for the receipt, handling and banking of cash, including petty cash. Two minor issues have been identified around completeness of the information on the Finance Intranet and the management of petty cash floats.</p> <p>Two recommendations (2 Low) have been agreed with Management to improve arrangements.</p>
	Edinburgh IJB - Directions Setting	The audit focus is limited to the content and design of the new EIJB Directions policy and the controls being applied by the EIJB to identify; create; approve; and communicate new and revised directions to the Council and NHSL. To consider alignment with Audit Scotland, Integration Review Leadership Group, the new Scottish Government guidance, and the revised EIJB strategic plan. The focus on the internal audit is very limited at this stage and does not give assurance that the subsequent controls to deliver the directions are designed or operate effectively.	<p>The review comprised of four control objectives, of which three received Significant Assurance and one received Moderate Assurance. No recommendations made.</p> <p>Considering the limitations in scope noted, the new Directions Policy appears to ensure continued compliance with the provisions set out in relevant legislation and accompanying government best practice guidance for the creation, issue and monitoring of directions. However, it should be noted that the effectiveness of the policy in practice will not be adequately measured for some time after the approval and distribution directions to the EIJB partners.</p> <p>Review of three of the nine of the directions developed confirmed that each are linked to the EIJB's strategic objectives (Direction 5, 6 and 8). Directions are further supported by a mapping exercise connecting each to the five Outline Strategic Commissioning Plans. Effective controls are also in place for the revision of directions where there has been a change in circumstances during the year.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
NHS Lothian Audit and Risk Committee 21 May 2020 (Source: NHS Lothian website Key Documents > Audits)	East Lothian IJB – Strategic Change Priorities and Delivery	To review the East Lothian IJB’s corporate governance arrangements in place to support the revised Change Board structure, including how the Board’s oversee delivery of the strategic priorities.	<p>The review comprised of four control objectives, of which three received Significant Assurance and one received Moderate Assurance.</p> <p>Since the introduction of the Change Boards in 2018, the Governance Framework has operated reasonably effectively, with projects introduced that contribute to the delivery of the East Lothian IJB strategic priorities. However some improvement opportunities have been identified and recommendations made to enhance the governance arrangements already in place.</p> <p>Five recommendations (2 Medium; 3 Low) have been agreed with Management to improve the governance arrangements.</p>
NHS Lothian Audit and Risk Committee 22 June 2020 (Source: NHS Lothian website Key Documents > Audits)	Early Careers Framework	To review the Early Careers and Apprenticeship Action Plan to ensure progress has been made against actions as intended. To consider how progress has been reported and monitored, including what outcomes from the framework have been achieved to demonstrate the activity results in a positive contribution to NHS Lothian. Also, to consider how those who are responsible for line managing those hired into apprenticeships or other schemes are engaged with and supported during the process.	<p>The review comprised of two control objectives, both of which received Significant Assurance. No recommendations made.</p> <p>Good progress has been made against the actions recorded in the Early Careers and Apprenticeship Action Plan, which has been reported to the Workforce Planning & Development Programme Board and Staff Governance Committee. Also, training and support for front line staff has been made available by staff within the Workforce Development, Corporate Education & Training team, which supports a positive approach to the programme by staff.</p>
	Acute Prescribing	To consider how prescribing costs are managed within budgets, including how budgets are set and the processes undertaken to ensure drugs are prescribed within formulary and actions taken to address any non-compliance. To consider reports provided to the Acute Prescribing Forum, and how this forum supports clinical teams and managers to monitor and challenge areas of overspends, and what actions are taken to mitigate this.	<p>The review comprised of three control objectives, of which all three received Significant Assurance.</p> <p>The controls supporting acute prescribing are adequately designed to manage and mitigate the key risks. However we have identified one improvement opportunity around the identification of and planning for future financial pressures.</p> <p>One low risk recommendation has been agreed with Management to improve the governance arrangements.</p>

