Notice of Meeting and Agenda



Midlothian Integration Joint Board - Audit and Risk Committee

Venue: Meeting Room 5 (2nd floor), Midlothian House, Dalkeith EH22 1DN -PLEASE NOTE CAREFULLY THE EARLIER START TIME AND VENUE FOR THIS MEETING,

Date: Thursday, 05 December 2019

Time: 13:30

Morag Barrow Chief Officer

Contact:Clerk Name:Mike BroadwayClerk Telephone:0131 271 3160Clerk Email:Mike.Broadway@midlothian.gov.uk

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 5 September 2019 - For Approval	3 - 8
4.2	Rolling Action Log - December 2019	9 - 10
5	Public Reports	
5.1	Risk Register - Report by Risk Manager	11 - 24
5.2	Progress Update on Delivery of Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2019/20 – Report by Chief Internal Auditor	25 - 40
5.3	Midlothian Health and Social Care Integration Joint Board Internal Audit Recommendations Progress Report – Report by Chief Internal Auditor	41 - 46
5.4	Integration Authorities Financial Performance for 2019-20 after Quarter 1 – Report by Chief Finance Officer	47 - 52
5.5	Scottish Government: When is Hospital bad for your Health? Publication – Report by Chief Finance Officer	53 - 56
5.6	Audit Scotland Report on NHS Scotland in 2019 – Report by Chief Finance Officer	57 - 60
5.7	Integration Self-Assessment Update – Report by Integration Manager (To Follow).	
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 5th March 2020 at 2.00pm.

MIJB Audit and Risk Committee Thursday 5 December 2019 Item No 4.1

Minute of Meeting



Midlothian Integration Joint Board Audit and Risk Committee

Date	Time	Venue
Thursday 5 September 2019		Committee Room, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present (voting members):

Cllr Jim Muirhead (Chair)	Alex Joyce
Jane Cuthbert (Independent Member)	

Present (non voting members):

Allister Short (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Jill Stacey (Chief Internal Auditor)	

In attendance:

Stephen Reid (EY, External Auditor)	Morag Barrow (Head of Primary Care and Older Peoples Services)
Mairi Simpson (Integration Manager)	Mike Broadway (Clerk)

Apologies:

Councillor Pauline Winchester	Angus McCann
Chris Lawson (Risk Manager, Midlothian	
Council)	

2

Audit and Risk Committee

Thursday 5 September 2019

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 6th June 2019 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 2019 – Report by EY, External Auditors	Stephen Reid		
Executive Summary of Report				

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 2019.

In accordance with the Local Government (Scotland) Act 1973, the Accounts Commission appointed EY as the external auditor of Midlothian Integration Joint Board (IJB) for the five year period 2016/17 to 2020/21. This Annual Audit Report was designed to summarise the key findings and conclusions from the audit work. It was addressed to both members of the IJB and the Controller of Audit, and presented to both IJB management and those charged with governance. After consideration by the IJB, this report would be provided to Audit Scotland and published on their website.

Summary of discussion

Stephen Reid, EY, External Auditors provided the Committee with an outline of the report highlighting the key messages detailed within the Executive summary which included Financial Management, Financial Sustainability, Governance and Transparency and Value for money. An Action Plan summarises specific recommendations included within the Annual Audit Report was set out in Appendix D.

The Committee, having hear from Mr Reid, who responded to Members questions and comments, discussed the need for greater visibility of some of the work which was being undertaken in order to provide the kind of reassurance that the External Auditors were looking for.

Audit and Risk Committee

Thursday 5 September 2019

Decision

After further discussion, the Audit and Risk Committee noted the external auditors report on the MIJB's annual accounts and the recommendations within the action plan detailed in the Appendix to the report.

Action

Chief Officer

Report No.	Report Title	Presented by:		
5.2	2018/19 Audited Annual Accounts –	Clare Flanagan		
Report by Chief Finance Officer				
	ummary of Report			
The purpose of this report was to present for the Committee's consideration and approval the Annual Accounts 2018/19 which have been reviewed by the IJB's Independent Auditors.				
The report explained that 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 are then reviewed by the IJB's external auditors who would report their opinions on the Annual Accounts to the IJB 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 will then be signed by the Chair of the IJB, the Chief Officer of the IJB and the Chief Finance Officer of the IJB as appropriate.				
and the Chie	f Finance Officer of the IJB as appropriate	е.		
	f Finance Officer of the IJB as appropriate f discussion	е.		
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Report No.	Report Title	Presented by:
5.3	Risk Register – Report by Risk Manager	Mairi Simpson

Audit and Risk Committee

Thursday 5 September 2019

Executive Summary of Report

The purpose of this report was to provide the Audit & Risk Committee with an update on the MIJB Risk Register and the actions being taken to identify and manage risk in order to ensure the successful delivery of the MIJB's key objectives, as detailed in the Strategic Plan. The report also provided the Committee with an overview of the MIJB's operating context taking account of current issues, future risks and opportunities.

Summary of discussion

Mairi Simpson, Integration Manager in presenting the report to the Committee highlighted the most significant issues and risks on the MIJB strategic risk profile.

Chief Officer, Allister Short added that a further issue that Members should be aware of was the decision by the Director-General Health and Social Care and Chief Executive of NHS Scotland ('the DG'), on the advice of the Health and Social Care Management Board, to place NHS Lothian at level 3 of the NHS Board Performance Escalation Framework. Whilst some of the areas noted for improvement were outwith the scope of the Midlothian IJB, the Board did still have a key role to play in ensuring that performance issues relating to delayed discharge and unscheduled care were addressed. He confirmed that this would be picked up in the next Risk Register and in regular updates to the MIJB.

Decision

The Audit and Risk Committee, after further discussion:-

- noted the current Risk Register;
- noted the placing of the NHS Lothian at level 3 of the NHS Board Performance Escalation Framework; would be picked up in the next Risk Register and in regular updates to the MIJB
- noted the updates provided on the risk control measures and the progress being made to address all risks; and
- confirmed that, otherwise, the risks contained in the Risk Register reflected the current risks/opportunities facing the MIJB.

Action

Risk Manager

Report No.	Report Title	Presented by:		
5.4 MIJB Recommendations Internal Audit Jill Stacey Follow-Up Review Completed Actions – Report by Chief Internal Auditor		Jill Stacey		
Executive S	Executive Summary of Report			
The purpose of this report was to provide information on Internal Audit actions flagged as completed and confirm the adequacy of the new internal controls, risk management and governance arrangements of the Midlothian Health and Social Care Integration Joint Board (MIJB).				

Audit and Risk Committee

Thursday 5 September 2019

Summary of discussion

Chief Internal Auditor, Jill Stacey provided the Committee with a brief update on the recommendations completed by MIJB Management which were tested by Internal Audit as part of the follow-up process. After responding to questions and comments raised by the Committee she confirmed that a further follow-up report would be presented in December 2019 on progress with the remaining 7 MIJB Internal Audit recommendations.

Decision

The Audit and Risk Committee noted

- 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.
- that a further follow-up report would be presented on progress with the remaining 7 MIJB Internal Audit recommendations.

Action

Chief Internal Auditor

Report No.	Report Title	Presented by:			
5.5	Midlothian Health and Social Care Integration Joint Board Audit and Risk Committee Annual Report 2018/19 -	Jill Stacey			
Report by Chief Internal Auditor					
	ummary of Report				
The purpose of this report was to present Members with the inaugural MIJB Audit and Risk Committee Annual Report 2018/19 which sets out how it is performing against its remit and incorporates its annual self-assessment using the CIPFA Audit Committees Guidance.					
Summary of	discussion				
Jill Stacey, Chief Internal Auditor in presenting the Annual Report highlighted that it was designed both to provide assurance to the members of the MIJB's Board and to provide actions for the Committee to improve its effectiveness					
Decision	Decision				
After discussion, the Audit and Risk Committee agreed:-					
 to approve the MIJB Audit and Risk Committee Annual Report 2018/19 (Appendix 1) which incorporates its self-assessments (Appendices 2 and 3) using the CIPFA Audit Committees Guidance; and 					
 that the MIJB Audit and Risk Committee Annual Report 2018/19 should be presented to the MIJB to set out how it is performing against its remit and to gain approval to the proposed amendment to its Terms of Reference. 					
Action	Action				
Chief Internal Auditor.					
	Page 7 of 60				

Thursday 5 September 2019

6. Private Reports

No private business to be discussed at this meeting.

7. Date of next meeting

The next meetings of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 6 December 2018 at 2.00 pm.

8. Valediction

The Committee joined the Chair in thanking Allister for his considerable efforts in taking the Midlothian IJB forward and wishing him well in his new position as Chief Officer/Joint Director for West Lothian.

The meeting terminated at 2.48 pm.

Midlothian Integration Joint Board Audit and Risk Committee



Thursday 5 December 2019, 1.30pm

Rolling Action Log - December 2019

Item number:

4.2

No	Subject	Date	Action	Action Owner	Expected completion	Comments
1	5.2 2018/19 Audited Annual Accounts	05/09/2019	 Agreed to recommended the 2018/19 Annual Accounts to the Midlothian Integration Joint Board 	Chief Finance Officer	Sept 2019	Annual Accounts submitted to the Special Board meeting held on 12 September.
2	5.3 Risk Register – NHS Lothian Escalation	05/09/2019	 Noted that this would be picked up in the next Risk Register and in regular updates to the MIJB 	Risk Manager/ Chief Officer	Dec 2019/ Ongoing	Regular updates to be provided to the Board as part of the Chief Officers report.

No	Subject	Date	Action	Action Owner	Expected completion	Comments
3	5.4 MIJB Recommendations Internal Audit Follow-Up Review Completed Actions	05/09/2019	 Noted that a further follow-up report would be presented in December 2019 on progress with the remaining recommendations 	Chief Internal Auditor	Dec 2019	
4	5.5 Midlothian Health and Social Care Integration Joint Board Audit and Risk Committee Annual Report 2018/19	05/09/2019	 Agreed that the MIJB Audit and Risk Committee Annual Report 2018/19 should be presented to the MIJB 	Chief Internal Auditor	Oct 2019	Annual Report submitted to the Board meeting held on 10 October.

Midlothian Integration Joint Board Audit and Risk Committee



Thursday 5th December 2019, 1.30pm

Risk Register

Item number:	5.1	

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. The current version of the IJB's strategic risk profile is attached.

Committee members are asked to:

1. Consider the strategic risk profile.

Risk Register

1 Purpose

1.1 This includes the current version of the IJB's strategic risk profile 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 2019/20 quarter 2 strategic risk profile presents the current issues, future risks and opportunities for the IJB.
- 3.3 The most significant issues and risks on the MIJB strategic risk profile are as follows :-

Issues

- Issues relating to Midlothian's use of Unscheduled Care (unplanned hospital use) will now be considered by a new forum, Midlothian Acute Services Planning Group, involving the HSCP staff in Midlothian, RIE staff and Strategic Planning staff from the Royal Infirmary. A Plan for Acute Services is developed and been discussed at the IJB. Also there is now a pan Lothian Recovery Board on Unscheduled Care.
- Services for people with COPD and dementia have continued to develop and make an impact by reducing hospital admissions and length of stay. In addition the Discharge to Assess Team continues to ensure that people are supported to go home from hospital promptly.
- 'Workforce Capacity including recruitment and retention of health and social care staff', continues to be a challenge for the Partnership. Various actions are being undertaken to address this including initiatives to enhance capacity in care at home provision.

Risk

• The risk 'Balancing the budget in future years' remains. The medium term rolling year financial plan was presented to June IJB. The Business Transformation Board - Realistic Care Realistic Medicine Programme, which continues to support delivery of the financial strategy.

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	
CONTACT INFO	chris.lawson@midlothian.gov.uk
DATE	December 2019

Appendices:1.Strategic Risk Profile

Midlothian Integration Joint Board

IJB Strategic Risk Profile



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	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. 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. 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.	Chief Officer	On-going monitoring of quality IJB set Targets on use of Acute Beds. Directions set. Patient pathway being improved including the establishment of a local discharge 'hub'	4	5	

Related Action Co	de 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 19/20: Unscheduled Care and Hospital Plan discussed at IJB in September, H&SCP representatives now members of joint forums with acute services (including Front Door Redesign) and both NHS	Chief Officer	31-Mar-2020	

		Recovery Boards (in particular the Unscheduled Care Board), short term plans and leads for Emergency Department and unscheduled care identified. Operational leads identified to support Programme Manager. Further development of services such as Discharge to Assess and Integrated Care Model. Discussions with IJB commenced regarding use of Midlothian Community Hospital.			
IJB.RA.18.2	Increased investment in services to reduce hospital admission and stay.	Q2 19/20: Increased investment to Discharge to Assess, Highbank multidisciplinary team, rapid response, increased investment in primary care eg physio, pharmacists, etc to improve access to GP appointments	NHS Lothian	31 Mar 2020	

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
	Risk cause		National program of training for GPs and Health Visitors.			
	Potential future ability to recruit sufficient staff.					
			Living Wage commitment to address low paid positions.			
	Risk event	Social Care; Joint				
IJB.RR.10	Insufficient numbers of qualified people to deliver		Service Specific Workforce Plan being developed which will include	3	1	
100.111.10	services based on current models.	Midlothian Health	the development of new roles and a changing skill mix.	5	1	
		and Social Care				
	Risk effect	Partnership	SVQ Assessment Centre Established.			
	Negative impact on service delivery where services					
	require GPs and care at home staff.		Workforce Planning			

Related Action Code	Related Action	on Related action latest note Ma		Due Date	Status
IJB.RA.10.3	Transformation Board work stream focused on care at home provision	initiatives aimed at enhancing capacity in the level of care at home	Head of Older People and Primary Care	31 Mar 2020	
IJB.RA.10.4	Increase recruitment to care at home			31 Mar 2020	

IJB.RA.10.5	qualifications and meet redistration	Q2 19/20: SVQ team supporting council staff to get qualifications as applicable.	Head of Adult Services	31 Dec 2019		
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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	Risk cause Inadequate resources to meet demand in the manner in which services are currently delivered. Risk event Inability to meet demand within existing resources. Risk effect Overspends due to excessive demand for services, quality failures, and cuts in other services. The Community Houlds Dark earlier in which parts are in the services.	Chief Finance Officer	Chief Finance Officer appointed to IJB, this post is responsible for the governance, appropriate management of finance and financial administration of the IJB. Early Warning Indicators from NHS Lothian and Midlothian Council. Strong budget control systems in place in NHS Lothian and Midlothian Council.	4	5	
	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.		Financial Strategy developed Business Transformation Board - Realistic Care Realistic Medicine Programme			

Related Action Code	ction Code Related Action Related action latest note		Managed By	Due Date	Status
IJB.RA.01.2	Financial Plan	1	Chief Finance Officer	31-Mar-2020	

IJB.RR.03 Demographic Changes

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
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IJB.RR.03	Risk causeIncreasing demands on services as a result of ageing population, and increasing numbers and complexity of need of children moving into Adult Services.Risk eventInability to meet demand within existing resources.Risk effectDemands made on Social Care resource budget exceed available budget. Capacity to maintain and develop preventative services is put at risk.	Joint Director Midlothian Health and Social Care Partnership	Three yearly review of joint needs assessment so that the allocation of resources can be reviewed and amended. Continual process of service redesign to ensure people access services quickly, and their recovery is supported effectively. Realistic Care, Realistic Medicines programme Board. Business Transformation Board – Council Transformation Board 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.	5	4		
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IJB.RR.04 Governance

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
	Risk cause Complexity of governance arrangements for the three bodies - NHS Lothian , Midlothian Council and the IJB -		Performance Reports			
	having to work together		Use of Audit to Monitor effectiveness of Internal controls			
IJB.RR.04	Risk event	Chief Officer	Code of Corporate Governance	2	4	
13B.RR.04	Issues arise which lead to uncertainty about decision making authority.		Integration Scheme	2	4	
	Risk effect		Regular formal and informal meetings with partners.			
	The IJB's governance systems are unable to operate effectively.		New Integrate Care Forum			

Code			Managed By	Due Date	Status
IJB.RA.04.02	Ministerial Steering Group (MSG) Progress of Integration self-assessment	Q2 19/20: action plan in place and reviewed quarterly	Chief Officer	31 Mar 2020	

IJB.RR.07 Managing Change

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.07	Risk causeInformation on changes to service released before service user or employees consultation strategy developed.Risk eventThere is the potential for information to be released on draft schemes or proposals for changes to service 	Joint Director Midlothian Health and Social Care Partnership	Strategic plan. Directions made and monitored. Performance reporting against delivery of strategic plan and other key indicators. There is an Organisational Development Officer in post, delivering an OD programme alongside a number of Lothian-wide initiatives. Workforce Planning	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.07.1	Communications Strategy		Joint Director Midlothian Health and Social Care Partnership	31 Mar 2020	
IJB.RA.07.3	Strategic Planning Group	Q2 19/20: Strategic Planning Group (SPG) remit agreed at IJB and SPG minutes will routinely be available to IJB.	Chief Officer	31-Mar-2020	

IJB.RR.08 Management Information

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.08	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. Risk event These systems are used to drive performance information. Risk effect Risk effect The lack of integration of the information between the systems reduces the potential for holistic reporting.	Director Midlothian Health	The Interagency Information Exchange allows direct and up to date access to other professional's information.	5	3	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.08.1	Interagency Information Exchange	Q2 19/20: Contract signed to update Mosaic. Work to begin in 2020.	Business Applications Manager	31-Mar-2020	
IJB.RA.08.2	Performance Information	Q2 19/20: Work continues on the development of a comprehensive performance framework for the IJB. Reports presented to the IJB. Regular reports presented to the IJB.	Joint Director Midlothian Health and Social Care Partnership	31-Mar 2020	
IJB.RA.08.3	IT software development	Q2 19/20: Google Chrome now enabled. Resilience Dashboard now operational.	Head of Older people and Social Care	31 Mar 2020	

IJB.RR.09 Leadership Capacity - IJB

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

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.11	Risk causeThe establishment of the Integrated Joint Board (IJB)may reduce the efforts required to work with otherCommunity Planning partners.Risk eventTHE HSCP focusses too narrowly on its immediateresponsibilities to deliver direct services in health andcare, and neglects the task of building long termsustainability.Risk effectThe HSCP does not achieve its long term objectives.	Chief Officer	 The IJB Chair and Chief Officer are members of the Community Planning Board. Health and Social Care are active in Area Targeting work. Reducing inequality is the key objective of the Community Planning Partnership. 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 	3	4	<u> </u>

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.11.1	Single Midlothian Plan	Q2 19/20: IJB will contribute to the Single Midlothian Plan event on 23 rd November 2019.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2020	
IJB.RA.11.2	Strengthening engagement with the independent sector	Q2 19/20: Findings of self-assessment are influencing current actions to improve representation of the independent sector.	Joint Director Midlothian Health and Social Care Partnership	31-Mar-2020	

IJB.RR.14 Business Continuity

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

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RA.14.1	UK Exit from European Union without a deal	Q2 19/20: : IJB seeking confirmation from key strategic partners on their ability to continue to deliver key services in the event of a no deal exit from the European Union on 31 January 2020.	Chief Officer	31-Jan 2020	

Opportunities

IJB.OP.01 Strategic Plan

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
			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.			
			New funding such as social care monies and Primary Care Transformation funds will enable some of the aspirational plans to be put into effect.			
IJB.OP.01	The creation of a Strategic Plan provides the opportunity to describe the future shape of care services.	And Social Care Partnership	Direction provides clarity and specificity about actions flowing from the Strategic Plan.	5	4	۵
			Partnership	Health and Care Transformation Board has been established to ensure a SMART (Specific, Measurable, Achievable, Realistic, Timely) approach to implementation of the Strategic Plan.		
			Annual Delivery Plan.			
			Working with local planning groups and services to develop plans for future years.			

Risk Management report Key:

U		
Very low risk	1-3	0
Low risk	4-8	0
Medium risk	9-15	
High risk	16-20	۱
Critical risk	25	

Action Key:

In progress	
Complete	\bigcirc
Overdue	8



Thursday 5 December 2019, 1.30pm

Progress Update on Delivery of Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2019/20

Item number:

5.2

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 2019/20 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 2019/20 (Appendix 1);
- (b) Approve the revised Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2019/20 (Appendix 1) that reflects the auditor resources set out in this report and is deliverable; and
- (c) 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 2019/20

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 2019, towards completing the Internal Audit Annual Plan 2019/20 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 2019/20 (Appendix 1);
 - b) Approve the revised Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2019/20 (Appendix 1) that reflects the auditor resources set out in this report and is deliverable; and
 - c) 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 2019/20 approved by the MIJB Audit and Risk Committee on 7 March 2019 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 2020.
- 3.3 Since March 2019 various discussions have been held between NHS Lothian Internal Audit, MIJB Chief Internal Auditor, and MIJB Chief Officer. This has resulted in confirmation that NHS Lothian Internal Audit will provide 30 days to support the delivery of the MIJB Internal Audit Annual Plan 2019/20.

- 3.4 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 2019/20. 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. The audit days allocated to specific activity have been updated to reflect the confirmed 30 days audit resources from NHS Lothian Internal Audit that was not reflected in the approved MIJB Internal Audit Annual Plan 2019/20, and the consequential reallocation of MLC Internal Audit resources to other planned assurance audit (highlighted). These amendments require formal approval by the MIJB Audit and Risk Committee.
- 3.5 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.
- 3.6 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.
- 3.7 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 first half year 2019/20 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. Staff assigned to perform the MIJB Internal Audit work hold relevant professional qualifications and have the necessary experience, knowledge, skills and technical competencies needed to complete the audit work.
- 6.3 The Midlothian IJB Internal Audit Annual Plan 2019/20 approved by the MIJB Audit and Risk Committee on 7 March 2019 was based on the assumption that Midlothian Council's Internal Audit function provides 70 days to support the delivery of the Plan, with NHS Lothian Internal Audit team not confirmed at that time. The latter has since been confirmed as provision of 30 days, and this has been reflected in the revised Plan (Appendix 1).

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. As in previous years, to capture potential areas of risk and uncertainty more fully, key stakeholders have been consulted. 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 assurance meet the needs of the MIJB and Management and other key stakeholders. The MIJB Internal Audit Annual Plan 2019/20 has been informed by the risks, controls and mitigation actions as set out within the IJB's Strategic Risk Register to ensure that 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. Each Internal Audit assignment will be risk-based and will test the MIJB's management of risk.
- 7.3 The MIJB Internal Audit Annual Plan 2019/20 should be considered to be flexible and has been periodically reviewed to ensure it reflects any new arrangement or changing risks and priorities. The confirmation of audit resources from NHS Lothian Internal Audit and reallocation of Midlothian Council Internal Audit mean that there are amendments relating to the MIJB Internal Audit Annual Plan 2019/20 and these have been reflected in the revised Plan (Appendix 1) that require approval by the MIJB Audit and Risk Committee.
- 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.

Midlothian Integration Joint Board

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 2019/20 (approved by the MIJB Audit and Risk Committee on 7 March 2019)

AUTHOR'S NAME	Jill Stacey
DESIGNATION	MIJB Chief Internal Auditor
CONTACT INFO	0131 271 3126
DATE	15 November 2019

Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2019/20 (revised)

Appendix 1

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 2018/19. 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. Half of reallocated MLC Internal Audit 20 days to be utilised to engage Integration Manager and new Chief Officer in the assessment of MIJB's Local Code of Corporate Governance. Plan days amended from 10 to 20 days to reflect this.
2.	Assurance	Workforce Development	30	Assess the MIJB's approach to workforce development to ensure people resources are in place to deliver redesigned services commissioned by the MIJB and their fit with strategic priorities for health and social care integration set out in the Strategic Plan to meet the needs of service users. Reliance will be placed on relevant work of partners' Internal Audit functions in NHS Lothian and Midlothian Council.	Scheduled 3 rd Quarter to be provided by NHS Lothian Internal Audit. Plan days amended from 20 to 30 days to reflect this. Original MLC Internal Audit 20 days reallocated to Annual Assessment of Internal Control and Governance (10) and to Performance Management (10) to utilise available resources.
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.	Scheduled 3 rd Quarter. Half of reallocated MLC Internal Audit 20 days to be utilised to enhance scope of planned assurance work. Plan days amended from 15 to 25 days to reflect this.

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 to MIJB Audit and Risk Committee 5 September 2019. Other review of progress scheduled 3rd Quarter.
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.	MIJB Chief Internal Auditor facilitated inaugural MIJB Audit Committee Self-Assessment on 6 June 2019 that resulted in the Chair's Report to MIJB ARC Committee 5 September 2019 and to MIJB 10 October 2019. Actions in progress on identified Areas of Improvement.
7.	Other	Attendance at Boards / Committees	5	Prepare for and attend MIJB Board / Audit and Risk Committee meetings.	Ongoing
8.	Other	Audit Planning for 2020/21	5	Renew risk assessment, develop and consult on proposed coverage within the MIJB Internal Audit Annual Plan 2020/21.	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.	





Partners' Internal Audit Assurance 2019/20

Appendix 2

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 first half year 2019/20 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 28 May 2019 (Source: Midlothian Council website Committee meetings)	Internal Audit Annual Assurance Report 2018/19	Provision of statutory annual internal audit opinion	The systems of internal control and governance are generally adequate though there are indications in some areas of non- compliance and a lack of evidence of Management monitoring that they are operating satisfactorily; therefore improvements are required to the second line of defence consistently across the Council to ensure probity in systems and operations, including the prevention, detection and resolution of fraud and irregularities. The implementation of Audit recommendations as part of a culture of continuous improvement is of importance particularly relating to the strategic governance arrangements that underpin financial management, workforce development, and delivery of change and transformation. Audit Opinion has been used to inform the Chief Executive's Annual Governance Statement 2018/19.
Midlothian Council Audit Committee 12 September 2019 (Source: Midlothian Council website Committee meetings)	Internal Audit Follow-Up of Completed Recommendatio ns	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.	The majority of Internal Audit actions have been completed satisfactorily. However, some actions have not been adequately completed. CMT had a discussion on the actions which were showing as not complete and some of the reasons why they were not completed. It was highlighted that it was unacceptable to mark an audit action as complete without the relevant evidence to support this. Further Internal Audit follow-up of the 9 actions shown as incomplete on 14 August 2019 indicates that all now are completed with robust evidence to show that these were actually implemented and that the resulting controls were operating effectively.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
Midlothian Council Audit Committee 12 September 2019 (cont'd)	Asset Registers	To carry out a review of the systems, processes and controls that are in place to ensure complete and accurate records of all Property, Fleet, Plant, and IT assets that underpin Asset Management Plans to deliver Council's strategies, plans & priorities.	Substantial assurance in terms the overall accuracy of the Services main asset registers, documentation retained, and insurance; Limited assurance in terms of reporting on utilisation, the registers used for recording lower value plant and equipment, and aspects around the audit trail and authorisation of asset disposal process for some Services. Six recommendations (4 Medium; 2 Low) have been agreed with Management to address the control issues raised.
	Management al w	To assess the controls in place to manage sickness absence across the Council, including compliance with policy and procedures, which underpin the effective use of resources.	Substantial assurance for Policy and Procedures and Wellness@Midlothian and Limited assurance for Processes (application of policy by management, monitoring, reporting and documentation). Three recommendations (1 High; 3 Low) have been agreed with Management to address the control issues raised.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
NHS Lothian Audit and Risk Committee 29 April 2019 (Source: NHS Lothian website Key Documents > Audits)	Estate Management	To assess the design and operating effectiveness of the controls in place in respect of the delivery of the Board's estate strategy, including the consideration of backlog maintenance and the organisation's wider strategic objectives.	The review comprised of four control objectives, of which one received Moderate Assurance and three received Significant Assurance. There are reasonable controls in place for the effective management of the Board's estate, which are supported by appropriate governance. The resourcing and prioritisation of backlog maintenance is being managed within the Board's financial constraints, however we have identified improvement opportunities around the completion of building condition surveys and the forecasting of backlog maintenance. Three recommendations (2 Medium; 1 Low) have been agreed with Management to address the control issues raised.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
NHS Lothian Audit and Risk Committee 17 June 2019 (Source: NHS Lothian website Key Documents > Audits)	Financial Sustainability	To assess the design and operation of the key controls for the identification, monitoring, ownership, accountability and delivery of savings, with a focus on the budget setting process to identify and set savings to support the achievement of a balanced budget, and the underlying financial strategy including scenario planning, and the budgeting, monitoring and reporting process	The review comprised of five control objectives, of which three received Significant Assurance and two received Moderate Assurance. Overall, there are good processes in place around budget setting. Additionally, there are plans in place to improve the scrutiny over the achievement of savings plans; however, documents to support budget holders in reporting against savings plans are still being developed. This scrutiny and oversight of savings plans has recently been added to the S&V Group remit. However, the Group had not yet developed their responsibilities in relation to Financial Recovery Plans including how often and which financial recovery plans will report and what decision-making powers they will have. One recommendation (1 Medium) has been agreed with Management alongside other Management actions underway to address the control issues raised.
	GP Sustainability	To determine if there are effective controls (design and operation) in place over the governance of GP sustainability within Lothian, including the four HSCPs.	The review comprised three control objectives, of which all three received Moderate Assurance. In response to the Scottish Government Memorandum of Understanding (MoU) each of the four HSCPs within Lothian has created for their respective IJBs an individual primary care implementation plan (PCIP), which includes all of the requirements stated in the MoU. The first plans were agreed in June 2018. Each IJB has recently carried out an update on progress made for each PCIP and on the measures to be implemented in 2019-20 and beyond. These are in the process of being agreed, with an approval process through the IJBs, the GP Sub-Committee before going to the Scottish Government. Three recommendations (3 Medium) have been agreed with Management to address the control issues raised.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
NHS Lothian Audit and Risk Committee 17 June 2019 (cont'd)	thian Audit and mmittee 2019 Financial Controls Financial Controls Fin	To review the effectiveness of the controls in place for Payroll Services, Accounts Payable, and Income (excluding the Scottish Government's Revenue Resource Limit).	The review comprised seventeen control objectives, of which fifteen received Significant Assurance and two received Moderate Assurance. Controls over the order, receipt and invoice payment processes are in the main operating effectively. However, some issues noted around the approving of purchase orders and the content of the Approved Signatories Database. Generally a robust framework of control is in place for raising invoices, and the receipt and accounting for income. Amounts owed are regularly reviewed and debt recovery procedures are functioning adequately. Debts are written-off only after appropriate approval has been received. There are appropriate controls in place within the Payroll Department, which include the requirement that all claims for expenses and other additional payments must be approved by each staff member's line manager. In addition, there are checks by Payroll to confirm that all changes to staff members' standing data have been correctly processed. Seven recommendations (2 Medium; 5 Low) have been agreed.
	Communications – Public Engagement Arrangements	To consider: the design and operating effectiveness of the current approach to public engagement within NHS Lothian as well as considering future plans, and how these plans will mitigate risks identified by the Public Involvement Manager: the design, and planned design of actions set out to achieve the ambition of better patient and public participation and will consider any risks to their achievement. Although it is recognised that public engagement within the region is linked to the Health and Social Care Partnerships (HSCPs), the audit has considered public engagement from an NHS Lothian strategic perspective and only considered the arrangements in place within NHS Lothian.	The review comprised three control objectives, of which one received Significant Assurance and two received Moderate Assurance. NHS Lothian has recognised that public engagement requires improvement, including how the organisation systematically identifies, involves and engages stakeholders. Those within the organisation understand the benefits of and requirement to engage with the public; however, there are varying practices being undertaken, which could benefit from more support in the form of best practice models and training for staff. Whilst improvement work is being undertaken, there are some risks to the achievement of their success including resources and identification of stakeholders. There could also be better assurances provided to the Board that public engagement activity is being performed as intended. Six recommendations (1 High; 4 Medium; 1 Low) have been agreed.
Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
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NHS Lothian Audit and Risk Committee 17 June 2019 (cont'd)	d Sustainability and Value Group To consider: the design effectiveness of the planned controls of the Sustainability and Value Group, recognising that the Group is in its infancy; the planned operating framework of the Group including its remit and reporting lines and considered how the Group is resourced and if there is an appropriate skill mix for it to prioritisation discharge its responsibilities; the Group's planned approach to overseeing improvement projects and how it will monitor outcomes to ensure a consistent approach across all projects; how the Group will distinguish between ongoing improvement work and projects with defined timelines and what their role is in relation to each of these.		The review comprised four control objectives, of which one received Significant Assurance, two received Moderate Assurance and one received Limited Assurance. The Group are in the process of embedding their governance route into the organisation, developing their role and remit, gathering information on projects being undertaken and establishing a prioritisation process for the allocation of change management i.e. project management resource. Whilst recognising the Group is in its infancy, there is limited evidence of the Group scrutinising projects and taking action where lack of progress or insufficient data has been provided. It is also unclear how the Group are controlling change management resource within the organisation. This needs to be enhanced to ensure the Group hold project teams to account. Six recommendations (5 Medium; 1 Low) have been agreed with Management to address the control issues raised.
	Clinical Coding: Scottish Morbidity Records (SMRs) & Information Services Division (ISD) Reports	To assess the design and operation of the controls in place at NHS Lothian over the submission of SMRs data to ISD of NHS National Services Scotland (NSS) and to consider the design and operation of controls around how the information from quarterly reports and data quality audits is processed and monitored internally, once received from ISD.	The review comprised four control objectives, of which one received Significant Assurance and three received Moderate Assurance. Actions highlighted within ISD reports relate to various departments within the organisation including eHealth, the Coding Team and clinical/front line staff who all have different reporting lines to management. There is no clear responsibility, reporting lines or oversight of the whole process of correcting errors and addressing actions within ISD reports. Staff in the different departments take responsibility for their own part; however, some actions are left unassigned and not followed up on. This should be addressed through assigning responsibility of the process to a person/group who has oversight of the whole process and by defining internal reporting lines. Four recommendations (3 Medium; 1 Low) have been agreed with Management.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
NHS Lothian Audit and Risk Committee 17 June 2019 (cont'd)	Cyber Security	Cyber Health Check against the UK National Cyber Security Centre 10-Steps to cyber security guidance.	Overall risk profile is rated as Low. Against the UK NCSC 10- Steps to cyber NHS Lothian is assessed as: 0 High Risk; 3 Medium Risk (Key Risks; Removable Media Controls; Home and Mobile Working); 8 Low Risk (Risk Management; Security Configuration; Network Security; Managed User Privilege; User Education and Awareness; Incident Management; Malware Analysis; and Monitoring).
NHS Lothian Audit and Risk Committee 26 August 2019 (Source: NHS Lothian website Key Documents > Audits)	Information Governance - GDPR	To review the Board's self- assessment of its compliance with GDPR and the action plan established by NHS Lothian to ensure they identify and mitigate risk in respect of gaps and ensuring ongoing compliance, and to consider evidence to support the Board's assessment of compliance, including design (policies and procedures) and operation of controls on a sample basis.	The review comprised three control objectives, of which all three received Significant Assurance. The wider organisation was effectively notified about the required implementation of the new data protection guidance, and targeted training was provided to staff. There was effective planning and oversight to implement the process, with action plans put in place to ensure compliance with the ICO 12 steps, with each action assigned an owner required end date and evidence to demonstrate completion. NHS Lothian are represented on a Scottish-wide information governance group which covers data protection, ensuring they are sighted on upcoming issues and best practice can be shared. However, for one site, which processes some subject access requests (SARs), statistics are not being reported to committee and all expected documentation is not retained. One recommendation (1 Low) has been agreed with Management to address the control issue raised.
	Property Transaction Monitoring	To consider whether NHS Lothian has fully complied with the relevant provisions set out within the NHS Scotland Property Transactions Handbook for the property transactions which have taken place during 2018/19.	The review comprised five control objectives, of which all five received Significant Assurance. NHS Lothian has concluded two property transactions during the financial year 2018/19. 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". There were no recommendations.

Partner Committee	Audit Title	Audit Objective	Internal Audit Summary Findings and Conclusions
NHS Lothian Audit and Risk Committee 26 August 2019 (cont'd)	Waiting Times – Compliance with Data on TrakCare	As directed nationally, this audit confirmed that NHS Lothian is following guidance for sampling patients' records each month. Also, recommendations from earlier audits relating to the management of waiting lists were followed up.	The review comprised three control objectives, of which all three received a 'Green' Control Objective Rating. The framework of controls for the management of sampling and checking within waiting times arrangements is in general adequate and operating effectively. However whilst not being required nationally, Audiology is not covered by the waiting times checking process although other areas similarly outside the national requirements are being checked by NHS Lothian's Waiting Times Governance Team. Further work is required to confirm that there are no other areas meriting inclusion in the process. One recommendation (1 Green 'Important') has been agreed with Management to address the control issue raised.

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 Health and Social Care Integration Joint Board Internal Audit Recommendations Progress Report

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Executive summary

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

5.3

Of the 61 recommendations raised since the inception of the MIJB, 55 (90%) are recorded as complete, 3 (5%) have not yet reached their due date, and 3 (5%) were identified as being overdue. After reviewing all the recommendations, Management have established revised target dates for the 3 overdue recommendations and 2 of the 'in progress' recommendations which have been agreed by Internal Audit.

The 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 Audit and Risk Committee.

Midlothian Health and Social Care Integration Joint Board Internal Audit Recommendations Progress Report

1. Purpose

- 1.1 The purpose of this report is to:
 - Inform the Audit and Risk Committee of the number of recommendations raised by Internal Audit for the MIJB;
 - 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 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 Audit and Risk Committee.

3. Background and main report

- 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 Each year, Internal Audit undertakes two follow up reviews on recommendations raised. The first reports on the progress Management have made in completing and closing the recommendations by the expected date (which is the subject of this report). The second samples recommendations which have been reported as complete and reviews the adequacy of the actions taken. This next review will be undertaken in April / May 2020.
- 3.3 A new Protocol for agreeing extensions to due dates for Internal Audit recommendations made was implemented in August 2019 to ensure that Internal Audit has oversight of this and to provide a visible audit trail in Pentana Risk system.

4. Performance

- 4.1 Of the 61 recommendations raised since the inception of the MIJB, 55 (90%) are recorded as complete, 3 (5%) have not yet reached their due date, and 3 (5%) were identified as being overdue. After reviewing all the recommendations, Management have established revised target dates for the 3 overdue recommendations and 2 of the 'in progress' recommendations.
- 4.2 In the prior year it was identified that out of the 57 recommendations raised at the time, 6 (10%) were overdue.
- 4.3 There is a reduction in overdue recommendations compared to the previous year's report.
- 4.4 Management have advised that the target dates need to be revised due to a combination of complexities involved in addressing the issues for the 3 overdue recommendations and 2 of the 'in progress' recommendations. In accordance with the new Protocol, revised due dates for completion of the Internal Audit recommendations have been proposed by relevant Management, and have been agreed by Internal Audit based on the further work required to implement these recommendations in full. These are summarised in Appendix 1.

5. Equalities Implications

5.1 There are no equalities implications.

6. **Resource Implications**

6.1 There are no direct resource implications arising from the report.

7. Risks

7.1 The recommendations made by Internal Audit are directly related to reducing the level of risk that the IJB is exposed to. These recommendations were raised to reduce governance and financial risk.

8. Involving People

8.1 The Report has been discussed with the Chief Officer, Chief Finance Officer and the Integration Manager.

9. Background Papers

AUTHOR'S NAME	Amber Ahmed/ Jill Stacey
DESIGNATION	Auditor / Chief Internal Auditor
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DATE	14/11/2019

Appendix 1 MIJB Internal Audit Recommendations – Progress Report



Audit Recommendation (Risk Rating)	Original Due Date	Progress	Revised Due Date	Service
2015/16 - Internal Audit: Midlothian Integration Board Strategic Planning				
The IJB should support the development of the NHS Lothian's Hospitals Strategic Plans and use available consultation opportunities to promote the actions required to deliver the Midlothian IJB Strategic Plan. (Low)	31-Mar- 2017	60%	31-Mar-2020	Health and Social Care
2017/18 - Performance Targets and Reporting - IJBs				
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. (Medium)	31-Jul- 2018	30%	31-Dec-2020 (was 31-Dec-2019)	Health and Social Care
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. (Medium)	31-Jul- 2018	40%	31-Dec-2020 (was 31-Mar-2020 and 31-Mar-2019)	Health and Social Care
2018/19 - Chief Internal Auditor's Annual Assurance Report and Opinion 2018/19 for Mi	dlothian H	ealth and S	ocial Care Integrati	on Joint Board
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. (Medium)	31-Oct- 2019	40%	31-Mar-2020	Health and Social Care
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. (Medium)	31-Oct- 2019	40%	31-Mar-2020	Health and Social Care
The MIJB should develop a Medium Term Financial Plan. (Medium)	31-Oct- 2019	100%		Health and Social Care
Performance measures in the MIJB's Performance Management Framework should be more appropriately aligned to key priorities and outcomes of its Strategic Plan. (Medium)	31-Oct- 2019	0%	31-Dec-2020	Health and Social Care



Integration Authorities Financial Performance for 2019-20 after Quarter 1

Item number:

5.4

Executive summary

This report summarises the quarterly report from the CIPFA IJB CFO Section on the Financial Performance for all the Integration Authorities (IA's) for financial year 2019-20 after Quarter 1.

Committee members are asked to:

1. Committee members are asked to note the key messages

Integration Authorities Financial Performance for 2019-20 after Quarter 1

1. Purpose

1.1 This report summarises the quarterly report from the CIPFA IJB CFO Section on the Financial Performance for all the Integration Authorities (IA's) for financial year 2019-20 after Quarter 1. Key messages are summarised below, including Midlothian's (ML) position as a comparison.

2. Recommendations

• Committee members are asked to note the key messages

3. Background and main report

3.1 This is the first summary report which presents an overview of financial performance for all 31 IA's for 2019-20. The report includes forecasted year-end positions for 26 IA's and year to date positions at Quarter 1 for 5 IA's, showing the key factors contributing to these positions.

Key Messages:

- 3.2 The total budget for health and social care services in 2019-20 is currently forecast at £9,237m (ML £137.4m).
- 3.3 Total Reserves at 1 April 2019 was £158m, (earmarked £81m, contingency £32m) this has decreased by £45m to £113m as reserves are released. Of the 31 IA's 9 do not have a reserve, 1 has a negative reserve and 4 do not have a Contingency reserve.
- 3.4 ML reserve at 1 April 2019 was £3.878m (earmarked £1.493m, contingency £2.385m). ML has released the earmarked reserves into funding available for 2019-20.
- 3.5 Of the 26 IA's (representing £6,318m of budget), a year end overspend of £84m is projected (ML £601k overspend projected at Quarter 1). The remaining 5 IA's (representing £2,919m) reported a year to date overspend of £2.4m.
- 3.6 These are the positions before any additional financial support from partners, the impact of financial recovery plans or further use of reserves is taken into consideration.

- 3.7 The projected £86.5m overspend will be addressed by anticipated additional funding from NHS Boards (£26.7m), Local Authorities (£6.4m), Financial Recovery Plans (£16.4m), Other (£7m). Leaving £30m to be determined.
- 3.8 Factors contributing to these forecasted positions are largely driven by increased demand and higher costs:
 - Increased demand across all services and increasing complexity of needs across older people, adults and children's services.
 - Cost increases in staffing and use of locums, increased cost pressures in prescribing.
 - Difficult in delivering savings from reducing services when demand is increasing, new models of service taking longer than originally anticipated to implement
- 3.9 Variance analysis is summarised below:

Variance Analysis after Q1	26 IAs reporting Forecast	5 IAs reporting Year to date	Midlothian Forecast
	£m	£m	£m
Non Delivery of Savings	40.0	2.9	-
Demographics	15.0	1.8	0.818
Staffing Pressures	9.0	0.9	
Prescribing	7.0	0.7	(0.236)
Price Increases	2.0	-	
Other Net Pressures / (Underspends)	11.1	(3.9)	0.019
	84.1	2.4	0.601

4. **Policy Implications**

4.1 The framework focuses on supporting the implementation of the Public Bodies (Joint Working)(Scotland) Act 2014.

5. Equalities Implications

5.1 There are no equalities implications arising from this report

6. **Resource Implications**

6.1 There are no resource implications arising from this report.

7 Risks

7.1 There are no risks associated.

8 Involving People

8.1 There are no direct implications for involving people as a result of this report.

9 Background Papers

9.1 None

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DATE	December 2019

Appendices - Integration Authorities Financial Performance FY 2019-20 Q1 Report CIPFA IJB CFO Section

Integration Authorities Financial Performance

Financial Year 2019/20 (Quarter 1)



OVERVIEW - BUDGET POSITION 2019/20

This is the first summary report which presents the overview of financial performance for all Integration Authorities (IA's) for quarter 1 of the financial year 2019/20. The position in respect of the NHS Highland Lead Agency arrangement is also included. The total budget for health and social care services in 2019/20 is currently forecast at £9,237m (Set Aside £812m; Non-Set Aside £8,396m; Reserves £29m). 26 IAs are reporting a set aside budget for 2019/20. This is expected to increase to 27 once Perth & Kinross is included.



FINANCIAL VARIANCES 2019/20 - YEAR-END OUTTURN AND YEAR TO DATE

IAs have different reporting approaches. At this stage of the financial year, 26 IAs report projected outturns for the year-end and 5 IAs report year to date (first quarter) positions.

Of the 26 IAs, representing $\pounds 6,318m$ of the total budget, a year end overspend of $\pounds 84.1m$ is projected. Projected outturns across these IAs vary as follows:

- 22 IAs are projecting overspends totalling £87m
- 1 IAs is projecting a break-even position
- 3 IAs are projecting underspends totalling £3m

This is the position before additional financial support from partners, the impact of financial recovery plans and the further use of reserves is taken into consideration.

Year to Date Position

- £2.9m non delivery of savings
- £1.8m demographics
- £0.9m staffing pressures
- £0.7m prescribing
- £3.9m net underspends

Year to date cost pressures - £2.4m

Year-end Projected Outturn

- £40m non delivery of savings
- £15m demographics
- £9m staffing pressures
- £7m prescribing
- £2m price increases
- £11.1m other net cost pressures Projected cost pressures - £84.1m

Of the 5 IAs, representing £2,919m of the total budget, a year to date overspend of £2.4m is reported at the end of quarter 1.

The year to date positions across these IAs vary as follows:

- 3 IAs are projecting overspends totalling £3.6m
- 2 IAs are projecting underspends totalling £1.2m

SIGNIFCANT FACTORS 2019/20

The factors contributing to the variances reported by IAs are detailed on the schedule which accompanies this covering report.

The key highlights are summarised as follows:

- the challenge to deliver savings, in particular planned reductions in services not materialising due to inceased demand being experienced
- increased activity of acute services
- additional demand for services and the increasing complexity of health and social care needs across older people, adult and children's services
- the timeline to implement new models of service delivery taking longer than originally anticipated
- ongoing challenges associated with identifying further cost reduction and savings opportunties
- prescribing cost pressures; and
- staffing costs including the cost of locums.

As part of their financial strategies, 14 IAs are relying on the planned use of reserves totalling £29m at this stage of the financial year. The increase in costs is partly offset by underspends as a result of staff vacancies and slippage in the implementation of new funding, both of these provide non-recurring financial relief.

Work continues to be progressed to develop the set-aside monitoring arrangements.

IMPACT ON FUNDING 2019/20

It is currently estimated that the projected overspend totalling £86.5m will be addressed as follows:-

- Anticipated additional funding from NHS Boards
- Anticipated additional funding from Local Authorities
- Agreed financial recovery plan with no impact for partners
- Other

The funding impact of ± 30 m remains 'not yet determined' or has still to be publicly reported in respect of 13 IAs.

A total of 4 IAs are in repayment arrangements with partners (£12.1m).

£10.4 £7.0		

£26.7m

£6.4m

Repayment of Funding Advances

- £2.5m in 19/20
- £9.6m due 20/21 or later

UPDATE ON RESERVES

The net movement on IA's reserves is a decrease of £45m from 1^{st} April 2019 of £158m to £113m (Earmarked £81m; Contingency £32m. The contingency reserve represents 0.4% of the total financial envelope of £9,237m. 9 IAs do not have a reserve. 4 do not have a contingency reserve. 1 IA has a negative reserve. For 17 IAs, the contingency reserves range from 0.03% to 1.2% of their available funding.



IA's will continue to standardise presentation.



Scottish Government: When is Hospital bad for your Health?

Item number:

Executive summary

This report brings to the attention of the Committee the recent Scottish Government Health and Sport Committee publication of its findings on budget, outcomes and progress within the integration of health and social care.

Committee members are asked to:

1. Committee members are asked to note the key messages

5.5

Scottish Government: When is Hospital bad for your Health?

1. Purpose

This report summarises how the NHS in Scotland is performing and what is required to achieve a sustainable NHS.

2. Recommendations

• Committee members are asked to note the publication and the key messages

3. Background and main report

The Scottish Government Health and Sport Committee published a report on 3 October 2019 - "Looking ahead to the Scottish Government Health Budget 2020-21: When is hospital bad your health? "The full publication of the report can be found here:

https://digitalpublications.parliament.scot/Committees/Report/HS/2019/10/3/Lookingahead-to-the-Scottish-Government---Health-Budget-2020-21--When-is-Hospital-badfor-your-health-

Key Messages:

- 1.1 Prolonged Hospital stays can have a detrimental effect on the health and wellbeing of the patient, particular the elderly. It is for many not a cost effective or healthy setting. An increased focus on the "front door" of hospitals is needed, reducing unscheduled care and addressing patient needs in other areas of the NHS.
- 1.2 Steps have been taken to streamline the patient journey from hospital to the community. The cost of intermediate care, home care or care homes all cost significantly less than being in hospital and further improvements would benefit the patient and the ability to deliver budget savings.
- 1.3 The level of engagement required from members of the public must become a key focus to truly transform services. Communication strategies should be reviewed to ensure both GP's and patients have confidence and awareness of all the options for advice and care.

- 1.4 Leadership and financial management of the IJB budget is paramount. Recommended that a set of leadership indicators are identified requiring boards to demonstrate their achievements and progress.
- 1.5 Financial commitment from the Scottish Government for at least 50% of NHS frontline spending to take place in the Community Health Service by 2021. Set aside budgets and the release of savings continue to be problematic, this is an unacceptable position four years after integration and it is expected that all issues are resolved by the end of this financial year.

4. Policy Implications

4.1 The framework focuses on supporting the implementation of the Public Bodies (Joint Working)(Scotland) Act 2014.

5. Equalities Implications

5.1 There are no equalities implications arising from this report

6. **Resource Implications**

6.1 There are no resource implications arising from this report.

7 Risks

7.1 There are no risks associated.

8 Involving People

8.1 There are no direct implications for involving people as a result of this report.

9 Background Papers

9.1 None

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DATE	December 2019



Audit Scotland Report on NHS Scotland in 2019

5.6

Item number:

Executive summary

This report summarises how the NHS in Scotland is performing and what is required to achieve a sustainable NHS.

Committee members are asked to:

1. Committee members are asked to note the key messages

Audit Scotland Report on NHS Scotland in 2019

1. Purpose

This report summarises how the NHS in Scotland is performing and what is required to achieve a sustainable NHS.

2. Recommendations

• Committee members are asked to note the key messages

3. Background and main report

Audit Scotland published a report on 24 October 2019 - "NHS Scotland in 2019 "The full publication of the report can be found here:

https://www.audit-scotland.gov.uk/report/nhs-in-scotland-2019

Key Messages:

- 1.1 There is real pressure on the NHS. People in Scotland are living longer and more of us are needing treatment for the conditions that come with old age. More people were seen and treated on time in the last year and patient safety improved, but just two out of eight key waiting time standards were met as staff struggled to meet rising demand for care.
- 1.2 Large scale system wide reform that leads to less reliance on hospitals and more community based care is needed. Basic foundations are in place but increased focus on providing services away from hospitals is required. The ambitions within the Scottish Government 2020 Vision, which has successful integration of health and social care at its heart, are unlikely to be achieved by next year.
- 1.3 Financial sustainability also remains a challenge. Without reform it is predicted that spending across health and social care in Scotland will increase to around £20.6bn by 2023/24.Financial sustainability remains a challenge and without reform the Scottish Government predicts there could be a £1.8billion shortfall in funding for health and social care by 2023/24.

4. Policy Implications

4.1 The framework focuses on supporting the implementation of the Public Bodies (Joint Working)(Scotland) Act 2014.

5. Equalities Implications

5.1 There are no equalities implications arising from this report

6. **Resource Implications**

6.1 There are no resource implications arising from this report.

7 Risks

7.1 There are no risks associated.

8 Involving People

8.1 There are no direct implications for involving people as a result of this report.

9 Background Papers

9.1 None

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