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
NHS Lothian Audit and Risk Committee 22 June 2020 (cont'd)	Midlothian IJB – Workforce Development	To assess the Midlothian Health and Social Care Partnership's approach to workforce development, in particular ensuring that operationally people resources are in place to deliver redesigned services commissioned by the MIJB which fit with strategic priorities for health and social care integration set out in the Strategic Plan to meet the needs of service users. To look at the alignment of the partnership arrangements to the specific workforce direction given by MIJB.	The review comprised of three objectives, each of which received a Moderate Assurance rating. A lot of discussion has taken place at Midlothian HSCP in relation to workforce planning based on minimal guidance from the Scottish Government to date. Now that the guidance has been published, the HSCP should be able to move forward and develop the full Workforce Plan which is due for publication by 31 March 2021. Four medium risk recommendations have been agreed with Management to improve the governance arrangements.
NHS Lothian Audit and Risk Committee 24 August 2020 (Source: NHS Lothian website Key Documents > Audits)	Property Transaction Monitoring 2019/20	To consider whether NHS Lothian has fully complied with the relevant provisions set out within the NHS Scotland Property Transactions Handbook. This audit covered the following property transactions which have taken place during 2019/20: Disposals - Loanhead Clinic; Acquisitions – None; Leases - Acquisition by lease of Longhouse Surgery.	The review comprised of five objectives, each of which received a Significant Assurance rating. One low-risk rated recommendation has been agreed with Management. NHS Lothian has concluded two property transactions during the financial year 2019/20. We are satisfied that the Board has complied with the procedures as set out in the Handbook and each transaction can be rated as "A – The transaction has been properly conducted".
	Workforce Planning	To focus on providing assurance over the process and controls in place in developing the workforce planning framework and the plans in place to agree actions, capture progress and reporting against the agreed framework. Given the Covid-19 pandemic and the pressure on HR and OD teams it was agreed the focus this year on how the plan was devised.	The review comprised of three control objectives, each of which received Significant Assurance. No recommendations. There is evidence to demonstrate that the development of the Workforce Plan has included input from all relevant stakeholders, with the Plan itself recording a number of local and national priorities. However, delay to the implementation of controls established earlier in the year to monitor the actions identified in the 12-month action plan could impact on the delivery of the plan.

The MIJB Chief Internal Auditor will take account of these assurances from partners' Internal Audit providers to provide the statutory Internal Audit assurance to the MIJB.

Midlothian Integration Joint Board

Audit and Risk Committee



Thursday 3 December 2020 at 2pm

NHS Lothian Recovery Update

Item number:	5.5
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Executive summary

The Midlothian IJB was last provided an update on progress of the NHS Lothian Recovery programme in March 2020 immediately prior to the Covid-19 pandemic. This paper provides the Board with a six monthly update report on the status of the programme.

Board members are asked to:

1. Note that the role and nature of the programme has changed in the light of the Covid-19 pandemic; and
2. Agree to receive updates in relation to specific performance recovery issues.

NHS Lothian Recovery Update

1 Purpose

- 1.1 The purpose of this report is to provide the committee with the latest report from NHS Lothian on the status of the Recovery Programme. As NHS Lothian is one of the partner organisations of the IJB, it is important that IJB Audit and Risk Committee are provided with regular updates.

2 Recommendations

- 2.1 As a result of this report Members are asked to:
- Note that the role and nature of the programme has changed in the light of the Covid-19 pandemic; and
 - Agree to receive updates in relation to specific performance recovery issues.

3 Background and main report

- 3.1 The Lothian Recovery Programme was put on hold in late March 2020 to allow the system to focus on the emergency response to the Covid-19 pandemic. NHS Lothian still remains at Level 3 of the Scottish Government Performance Escalation Framework but no material actions have been taken forward.
- 3.2 As a result, the role and nature of the programme has been reprioritised to focus on learning from the current Covid-19 pandemic situation, embedding this learning into revised clinical models to support longer term recovery actions as well as supporting the Scottish Governments Remobilisation Plans.
- 3.3 Following the first Covid-19 wave certain elements of the programme were remobilised, in particular:
- the Scheduled Care Programme has focused on remobilising elective, diagnostic and outpatient services, with a specific focus on prioritising Urgent and Urgent Suspected of Cancer patients;
 - the Unscheduled Care Programme has been leading on a national initiative to 'schedule unscheduled care' to reduce attendance at Emergency Departments. Recently there has been a focus on reducing delayed discharges back to Spring 2020 levels to free capacity in the acute sector for the second wave of the Covid-19 pandemic; and

- the Mental Health and Learning Disability (MHLDD) Programme maintained its focus on improving performance and waiting times within Psychological Therapy and CAMHS services.

3.4 One of the themes of the programme is to build on the 'virtual care models' that were adopted during the Covid-19 pandemic and support the health and care embed these in routine models of care where appropriate.

4 Policy Implications

4.1 The 3 main work-streams delegated to the IJBs in Lothian are:

- Learning Disability;
- Mental Health (including Psychological Therapies);
- Unscheduled care: Delayed discharges and ED attendance.

These feature across all IJB Strategic plans, and are integral components to the success of Integration. However, it should also be noted that Cancer waiting times, and other scheduled care services (although not delegated) have a direct influence in the wellbeing of our local population.

5 Directions

5.1 This report does not require a new direction.

6 Equalities Implications

6.1 Impact assessments have been undertaken for a number of themes in the Recovery Programme including the scheduling of unscheduled care and the impact of video consultations.

7 Resource Implications

7.1 There will be direct resource implications associated with the need to reduce delayed discharges to Spring 2020 levels. These are considered separately to this paper.

8 Risk

8.1 The risks relevant to the business of the IJB are set out within the attached strategic risk profile.

9 Involving people

- 9.1 The IJB papers along with those of the IJB Audit and Risk committee are available on the internet. This work is supported by the IJB's Chief Internal Auditor and the partnership's risk management.

10 Background Papers

- 10.1 None.

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DATE	18 November 2020

Appendices: