



Council Offices, Almada Street  
Hamilton, ML3 0AA



Monday, 19 August 2024

Dear Member

## **South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee**

The Members listed below are requested to attend a meeting of the above Sub-Committee to be held as follows:-

**Date:** Tuesday, 27 August 2024  
**Time:** 10:00  
**Venue:** By Microsoft Teams and Committee Room 2,

The business to be considered at the meeting is listed overleaf.

Yours sincerely

**Paul Manning**  
**Chief Executive**  
**South Lanarkshire Council**

**Jann Gardner**  
**Chief Executive**  
**NHS Lanarkshire**

**Members**  
**South Lanarkshire Council**  
Eileen Logan, Margaret B Walker

**NHS Lanarkshire**  
Lesley McDonald, Donald Reid

## BUSINESS

- 1 **Declaration of Interests**
- 2 **Minutes of Previous Meeting** 5 - 10  
Minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 28 May 2024 submitted for approval as a correct record. (Copy attached)

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### Item(s) for Consideration

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- 3 **Annual Care and Clinical Governance Report** 11 - 30  
Report dated 16 July 2024 by the Director, Health and Social Care. (Copy attached)
- 4 **Performance Monitoring Report** 31 - 56  
Report dated 8 August 2024 by the Director, Health and Social Care. (Copy attached)
- 5 **Discharge Without Delay - Operation Flow 3 Update** 57 - 68  
Report dated 8 August 2024 by the Director, Health and Social Care. (Copy attached)
- 6 **Risk Management Update** 69 - 78  
Report dated 10 July 2024 by the Director, Health and Social Care. (Copy attached)
- 7 **Financial Monitoring 2024/2025** 79 - 94  
Report dated 6 August 2024 by the Director, Health and Social Care. (Copy attached)
- 8 **Integration Joint Board Reserves Strategy** 95 - 102  
Report dated 5 August 2024 by the Director, Health and Social Care. (Copy attached)
- 9 **Internal Audit Plan 2024/2025 Progress Report** 103 - 108  
Report dated 5 August 2024 by the Director, Health and Social Care. (Copy attached)
- 10 **Progress Report on Agreed Actions** 109 - 112  
Report dated 5 August 2024 by the Director, Health and Social Care. (Copy attached)
- 11 **Performance and Audit Sub-Committee Assurance Principles** 113 - 120  
Report dated 5 August 2024 by the Director, Health and Social Care. (Copy attached)

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### Urgent Business

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- 12 **Urgent Business**  
Any other items of business which the Chair decides are urgent.

***For further information, please contact:-***

Clerk Name:	Elizabeth-Anne McGonigle
Clerk Telephone:	07385403101
Clerk Email:	elizabeth-anne.mcgonigle@southlanarkshire.gov.uk





## **SOUTH LANARKSHIRE INTEGRATION JOINT BOARD (PERFORMANCE AND AUDIT) SUB-COMMITTEE**

Minutes of the meeting held by Microsoft Teams on 28 May 2024

**Chair:**

Councillor Margaret B Walker, South Lanarkshire Council

**Present:**

**NHS Lanarkshire Board (Voting Members)**

Lesley McDonald (Depute) and Donald Reid, Non Executive Directors

**Attending (Non-Voting):**

**Health and Social Care Partnership**

S Sengupta, Chief Officer; M Moy, Section 95 Officer

**NHS Lanarkshire**

C Cunningham, Head of Performance and Commissioning; J Lyall, Chief Internal Auditor; L Sutherland, Associate Nurse Director

**South Lanarkshire Council**

I Beattie, Head of Health and Social Care (Hamilton and Clydesdale); Y Douglas, Audit and Compliance Manager; A Norris, Administration Assistant; L Purdie, Chief Social Work Officer; T Slater, Administration Adviser

**Also Attending:**

**Audit Scotland**

M Ferris, External Auditor

**Apologies:**

**South Lanarkshire Council**

Councillor Eileen Logan

**NHS Lanarkshire**

C Rae, Head of Health and Social Care (Rutherglen/Cambuslang and East Kilbride); Dr M Russell, Medical Director; L Thomson, Nurse Director

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### **1 Declaration of Interests**

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No interests were declared.

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### **2 Minutes of Previous Meeting**

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The minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 20 February 2024 were submitted for approval as a correct record.

**The Sub-Committee decided:** that the minutes be approved as a correct record.

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### **3 Financial Monitoring 2023/2024**

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A report dated 9 May 2024 by the Director, Health and Social Care was submitted providing a summary of the financial position of the Health and Social Care Partnership (HSCP) for the period 1 April 2023 to 31 March 2024 in relation to Health Care Services and for the period 1 April 2023 to 23 February 2024 in relation to Social Work and Housing Services.

As previously reported, the Integration Joint Board (IJB) Financial Plan 2023/2024 had been updated to reflect the adjustments approved by the IJB on 21 August 2023 in respect of the revised financial outturn for 2022/2023. The recurring and non-recurring budget strategy, approved by the IJB on 18 October 2023 to address the significant recurring annual Care at Home Service job evaluation costs of approximately £7 million, was also reflected in the report.

As at March 2024, there was an underspend of £5.304 million (NHS Lanarkshire (NHSL) - £5.304 million under; South Lanarkshire Council (SLC) - breakeven). £4.990 million of the NHSL underspend related to ring-fenced funding which would be transferred to reserves to continue to be available in 2024/2025 in line with the ring-fenced funding criteria. The balance of the underspend of £0.314 million would be transferred to IJB reserves.

An update was provided on the following, highlighting the ongoing financial and operational impact of demand and capacity issues:-

- ◆ health care services in relation to:-
  - ◆ locality and other services
  - ◆ hosted services
  - ◆ the projected prescribing overspend and work to reduce the overspend
  - ◆ out of area services
- ◆ social care and housing services in relation to:-
  - ◆ residential, nursing and respite care services
  - ◆ care at home services
  - ◆ employee costs
- ◆ the notional set-aside budget
- ◆ the probable outturn for 2023/2024
- ◆ reserves 2023/2024

#### **The Sub-Committee decided:**

- (1) that the report be noted;
- (2) that the prescribing overspend across health care services be noted; and
- (3) that the operational and financial impact of the ongoing significant demand and capacity challenges across the health and social care system be noted.

*[Reference: Minutes of 20 February 2024 (Paragraph 3) and Minutes of the special Integration Joint Board of 21 August 2023 (Paragraph 2) and 18 October 2023 (Paragraph 2)]*

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### **4 Internal Audit Plan 2024/2025 Progress Report**

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A report dated 7 May 2024 by the Director, Health and Social Care was submitted on the progress of the Internal Audit Plan 2024/2025.

The Internal Audit Plan 2024/2025 was approved by the Integration Joint Board (IJB) at its meeting on 20 February 2024 and had been designed to target the priority issues which had been aligned to strategic risks and reflect the evolving and complex challenges to service delivery. The progress report was attached as an appendix to the report.

A workplan had also been agreed to ensure the Internal Audit Plan 2024/2025 would be delivered by 31 March 2025.

**The Sub-Committee decided:** that the progress of the Internal Audit Plan 2024/2025 be noted.

*[Reference: Minutes of 20 February 2024 (Paragraph 9)]*

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## **5 Internal Audit Plan 2023/2024: Performance Monitoring Assignment**

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A report dated 7 May 2024 by the Director, Health and Social Care was submitted providing an update on the completion of the Performance Monitoring assignment included in the 2023/2024 Internal Audit Plan.

At its meeting on 21 February 2023, the Sub-Committee approved the Internal Audit Plan 2023/2024 which focused on the review of the adequacy and effectiveness of arrangements for the Integration Joint Board's ongoing emergency response to the Covid-19 pandemic, to assess the adequacy and effectiveness of performance monitoring arrangements, and to conclude the fourth phase of work to support the value for money exercise on equipment and adaptations.

Information was provided on:-

- ◆ the reporting of additional performance monitoring measures with a focus on the top 4 priorities of the Strategic Commissioning Plan
- ◆ the completion of the Performance Monitoring assignment and the outcome of the internal audit

**The Sub-Committee decided:** that the report be noted.

*[Reference: Minutes of 21 February 2023 (Paragraph 9) and Minutes of the Integration Joint Board of 12 December 2023 (Paragraph 11)]*

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## **6 Internal Audit Plan 2023/2024: Value for Money Assignment**

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A report dated 7 May 2024 by the Director, Health and Social Care was submitted providing an update on the completion of the Value for Money assignment included in the 2023/2024 Internal Audit Plan.

At its meeting on 21 February 2023, the Sub-Committee approved the Internal Audit Plan 2023/2024 which focused on the review of the adequacy and effectiveness of arrangements for the Integration Joint Board's ongoing emergency response to the Covid-19 pandemic, to assess the adequacy and effectiveness of performance monitoring arrangements, and to conclude the fourth phase of work to support the value for money exercise on equipment and adaptations.

Information was provided on:-

- ◆ a previous review of the existing partnership arrangement with Equipu, which had been paused due to the Covid-19 pandemic
- ◆ the outcome of the equipment and adaptations value for money exercise assignment

**The Sub-Committee decided:** that the report be noted.

*[Reference: Minutes of 21 February 2023 (Paragraph 9) and Minutes of the Integration Joint Board of 12 December 2023 (Paragraph 11)]*

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## **7 Internal Audit Annual Assurance Report 2023/2024**

A report dated 7 May 2024 by the Director, Health and Social Care was submitted on the South Lanarkshire Integration Joint Board's (IJB's) Annual Assurance Report for 2023/2024.

The Internal Audit Plan 2023/2024 was attached at Appendix 1 to the report, with the current status of each assignment attached at Appendix 2.

Information was provided on the:-

- ◆ External Audit review of Internal Audit
- ◆ IJB objectives
- ◆ Internal Audit workload for 2023/2024
- ◆ basis of audit opinion
- ◆ achievement of agreed IJB audit actions 2023/2024
- ◆ Internal Audit opinion
- ◆ update on agreed Good Governance controls and continuous improvement actions

The Internal Audit opinion would be included in the IJB's 2023/2024 Annual Governance Statement.

### **The Sub-Committee decided:**

- (1) that the content of the 2023/2024 Internal Audit Annual Assurance report be approved; and
- (2) that it be noted that the opinion expressed within the report informed the IJB's 2023/2024 Annual Governance Statement.

*[Reference: Minutes of 21 February 2023 (Paragraph 9)]*

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## **8 Performance Monitoring Report**

A report dated 7 May 2024 by the Director, Health and Social Care was submitted providing a summary of performance against the key measures assigned to the integration of Health and Social Care in South Lanarkshire and the top 4 Strategic Commissioning Plan (SCP) priorities.

A summary of performance was outlined in the report, with more detailed analysis provided in appendices 1 to 6. Examples were also provided of innovation and best practice.

Officers responded to a member's question in relation to the increase in Adult Support and Protection inquiries.

### **The Sub-Committee decided:**

- (1) that the performance monitoring report be noted; and
- (2) that the current performance trends and service pressures be noted.

*[Reference: Minutes of the Integration Joint Board of 26 March 2024 (Paragraph 10)]*

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## **9 Risk Management Update**

A report dated 7 May 2024 by the Director, Health and Social Care was submitted providing an update on the Integration Joint Board (IJB) Risk Register and associated partner risks.

The IJB was required to have an approved Risk Management Strategy and Risk Register in place which detailed the organisation's approach to risk and how it would identify and manage risks to mitigate against subsequent impact. Information was provided on the governance and oversight arrangements in place.

The IJB Internal Audit Plan for 2024/2025 would also consider the adequacy of reporting in relation to various areas, as outlined in the report.

The revised Risk Register was attached as Appendix 1 to the report and Appendix 2 provided a summary of the top risks within the most recent Risk Registers of NHS Lanarkshire and South Lanarkshire Council.

The IJB was now included as a Category 1 Responder under the Civil Contingencies Act 2004 and consideration was required as to where this duty would feature within its Risk Register. An update on this would be provided at the next meeting of the Sub-Committee.

Following discussion on the financial challenges that were faced, members thanked the officers for the high standard of reports provided, which were informative, clear and evidence-based.

**The Sub-Committee decided:**

- (1) that the report be noted; and
- (2) that the revised IJB Risk Register be endorsed prior to submission to the IJB for approval.

*[Reference: Minutes of the Integration Joint Board of 26 March 2024 (Paragraph 6)]*

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**10 Urgent Business**

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There were no items of urgent business.



# Report

Report to:	<b>South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee</b>
Date of Meeting:	<b>27 August 2024</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Annual Care and Clinical Governance Report</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide the Performance and Audit Sub Committee with the South Lanarkshire Health and Social Care Partnership (HSCP) Annual Care and Clinical Governance report

## 2. Recommendation(s)

2.1. The Performance and Audit Sub Committee is asked to approve the following recommendation(s):-

- (1) that the annual report of the South Lanarkshire HSCP Support, Care and Clinical Governance Committee for April 2023 to March 2024 be noted; and
- (2) that the recommendations within the report including areas of focus for the committee in 2024/2025 be noted.

## 3. Background

3.1. South Care and Clinical Governance Committee was established approximately five years ago. Information on care and clinical governance reporting has previously been highlighted to the performance and audit subcommittee and the first annual report was brought to the Integration Joint Board (IJB) in June 2022.

3.2. The IJB has responsibility for care and clinical governance oversight within South Lanarkshire HSCP. As part of the HSCP governance structures an annual report from the committee was generated for the first time in June 2022. The annual report was agreed by South Care and Clinical Governance Committee on Thursday 9 May 2023. The report was presented to and agreed by the Health Quality Assurance and Improvement Committee (HQAIC) within NHS Lanarkshire on Wednesday 22 May 2024. The annual report includes, committee activity, key achievements, risks and future committee priorities.

3.3. The annual report demonstrates the continued focus on care and clinical governance with ongoing commitment to staff, patient, resident and public safety and quality care.

#### **4. Ongoing developments**

- 4.1. The care and clinical governance committee review the annual report and utilise this information to set a work plan for the coming year. In addition, this is linked to the development of annual true north statements for the UHSCP where specific areas of quality improvement work for the next 12 months have been identified.

#### **5. Employee Implications**

- 5.1. Employee implications are directly linked to learning in practice, assurance of clinical and care standards, learning from reviews including national information, local incidents and risk, significant adverse event review, significant case reviews and reflective learning reviews. This generates improvement plans and quality improvement activity within localities.

#### **6. Financial Implications**

- 6.1. There are no direct financial implications from the generation of annual report.

#### **7. Climate Change, Sustainability and Environmental Implications**

- 7.1. There are no climate change or environmental implications from the annual report. As with financial implications some improvements, changes and service sustainability is noted by the work of the committee but not directly impacted by the annual report.

#### **8. Other Implications**

- 8.1. Risks and issues are detailed within section seven on the annual report. This includes care and clinical governance risks that form part of the IJB risk register. All teams remain committed to mitigating any risks outlined.

#### **9. Equality Impact Assessment and Consultation Arrangements**

- 9.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no Equality Impact Assessment is required.

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

16 July 2024

#### **Previous References**

None

#### **List of Background Papers**

None

#### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Lesley Thomson

Nurse Director – South Lanarkshire HSCP.

Ext: (Phone: 01698 453988)

Email: [Lesley.thomson4@lanarkshire.scot.nhs.uk](mailto:Lesley.thomson4@lanarkshire.scot.nhs.uk)

# HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE

**South Health and Social Care Partnership (HSCP) Support  
Care & Clinical Governance Committee**

## ANNUAL REPORT

**2023/2024 (April 23 – March 24)**

**Reporting to:**

**Healthcare Quality Assurance and Improvement  
Committee**

Author:	Lesley Thomson Nurse Director South HSCP
Contributing Author(s):	
Responsible Lead Executive Director:	Lesley Thomson Nurse Director South HSCP
Endorsing Committee:	South Support Care & Clinical Governance Committee
Governance or Assurance Committee:	South Support Care & Clinical Governance committee
Consultation Process / Stakeholders:	South Support Care & Clinical Governance Committee Members
Date Approved:	

<b>CONTENTS</b>	<b>PAGE</b>
1. Introduction	3
2. Meetings	3
3. Attendance & Membership	3
4. Remit of the Committee	4
5. Committee Activities	6
6. Key Achievements	12
7. Risks & Issues	14
8. Future Committee Priorities	16
9. Additional Information	17

## 1. Introduction

The purpose of this report is to provide assurance to the NHS Lanarkshire Healthcare Quality Assurance and Improvement Committee (HQAIC) that the Support Care & Clinical Governance Committee has carried out its obligations in accordance with its Terms of Reference (ToR) for the financial year 2023/2024 and the remit of the group has been fulfilled.

## 2. Meetings

The Support Care & Clinical Governance Committee met on 5 occasions between 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024. Meetings were held on the following dates:

- 03 May 2023
- 19 July 2023
- 05 October 2023
- 07 December 2023
- 21 February 2024

There were no notable revisions to the agreed 2023/2024 work plan in respect of meeting dates.

**Guidance:** provide details above of any revisions to planned meeting dates and reasons for this.

Committee effectiveness checklist	
The committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	✓

## 3. Attendance & Membership

5 of 5 meetings for 2023/2024 have been **quorate**.

**Guidance:** provide details above of any issues with attendance rates and what is being done to resolve these issues.

Membership of the group altered during 2023/2024 reporting period with the appointment of Nicola Smith Nimmo as governance manager. Chair of the group is also rotating to Dr Mark Russell from April 2024 onwards

The **membership** of the Support Care & Clinical Governance Committee is as follows:

<b>Committee Member Name</b>	<b>Committee Member Designation</b>
Lesley Thomson	Nurse Director (Chair)
Dr Mark Russell	Medical Director
Lynsey Sutherland	Associate Nurse Director
Ian Beattie	Head of Health and Social Care
Liam Purdie	CSWO & Head of Children & Justice Services
Laura Drummond	Head of Assurance
Emma Harris	Deputy Lead Pharmacist Prescribing Management
Michelle McConnachie	Adult & Older Peoples Service Manager
Claire Rae	Head of Health and Social Care
Peter McCrossan	Director for Allied Health Professions
Nicola Smith-Nimmo	Governance Support Manager
Wendy Cranston	Team Leader performance, governance & planning SLC
Dr Michael Coates	Clinical Director in Primary Care
Bernadette McIntyre	RCN Partnership representative
Dr Veronica Rainey	Associate Medical Director

**Guidance:** provide details above of any changes to membership during reporting period.

<b>Committee effectiveness checklist</b>	✓
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	✓
Chair and Membership of the committee has been agreed by the NHS Board and a quorum set.	✓
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	✓

#### **4. Remit of the Committee**

The remit of the group remains unchanged from 2022/2023 annual report. The main purpose of the integration of health, social work and social care services is to improve the wellbeing of people who use services in particular those whose needs are complex and who require services and support from health and social care at the same time. Integration arrangements are intended to achieve improved outcomes for people in South Lanarkshire in line with the National Health and Wellbeing Outcomes. Agreed

accountability and governance arrangements is one of the six key features to supporting integration. (*Health and Social care integration: progress review – Scottish Government 2019*)

The South Support Care and Clinical Governance Committee (SSCCGC) was established in 2019 to oversee and be accountable for managing issues relating to Clinical and Care Governance through a process of assurance and constructive challenge

SSCCGC is responsible for ensuring South Lanarkshire HSCP operates in accordance with the 7 Pillars of Governance, i.e. Clinical Effectiveness, Risk Management, Patient & Public Involvement, Monitoring & Audit, Staff Management, Education & Training and Information.

SSCCGC will provide assurance to NHS Lanarkshire and South Lanarkshire Council that South Lanarkshire HSCP maintains all seven pillars of clinical governance including actioning, escalating and cascading information and issues as appropriate.

The purpose of the SSCCGC is to assure that within South Lanarkshire HSCP there is a culture where delivery of the highest quality care and support is understood to be the responsibility of everyone working in the HSCP. This is built upon partnership and collaboration within teams and between health and social care professionals and managers. Fundamental to this is an ongoing contribution of clinical and care staff to quality improvement and ensuring there is a strong voice of the people and communities that use services.

**Guidance:** provide details above of any changes to remit of the group or committee during reporting period

Committee effectiveness checklist	✓
The Committee has a clear understanding of its role and authority as set out in its terms of reference.	✓
The Committee undertakes an annual review of its remit and terms of reference.	x

Terms of reference were last reviewed in September 2022 and will be tabled for review by at next meeting on Thursday 9<sup>th</sup> May 2024.

## 5. Committee Activities

The committee produced an **annual work plan** for 2023/2024. This work plan was reviewed and approved by South Support Care & Clinical Governance Committee (SSCCGC) on 3<sup>rd</sup> May 2023.

**Guidance:** please list all matters dealt with by the committee in line with the agreed work plan in the table below e.g. Reports received / reviewed, policies and procedures monitored etc.

In line with the agreed **annual work plan**, the South Support Care & Clinical Governance Committee (SSCCGC) dealt with the following matters during 2023/2024:

### **Primary Care and Primary Care Improvement Plan (PCIP)**

PCIP has not been fully implemented due to a combination of financial and workforce concerns. These concerns and risks are discussed at the General Medical Services (GMS) Oversight Group. The corporate risk register has escalated GMS risk from high to very high in May 2023. Our current position has been advised to Scottish Government in required PCIP returns with Lanarkshire reporting a similar position for implementation as other NHS Boards across Scotland.

In addition to the risk outlined above there are significant ongoing risks within Dental Services around resilience and sustainability which is having an effect on Secondary Care Services. It was agreed in July 2023 that Dental Services should be added to the risk register.

The governance within primary care has evolved over the reporting period from focusing on primary care improvement plan implementation to a broader focus in alignment with the developing primary care strategy and Our Health Together Strategy.

The proposed structural changes for primary care governance are being implemented with new groups established by May 2024. All changes have been discussed by Dr Russell and Judith Cain with Dr K McIntyre, Chair NHSL GP Sub Committee and Dr T Smyth, GP Sub Secretary. Soumen Sengupta is chairing the newly established primary care strategy group.

### **CAReS (Community Addiction & Recovery Service) and CMHT adult/older adult**

Some mental health services including CAReS and CMHT are operationally managed in South Lanarkshire HSCP however they are professionally and clinically governed in North Lanarkshire HSCP. Updates are shared by the Associate Medical Director and Associate Nurse Director for mental health with SSCCGC as part of our forward plan.

### **Joint Social Work and Health Governance Group**

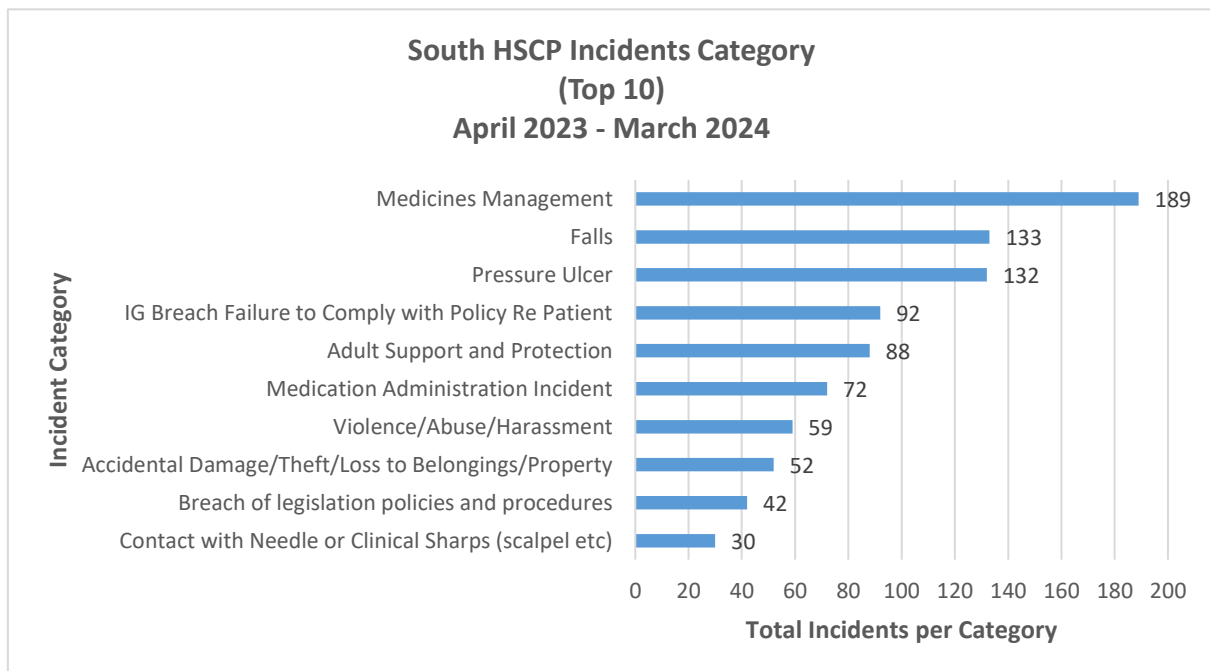
The group review all trend information including complaints, compliments, and DATIX information.

## Datix and quality Improvement

Total number of incidents in the reporting period were 1127 an increase of 26 incidents from annual report 2022 – 2023 where 1101 incidents were recorded/reported.

- Category 1 extreme – 8
- Category 1 Major – 18
- Category 2 Moderate – 94
- Category 2 Minor – 163
- Category 3 – 844

The graph below shows the main categories of incidents that occurred in South HSCP in the reporting period:



Medicines, falls and pressure ulcers remain the top themes on DATIX. IG breaches and breach of legislation were new areas in 2023/2024 for this level of reporting. A deeper dive in to this information found some mis-categorisation but primarily related to introduction of MORSE, new clinical documentation system in community. There is a focus overall with Morse to ensure information governance is accurate.

There is an upward trend around staff harassment and violence. On further exploration there was no particular area, team or staff member affected rather an overall increase particularly in verbal abuse. This was discussed at SSCCGC with B McIntyre union representative who advised no concerns had been raised by staff.

Where any trends have been noted in a particular area for example Clydesdale locality which hosts both of South Lanarkshire HSCP community hospitals, reported an increased rate in falls. Quality improvement work on this area was requested by the group and is linked to South Lanarkshire HSCP true north statements for 2023/2024.

For actions taken on pressure ulcers and medicines management see key achievements in section 6.

During quality week in May 2023 teams were encouraged to attend training on complaints management to improve responses in line with 5 and 20 day targets. It was noted in both NHS Lanarkshire and South Lanarkshire Council (SLC) East Kilbride had the highest rate of enquires and complaints with a notable increase from MSPs.

An annual report presentation has been shared on the work to date around the child death review programme; thematic analysis, change and learning and support for staff were the key focus.

From October 2023 the vaccination service governance has been reported via this group and following the opening of the BRIAR unit in winter 2023, for brain injury rehabilitation, governance for BRIAR is also provided via this group. The group has had visibility and sign off for all standard operating procedures and protocols for the new BRIAR unit.

The IPC working group recommendations are being implemented across residential services. Service action plan in place with various work streams reviewed on a monthly basis and all actions are progressing. Blantyre LIFE staff have received Living the Life you choose training on and is now available on SWIS. There is a review of using technology to support people experiencing care in both residential and intermediate care.

The redesign of care at home has been fully implemented and training programme is currently being finalised in relation to SDS assessment review which commenced in February 2024. New scheduling guidance devised and being rolled out to all localities on a phased basis. Rutherglen/Cambuslang complete, with current focus on Hamilton.

In terms of performance review action, it was agreed that going forward, “red” areas of performance will be included in locality updates to address any areas of concerns related to reduced performance and impact on service/care. Areas currently identified and will feature in next reporting period are pre 5 immunisation, 6-8 week check and cervical screening.

In terms of risks and issues as part of the HSCPs financial recovery plan, the Care at Home service requires to make considerable savings. Some areas are reporting concerns with staffing impacting on care and delivery, which will be kept under review and escalated as required.

There are ongoing workforce risks particularly within child protection from an SLC Social Work perspective. Work ongoing to consider authority wide prioritisation to manage any risk.

## **AHP**

The falls team have been undertaking work within community groups and there has been a 20% reduction in falls with harm. Falls events have been held within the community and as part of the falls awareness week, the Lanarkshire Falls Strategy Group have been developed a falls toolkit.

It was noted that the new NICE guidelines on Stroke Rehabilitation in Adults were published on 18 October 2023. One of the report’s major recommendations is to have intensive rehabilitation therapy available seven days a week. The technology-enriched

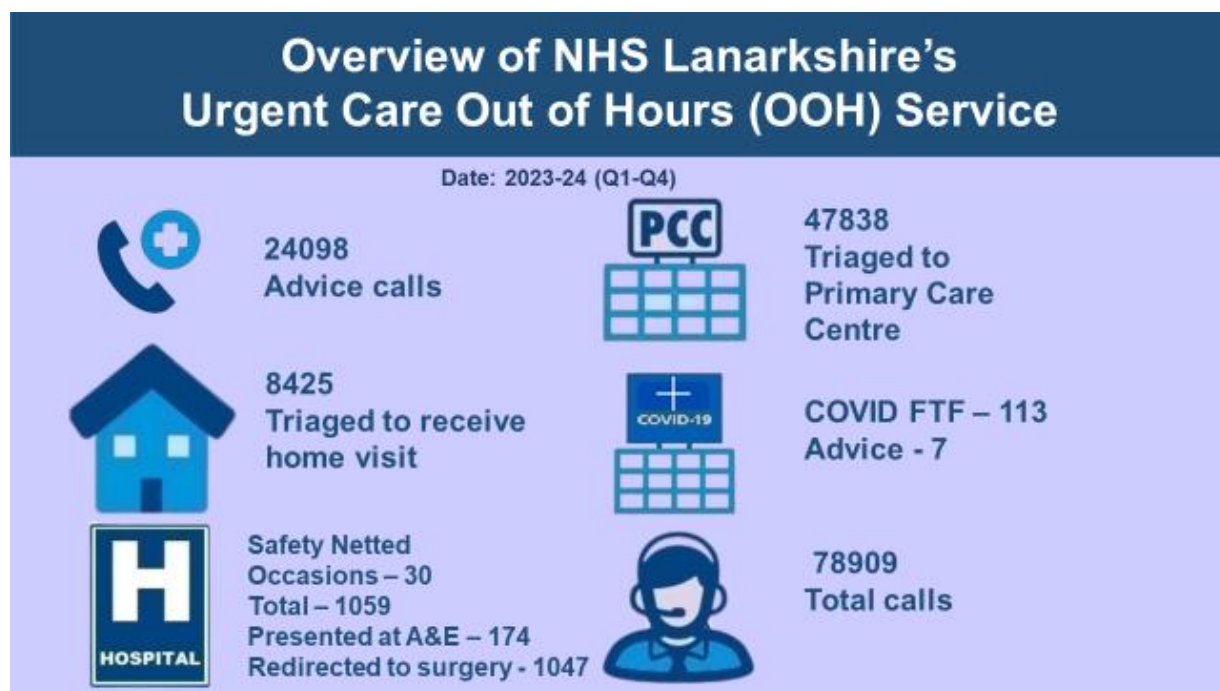
stroke rehabilitation area within Ward 11 at University Hospital Wishaw was launched on 8th November 2023.

Ongoing review in occupational therapy and physiotherapy where different care models are being considered. The review group continues to meet fortnightly to seek a mutually agreeable outcome. The AHP's have been heavily involved in testing the Guidance Chapters for Health and Care (Staffing) (Scotland) Act 2019 prior to enactment in April 2024.

The Chief Allied Health Professional Officer from the Scottish Government, Professor Carolyn McDonald, visited NHS Lanarkshire on the 6th of February 2024.

**Out of Hours (OOHS)**

The table below provides an overview of OOH's in the last 12 months.



There is an on-going controlled drug prescribing investigation with documents being provided in an evidentiary context for submission to the procurator fiscal. Dr M Coats is working with medicine management pharmacy within OOHs to review.

A home office licence application is being undertaken. It is a joint application involving the Community Addiction Recovery Service and Rapid Response Team whose service is being modified in order to comply with MAT standards at the Douglas Street site.

OOHs have now successfully moved from ADAstra to cloud base which will allow greater stability of the system.

**Reportable Incident Oversight Group (RIOG)**

The RIOG previously known as the LIRG continue to review new and current incidents. All significant occurrence that CSWO would wish to consider for HSCP review and category one DATIX are considered by this group. It has responsibility for commissioning (SAERs). Representative from the RIOG attend the child protection

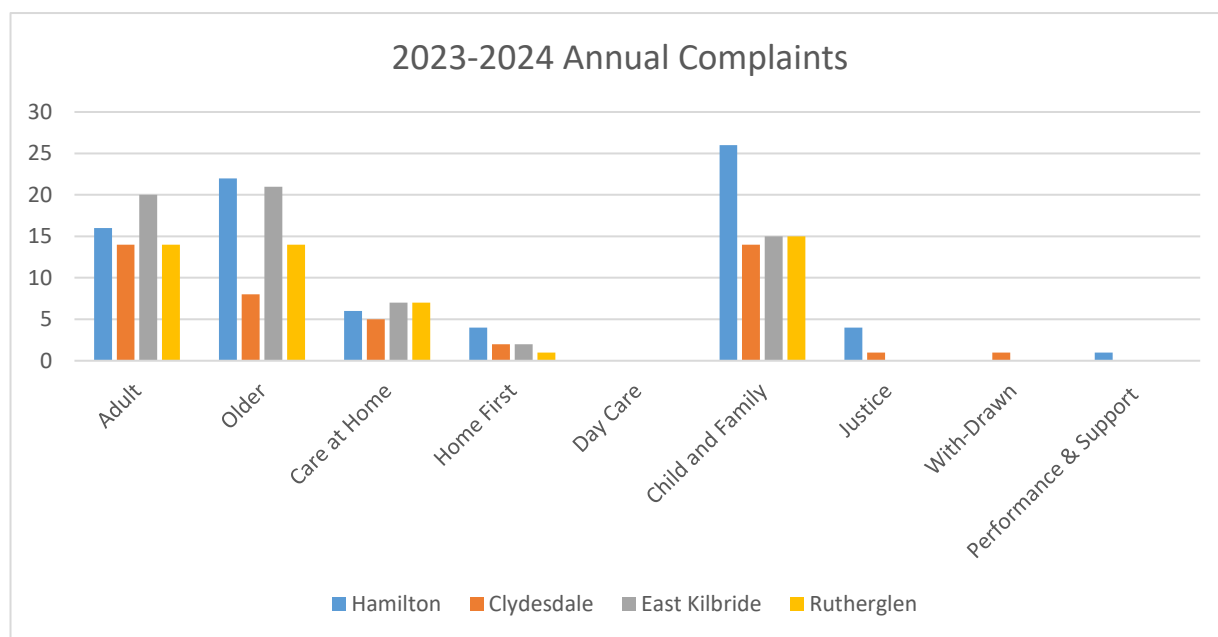
committee, adult protection committee, significant case review group and the public protection chief officers group ensuring there is shared learning in a multi-agency forum.

In this reporting period there have been 2 multiagency adult protection learning reviews commissioned by South Lanarkshire significant case review group and 2 learning reviews and 1 reflective learning review commissioned by the child protection committee via South Lanarkshire significant case review group.

The RIOG have commissioned 2 SEARs which remain in progress under the 150 days.

### **South Lanarkshire Council (SLC) Complaints**

The table below shows a breakdown of the 240 complaints received by locality and by theme for 2023/2024:



In terms of response time, the average for stage one complaints was 4.8 days and stage two complaints 19.3 days.

Following an extensive co-design project with a wide range of children, young people, and other stakeholders, the SPSO have launched a pilot to test the draft version of the new approach to handling complaints involving children. This consists of two key guidance documents - the Child Friendly Complaints Handling Principles, and a Child Friendly Complaints Handling Procedure. A sub group has been established to look at taking this forward.

### **NHSL Complaints / SPSO**

There were 380 contact received by Patient affairs. Of these contacts 104 were complaints: 77 Stage 1 complaints (target 65%), 10 Stage 2 complaints and 17 escalated to stage 2 complaints. For stage 1 complaints 71% were closed within 5 days with an average response time of 4.9 days. 33% of stage 2 complaints were closed within 20 days (target 50%) with the average response time being 24.8 days. From complaints received one was converted to a SAER which is currently in progress.

In order to support complaints responses that involved HSCP and acute services, governance manager now has access to DATIX.

## **PHARMACY**

There are two key areas of work include improving prescribing quality and cost efficiency across primary care. Majority of work takes place in general practice and pharmacy work closely with colleagues in nursing, care homes and specialist services as well as individual work at a practice level. South have a higher prescribing spend compared to Scotland and North Lanarkshire however when this data is weighted/adjusted, the South spend is aligned with Scotland, suggesting South population are being prescribed for appropriately.

The Prescribing Quality and Efficiency Strategy (PQES) is an annual programme to improve prescribing quality and cost-efficiency across primary care. Pharmacists and technicians are working in general practice continue to deliver medicine reviews and switches within Lanarkshire. Script switch is active to support prescribing cost efficiency treatment. South efficiencies to date is over £1.6 million.

In terms of risks and issues, there remains financial risk of overspend in 2023/24 primary care prescribing budget, despite the ongoing efficiencies generated and projects underway. Project work will continue to be a top priority in the future.

## **Learning & Workforce Development Group**

The reoccurring themes are workforce capacity issues within the nursing workforce and social work which is being mitigated but having an impact on performance. Concerns highlighted about sickness levels. Preparation for the Implementation of safe staffing legislation has been discussed in the group.

Recruitment and retention of workforce in all areas is challenging especially so when specialist professional knowledge and skills are required in health care and/or social work. There are particular pressure points within adult and children's social work services. There is also significant competition from private industry for many of the staff who would have traditionally opted to take up health care support worked or social care roles. Learning and development activity is aligning to workforce development plans to try and address this.

Oracle Fusion a new SLC workforce system has been implemented with team's transitions from March 2024.

Care at Home have set up a home carer SVQ 3 working group to establish a plan and over the home carer workforce to achieve SVQ level 3. Change to qualification requirement is a SLC decision arising from the Home carer job evaluation. Next cohort due to start in August will undertake SVQ 3. Further discussion required on general training delivery and trauma informed practice training to agree what level of staff will require the training.

In addition to the above matters the Committee considered a number of other **unscheduled matters** which included:

No Unscheduled matters considered during this time.

<b>Committee effectiveness checklist</b>		✓
The Committee produces an annual work plan.		✓
In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.		✓
The Committee discharges its role to provide assurance that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.		✓
The committee receives internal audit reports relevant to its remit and monitors progress against recommendations.		✓
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.		✓

## 6. Key achievements

**Guidance:** *please refer to any improvements to quality of care, new processes developed, programmes of training delivered, support provided to programmes of work, objectives achieved, action plans completed or progressed, learning from Adverse Events, SAERs, Complaints and feedback that have led to Quality Improvement.*

**Key achievements** for the South Support Care & Clinical Governance Committee (SSCCGC) during 2023/2024 include:

### AHP

Band 6 and 7 AHP staff working as part of PCIP in primary care being are piloting being able to issue fit notes.

Paulina Raniszewska who works in the long Covid team won the Scottish Health awards AHP of the year award.

## **OOH's**

There have been success developments of the MDT team in the last 12 months. At present the team are piloting the introduction of two Special Palliative Care Nurses on Saturdays and Sundays from 8am-4pm. This service has been in place for a couple of months and although early is proving useful. ANPs, NPs, Salaried GPs, Pharmacists, and paramedics now comprise the clinical workforce with support from a dedicated administrative team. In March 2024 a deputy clinical director was recruited to the service in addition to further GP's and ANP in Winter 2023 which is supporting the overall staffing.

From a previous SAER there were concerns that on the rare occasions where an emergency detention certificate was required to care for a patient, if a doctor is not on duty this level of care could not be offered. In December 2023 OOH's commenced an on call GP system to issue Emergency Detention Certificates in the absence of onsite GPs in the OOH. This has been used on two occasions

An SPSO response was received in relation to a patient who has passed away in 2020 and has various phone consultations and home visits. A communication was issued to all clinical staff and training provided on comprehensive clinical documentation. The training presentation is also embedded in the clinical handbook.

## **Pharmacy**

There are a number of quality work streams progressing including the new guideline launched in January 2024 on items which should not be prescribed in NHS Lanarkshire. The guidance lists a range of items including low therapeutic value with no or poor evidence. Based on 2022/2023 data, there was a spend of over £3million on items that were not essential. The guidance is applicable to all healthcare professionals who prescribe or make recommendations about prescribing.

Prescribing training is being offered to staff to ensure quality prescribing. A programme has been developed to deliver one-hour teaching as part of in house training. This commenced in September 2023 and has been delivered to over 100 people to date including GP trainees, nurses and other non-medical prescribers.

Polypharmacy reviews will be a main focus of work going forward. Comprehensive reviews of the patient and their medicines will be undertaken to get the best from their medicines. A short life working group has been established to develop a training programme to support and upskill the pharmacy team to deliver polypharmacy reviews and ensure governance across Lanarkshire.

## **SLC complaints**

A complaints page has been created and can be accessed on the South Lanarkshire Council intranet page where information is available on timescales, templates and decision notices. This is a useful tool for anyone to access.

### **Joint SW and Health Governance group**

A thematic analysis was commissioned for January 2023 – July 2023, led by C Paterson, Deputy Associate Nurse Director (Pressure Ulcers) and S Gary, Nurse Consultant for Specialist Palliative Care (Medicines) to provide assurance in terms of the current position. Updates to all action plans were provided via this group.

Following the thematic review, a SLWG led by S Gray focused on the increased trend of administration and prescribing errors related to Alfentanil. Learning from this group has been shared with North HSCP clinical governance group.

The HSCP were awarded the Bronze Digital Telecare Implementation Award for migrating over 50% of alarm units from analogue to digital technology.

Debra Allison won lifetime contribution award at the Scottish Social Services Awards

### **Committee effectiveness checklist**



The Committee links well with other Board committees and the Board itself, and opportunities are taken to share information, learning and good practice.



## **7. Risks and Issues**

**Guidance:** please refer to any risks that have been raised by the Committee in terms of staffing, adverse events, SAERs, Complaints, information governance, infection control, risk on non-completion against the workplan, etc. and describe how these risks were mitigated by the Committee.

**Risks and issues** reviewed and mitigated by the committee during FY 2023/2024 included:

### **South Risk Register**

Throughout the reporting period there has been a review of risk reporting within the HSCP. There is an annual risk workshop for Performance and audit subcommittee (PASC) members was held on the 22 August 2023. The workshop considered the current and forecast challenges for health and social care, nationally and locally, and was informed by horizon scanning undertaken by officers in advance. There was also discussion focused on the IJB's approach to risk tolerance and risk appetite, with a recognition that a dynamic approach to reviewing both by the IJB would be prudent given the external uncertainties and volatilities facing health and social care alongside the public sector more generally. Those insights and reflections have explicitly informed the updated IJB Risk Register.

The IJB is currently reporting six risks which are shown below:

- Financial sustainability – very high
- Workforce availability and capacity – very high
- Performance delivery – very high
- Failure to meet public protection and legislative requirements – high
- Performance Reporting does not capture performance across the whole health and social care system – medium
- Winter pressures – medium

There has been a quarterly reviewing of the IJB Risk Register by officers; the continued commitment to risk management being a routine item on both PASC and IJB agendas.

There are monthly meetings to review the risk registers of the IJB, NHS Lanarkshire and Social Work Resources to ensure all risks which may impact on the IJB are taken account of. There has also been regular reporting of the Social Work Resources and NHS Lanarkshire Risk Registers to relevant committees and meetings plus oversight provided by Internal Audit colleagues.

Within NHS Lanarkshire and SLC risk registers, risks noted as high or very high are shown below:

No	Risk	Partner
1	Ability of NHS Lanarkshire to deliver a balanced budget within periods 2023/24 and 2024/25	NHSL
2	Ability to maintain General Medical Services provisions	NHSL
3	Impact of Unpredictable Public Health Outbreaks on Current Services	NHSL
4	Nurse agency use – availability of staff and appropriate skill – mix	NHSL
5	Nursing Home Beds – increased costs and availability of workforce to deliver the model and the subsequent potential impacts of this on whole system patient flow	NHSL
6	Planned care – delays in delivering scheduled care and associated impacts	NHSL
7	Staff absence and wellbeing	NHSL
8	Sustaining a safe workforce	NHSL
9	Sustaining Primary Care Out of Hours Service	NHSL
10	Sustaining whole system patient flow	NHSL
11	Urgent and Unscheduled Care	NHSL
12	Funding and Budgetary Pressures (Reduction in funding/increased costs)	SLC
13	Workforce Availability and Capacity (Lack of capacity and skills to meet increased service demands)	SLC
14	Market and Provider Capacity (Procurement/Supply chain)	SLC
15	Meeting Public Protection and Legislative Duties (combined legislation/statutory duties Public Protection, Care Inspectorate/SDS)	SLC
16	The Council is unable to support households most impacted by the cost-of-living crisis resulting in increasing levels of poverty, debt and damage to health.	SLC
17	Winter Demand Pressures (Emergency Response)	SLC

18	The council is materially affected by the implications arising from the National Care Service Bill	SLC
19	The council does not fully deliver the strategic outcomes required of the IJB as outlined in their Strategic Commissioning Plan	SLC
20	Failure to fulfil emergency response commitment befitting the Council's status as a Category 1 (emergency) responder	SLC
21	Failure to comply with or meet the expected standards, scrutiny levels or improvement as identified by regulatory bodies	SLC
22	The provision of Council services is disrupted because of industrial action	SLC

<b>Committee effectiveness checklist</b>		✓
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions.		✓
The Committee identifies further risk for consideration and escalation from the papers presented and discussion.		✓

## 8. Future Committee Priorities

<p>Future priorities of the South Support Care &amp; Clinical Governance Committee for FY 2024/2025 are summarised as follows:</p>
<p>As noted above the committee has a rotation of chair and a review of TOR in May 2024. The priorities for the committee will remain the focus on primary care in line with Our Health Together. This includes building on work detailed in pharmacotherapy, urgent care, physiotherapy and occupational therapy and OOH's. Workforce and finance has been noted across healthy and social care as particular areas of concern which the committee will continue to review the impact of in terms of care and clinical governance. An ongoing priority remains the integrated approach to changes, innovation and challenges to consider the impact across the HSCP. Reporting and oversight of these areas are all contained within the forward plan for 2024/2025.</p>

## **9. Additional Information**

For further information about any aspect of this paper, including requests for additional supporting documents, please contact Lesley Thomson, Nurse Director, [Lesley.thomson4@lanarkshire.scot.nhs.uk](mailto:Lesley.thomson4@lanarkshire.scot.nhs.uk)



# Report

Report to:	<b>South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee</b>
Date of Meeting:	<b>27 August 2024</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Performance Monitoring Report</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ present an update on performance to the Committee which takes into account the recommendations within the 2022/2023 Annual Audit Report from the external auditors - Audit Scotland
- ◆ update on performance using currently available data against this revised suite of measures
- ◆ update on national targets on Delayed Discharges introduced by Scottish Government

## 2. Recommendation(s)

2.1. The Performance and Audit Sub Committee is asked to approve the following recommendation(s): -

- (1) that the revised performance report be noted;
- (2) that the revised trajectories for Delayed Discharges be noted; and
- (3) that the current performance trends and service pressures be noted.

## 3. Background

3.1. As part of good governance, accountability and visibility, performance reports are provided at all regular Sub-Committee and Integration Joint Board (IJB) meetings. This report has evolved since the inception of integration arrangements in 2016. Reporting initially focused on the Ministerial Steering Group (MSG) targets with regards to the unscheduled care pathway through A&E attendance, admissions, discharges and general balance of care between community and hospital/residential based care. These measures form part of the recognised national suite of integration measures and are reported annually through the IJB Annual Performance Report. These figures are also published quarterly by Scottish Government.

3.2. The current performance report reflects the various changes in reporting requests, including the recommendation from the 2022/2023 External Audit Annual Report, additional measures aligned to the Strategic Commissioning Plan (SCP) priorities and most recently performance relating to public protection measures.

3.3. This report has been further modified to reflect the revised Delayed Discharge targets introduced by Scottish Government over the last few weeks. The revised target is to have 34.6 delayed discharges per 100,000 >18 patients. In a South Lanarkshire context, this would equate to 91 delayed discharges at any one time. It should be noted that this does not account for associated bed days and accordingly, the performance report will continue to report bed days and the original target as this is recognised as equally/more important than total numbers given the impact on overall 'flow'. The First Minister and the President of CoSLA have agreed the importance of a focused and intensive approach to reduce the level of delayed discharges. The aim is to deliver a step change in the level of delayed discharges across local systems in order to bring down the global national level of delayed discharges to pre-pandemic levels. In setting out this joint mission, the Cabinet Secretary for Health and Social Care and the COSLA Health and Social Care Spokesperson have explicitly stated that delayed discharges is not a social care or a NHS problem, but rather requires a whole system response.

3.4. The IJB Internal Audit Plan for 2024/2025 will include an audit of performance reporting that will consider a number of areas which will assess the adequacy of reporting in relation to the following areas:-

- ◆ the adequacy of performance monitoring to the IJB to provide relevant, reliable and sufficient data and timeous information on challenges, risks and responses
- ◆ whether targets have been adjusted appropriately to reflect post-Covid realities and the Strategic Commissioning Plan 2022 to 2025
- ◆ whether performance reporting is used to update, and provide assurance on, the IJB Risk Register

Future IJB Performance and Risk reports will include further information on work being undertaken with regard to the above areas.

3.5. Whilst the SCP has 12 identified high level priorities, this report focuses on the sections below:-

- ◆ sustaining statutory social care and core health care functions
- ◆ improving unscheduled care and optimising intermediate care
- ◆ greater emphasis on early intervention, prevention and inequalities
- ◆ addressing mental health and addictions
- ◆ supporting carers.

#### **4. Current Performance Trends**

4.1. ***Sustaining statutory social care and core health care functions*** – under this section updates will be provided in relation to public protection.

A summary of performance is provided below, with more detailed analysis provided in Appendix 1:

##### **Adult support and Protection**

- ◆ In the last year, the service has seen a rise of almost 12% in 2023/2024 with 3,859 ASP inquiries in comparison to 3,449 in the previous year.
- ◆ During 2023/24, the number of investigations remained consistent with the previous year with just a slight decrease from 1,568 to 1,549. There has however been an increase in the number of investigations in Quarter 1 of this year, with 442 investigations undertaken in comparison to 378 in the previous quarter.

- ◆ During the first quarter of 2024/2025, 90% of inquiries were completed within the 5 working day timescale, against a national target of 75%, which is a consistent standard of response. This was slightly lower than the 92% achieved in quarter 4 but the same percentage as quarter one in 2023/2024.

### **Child Protection**

- ◆ As highlighted in Appendix 1, there has been an increase in the number of number of notification of child protection concerns (NOCPCs) in the last quarter.
- ◆ The number of Initial Referral Discussions (IRDs) has similarly been increasing in recent months.

- 4.2. **Unscheduled care** – under this priority the focus remains on the six MSG measures and supporting the work of Operation Flow and the delayed discharge improvement plan.

A summary of performance is as detailed below, with more detailed analysis provided within Appendix 2:-

- ◆ As highlighted in the management information in Appendix 2, A&E attendances and admissions are lower than target. Delayed discharge performance for the period April – May 2024/2025 is also below (better than) target and better than pre-pandemic levels.
- ◆ However, at 39.6/100,000, South Lanarkshire was above the new national target set for the rate of patients in delay at 34.6 per 100,000 of 18+ population.
- ◆ Further scrutiny of the ‘Discharge without Delay’ data shows that since the beginning of June, more than 75% of patients aged 65+ had a Planned Date of Discharge (PDD) set. Planned social care assessment referrals have been above 70% for the same time period.

- 4.3. **Greater Emphasis on Early intervention, Prevention and Inequalities** – under this priority, updates will be provided in relation to Home First and Children’s Nursing Services.

A summary is provided below with further information detailed in Appendix 3:-

### **Home First**

- ◆ The Home First teams based within each locality continue to adopt a reablement approach, working with Allied Health Professional (AHP) colleagues, to optimise independence of service users over a period of up to 6 weeks, enabling them to remain in their own homes, prevent hospital admission, or receive support immediately after discharge from hospital.
- ◆ During the fourth quarter of the year, those in receipt of Home First support required 44% less care at the end of their intervention, exceeding the existing 25% target. This target was reviewed and increased to 30% from the first quarter of 2024/2025. Care packages reduced by 27% in quarter one, when comparing hours required at start of intervention to end. This reduction in performance may be a reflection of the service responding to service users with more complex needs. A review of the eligibility criteria for the service is currently underway to ensure appropriate allocation of resources and the potential benefits for all service users can be maximised.

### **Children’s Nursing Services**

- ◆ The Universal Health Visiting Pathway undertakes contact with pregnant woman in the ante-natal period, through to the child commencing school at the age of 4 to 5 years old. A range of performance measures against each of the

identified contact points has been developed. National data collection points are also undertaken and these are demonstrated in Appendix 3. This allows benchmarking against peers and targeting any improvement areas.

- ◆ The “Early Years workers” pilot is concluding in September and a report and evaluation is being prepared for sharing on conclusion. This role has focused on the support of young children with identified developmental concerns, with targeted intervention to support improvement in noted concerns.
- ◆ The School Nursing dataset remains in development and performance data will be shared with the Integrated Joint Board as soon as this is available. The team continue to support children and young people requiring care and is currently testing drop in clinics within school environments in response to feedback from young people.
- ◆ Childhood Immunisations continue to pose challenges in relation to achieving the 95% performance target. Targeted Measles vaccination improvement work has been undertaken in the last quarter in response to National and 4 Nation observed Measles outbreaks.
- ◆ Family Nurse Partnership is a programme that can only be delivered under licence and has set fidelity measures against which programme delivery is monitored. The programme is designed for first time mothers, initially to those 19 years and under, although recently extended to include 20 and 21 year olds. This year, the service level agreement has been updated to include care experienced first time mothers up to the age of 25 years and the process for receiving notifications from midwifery to this effect is being progressed. Clients and their baby will receive home visits and support at designated intervals throughout pregnancy, infancy and toddlerhood.

4.4. **Mental Health and Addictions** – under this priority updates will be provided in relation to Adults with Incapacity (AWI) and progress with the Medication Assisted Treatment (MAT) Standards associated with substance use. Further detail is provided in Appendix 4:-

#### **Adults with Incapacity (AWI)**

- ◆ The target to complete visits within timescale has been reduced from 90% to 75% reflecting internal performance targets across other areas of social work services.
- ◆ Performance remained on target during quarter one with a total of 693 visits due, with 94% of local authority and 81% of private visits taking place within timescale.
- ◆ The Health and Social Work Governance Group agreed in April 2024 to remove the additional 6 monthly Supervising Officer visit from the frequency of visits for both Private and Local Authority Welfare Guardianship orders - bringing this in line with Scottish Government guidance. This is supportive of the increase in workload across the H&SCP localities, which includes critical support in areas of Adult Support and Protection and Self-Directed Support (SDS) activity.

#### **MAT Standards**

- ◆ Strong progress has been made on the ten MAT standards as detailed in Appendix 4.  
In summary MAT standards 1 to 5 are rated green (implemented fully and embedded with the local service). A further three are provisional green (standards 6, 8 & 10), one is amber (standard 9) and one is provisional amber (standard 7).

4.5. **Carers** – under this priority, updates are provided in relation to direct support to carers. Further detail is provided in Appendix 5:-

- ◆ In quarter 4, Lanarkshire Carers identified 368 new carers, supported 370 Adult Carer Support Plans and engaged with, and supported, 1,344 new and existing carers in South Lanarkshire. Self-referrals remain the largest proportion of new carer referrals received (52% of all new referrals) followed by NHS Primary Care and Social Work.
- ◆ The number of carers in South Lanarkshire known to Lanarkshire Carers at the end of March 2024, was 6,825, an increase of 22% from March 2023.
- ◆ The new Carers Strategy was presented to the IJB on 25 June 2024. The Strategy includes details of the advice and direct support delivered by Lanarkshire Carers and other commissioned services for Adult Carers.
- ◆ The Hospital Linked Carer Support Service is now co-located across the acute hospital sites in Lanarkshire with carer support workers as active members of various groups to ensure that carers views are represented. Further work is planned with NHS teams to focus on carer awareness within mental health wards.

## **5. Best Practice Examples**

- 5.1. In addition to the above performance information, staff and services within the HSCP continue to work extremely hard to deliver core services. This work is often recognised from an innovation and best practice perspective.
- 5.2. The Covid Rehab Team, a multi-disciplinary therapy service for people with Long Covid have been shortlisted for their development of a Long Covid Workbook in the 2024 Self-Management Awards. This workbook has been adopted and developed nationally with NHS Scotland.
- 5.3. The physiotherapy service launched a new approach to meet the demands of their Musculoskeletal (MSK) waiting list in April with two community appointment days. 380 patients were seen (normally 133 over the same time). Patients were asked 'What matters most to you today?', and were subsequently assessed by the physiotherapy team and given goal plans, many of which had multiple components. On the day, patients were also given access to a number of other health and partner agency staff and information. A patient experience survey rated the days with 5 stars, with comments highly commending the quality of the experience received. Given this success, further days have been arranged.

## **6. Employee Implications**

- 6.1. There are no staff implications associated with this report.

## **7. Financial Implications**

- 7.1. This report does not describe any new financial implications.

## **8. Climate Change, Sustainability and Environmental Implications**

- 8.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

## **9. Other Implications**

- 9.1. This report relates to all national outcomes. Effective performance monitoring will contribute to the achievement of the outcomes of the IJB Strategic Commissioning Plan 2022 to 2025.
- 9.2. There are no additional risks associated with this report at this stage. Effective

performance monitoring contributes to the mitigation of the following risks within the IJB Risk Register most notably higher risk themes relating to:-

- ◆ Financial sustainability (very high)
- ◆ Workforce availability and capacity (very high)
- ◆ Performance delivery (very high)
- ◆ Failure to meet public protection and legislative requirements (high)

9.3. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 to 2025, notably the following outcome: Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

9.4. There are no other issues associated with this report.

## **10. Equality Impact Assessment and Consultation Arrangements**

10.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

10.2. There was no requirement to undertake any consultation in terms of the information contained in this report.

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

8 August 2024

### **Previous References**

- ◆ None

### **List of Background Papers**

- ◆ None

### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Craig Cunningham  
Head of Commissioning and Performance  
Email: [craig.cunningham@lanarkshire.scot.nhs.uk](mailto:craig.cunningham@lanarkshire.scot.nhs.uk)

Appendix 1 – Adult & Child Support and Protection

Fig. 1.1 Adult Protection Inquiries - *unvalidated data and subject to change*

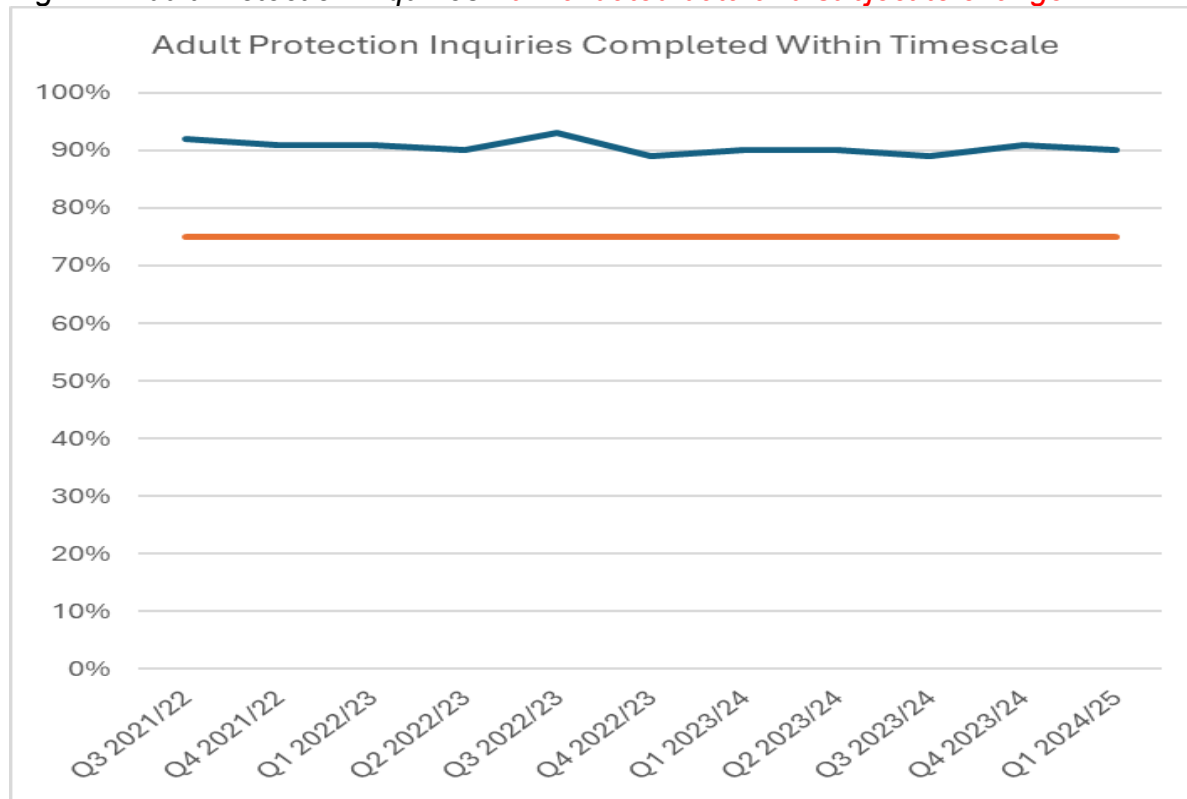


Fig. 1.2 Adult Protection Inquires - *unvalidated data and subject to change*

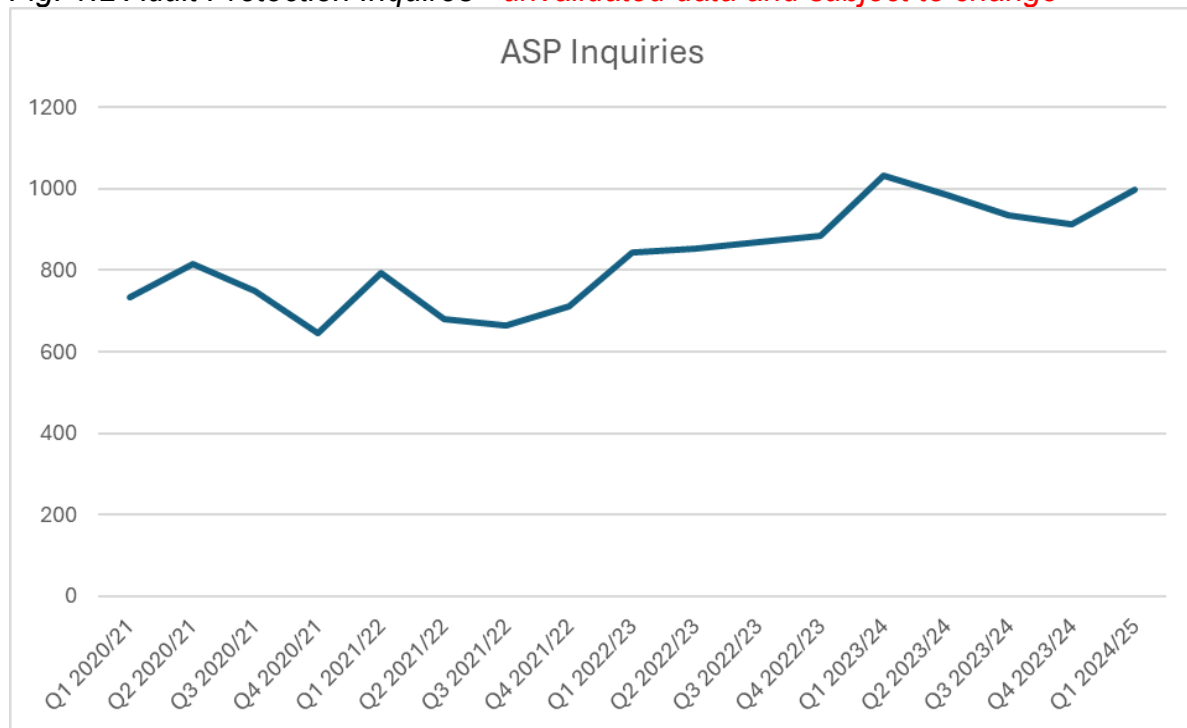


Fig. 1.3 Adult Protection Investigations - *unvalidated data and subject to change*

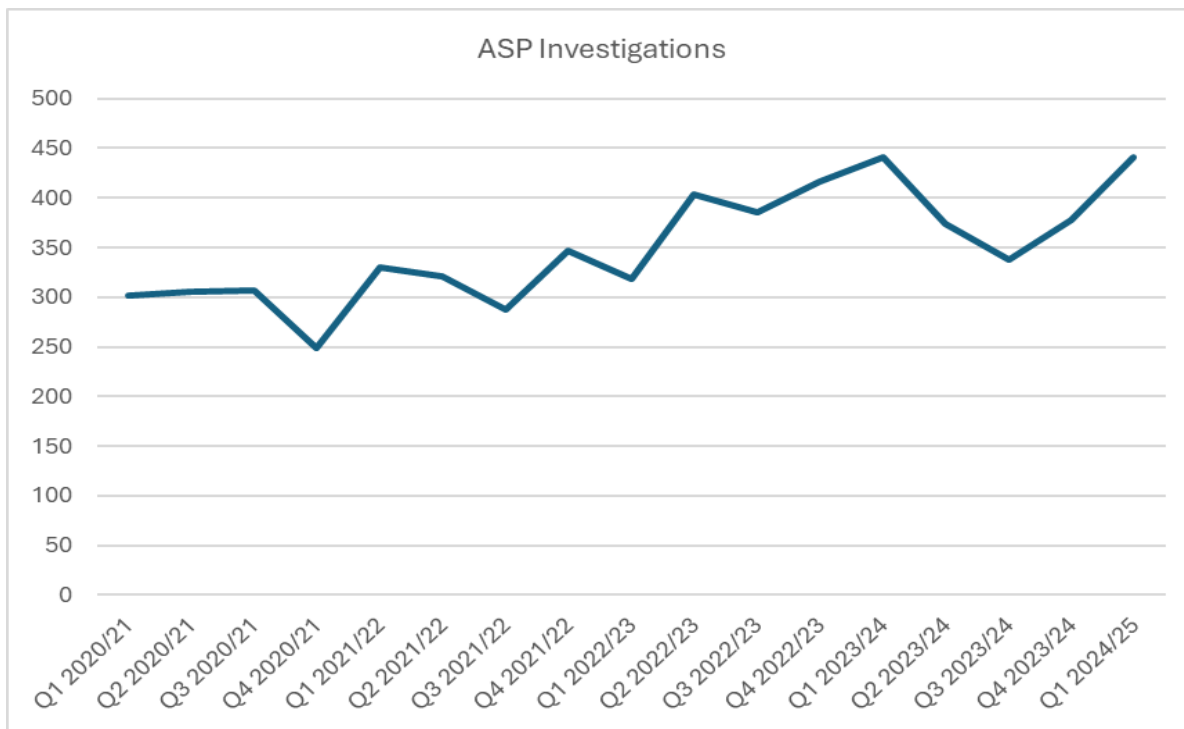
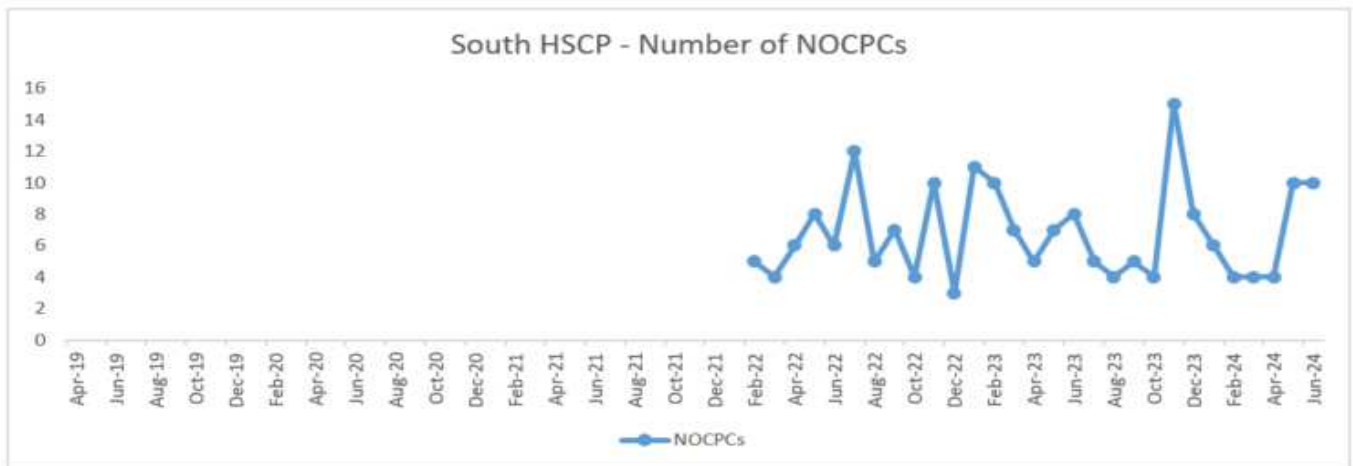


Fig. 1.4 Number of Notification of Child Protection concerns (NOCPs)



\* data prior to February 22 not available due to changes in reporting systems

Fig. 1.5 Total number of Initial Referral Discussions (IRDs)

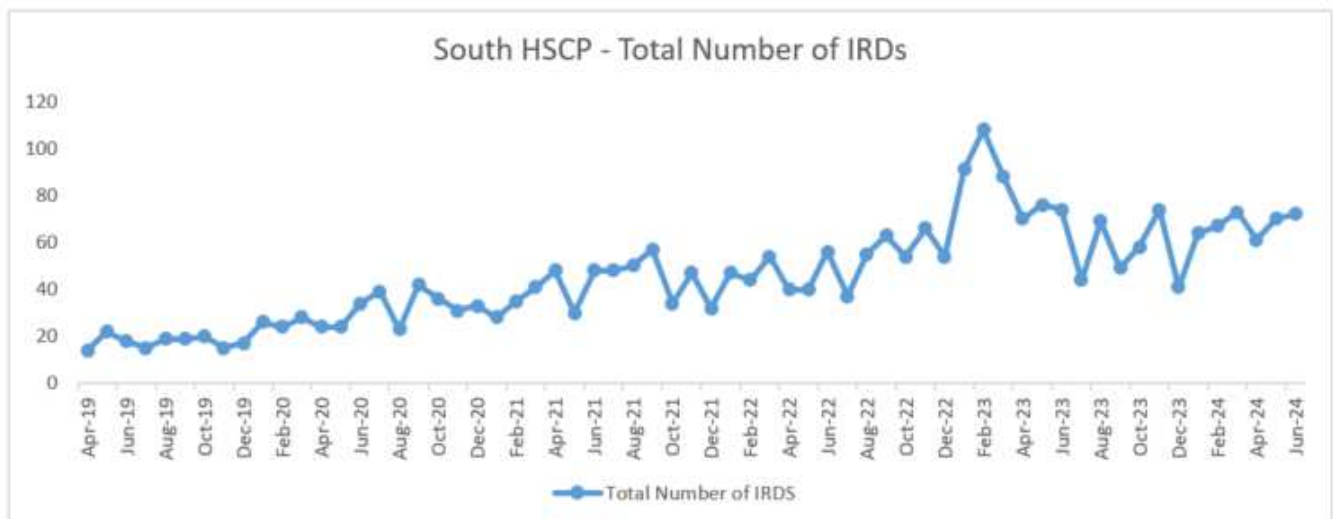
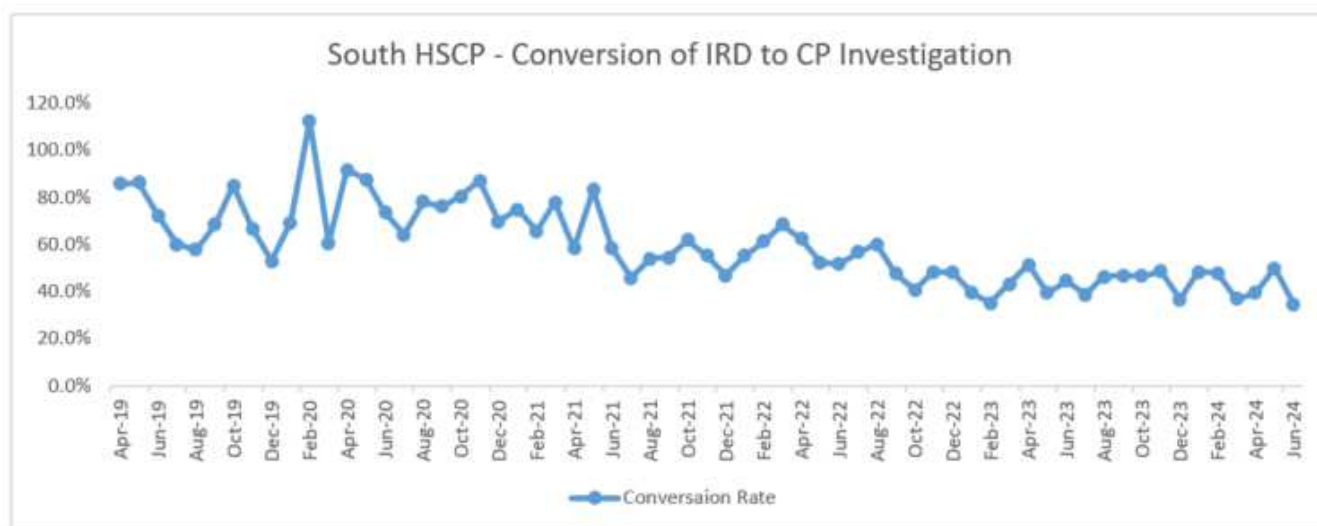


Fig. 1.6 Conversion of Initial Referral Discussion to Child Protection Investigation (CP)



### Key Issues

Services are currently working with unprecedented funding and budgetary pressures, national recruitment challenges, additional demand and increased complexity of service user needs. The IJB and Social Work Children and Families services have used the Sustainability and Options Appraisal Screening Tool to inform decisions about how services will be delivered that will address these challenges, protect statutory services and maintain the delivery of critical care. ASP inquiries had declined slightly during 2023/24 however, this has taken an upturn in quarter one with a 9% increase since quarter 4. Similarly, investigations have also risen since quarter 4, with an additional 16% progressed.

There is continued commitment to the recruitment and retention of the workforce through a range of service model improvements that will compete within a strong workforce market by supporting career pathways and succession planning for existing staff.

Figures 1.1, 1.2 and 1.3 show performance has remained positive for both ASP inquiries and investigations. During quarter one, 997 inquiries were completed, with 898 (90%) completed within timescale. 442 investigations were conducted and 350 (79%) were completed within timescale. Performance for both exceeded the 75% national target.

Figure 1.4 demonstrates the number of 'notification of child protection concerns' that have been submitted to locality Social Work departments, where there are concerns of significant risk of harm to children. There is no measure against this count data and no obvious reporting trend. There was a peak in Dec 23 in referrals where there was an increased incidence of concerns of significant harm, neglect or abuse that were identified by staff and referred

Figure 1.5 illustrates the number of Inter-Agency Referral Discussions that have taken place following submission of the notification of concern. As expected, the number here is higher than the Notification of Child Protection Concern, which relates to the multiple referral sources and multiple children within families, however does give an indication of the current child protection activity and where concerns are being analysed and risks identified to inform decision making. While no change in trend is indicated in this reporting period, an increase in Inter-Agency Referral Discussions may be reflective of increased vulnerability within communities.

Figure 1.6 illustrates the conversion of Inter-Agency Referral Discussion to Child Protection investigation. There can be a number of reasons why Inter-Agency Referral Discussion does not result in a child protection investigation

The National Guidance for Child Protection in Scotland 2021 – updated 2023, guides the single

agency and collective responsibilities to promote the rights, wellbeing and protection of children under the age of 18 years. Child protection processes should build on existing knowledge, strengths in planning and partnerships to reduce the risk of harm, uphold children's rights and to meet the child's needs.

## Appendix 2 - Unscheduled Care Performance

Fig. 2.1 Year on year comparison (April to February 23/24, Delayed discharges April to May 24/25) \*

	2022/23	2023/24	Increase/Decrease on 2022/23	% Change
A&E Attendances	94,788	97,081	2,293	2.42%
Emergency Admissions	33,467	34,137	670	2.00%
UC Bed days - Acute	238,332	228,137	-10,195	-4.28%
UC Bed days - Acute/GLS/MH	298,297	286,794	-11,503	-3.86%
	2023/24	2024/25	Increase/Decrease on 2023/24	% Change
Delayed Discharge Non-Code 9 bed days	5,633	4,983	-650	-11.54%

\*It should be noted that data is unvalidated and subject to change for A&E attendances, emergency admissions and unscheduled care (UC) bed days. Emergency admissions and UC bed days will increase as episodes of care are completed.

Fig. 2.2 Performance against targets

2023/24	Target	Performance	Variance	% variance
A&E Attendances	101,654	97,081	-4,573	-4.50%
Emergency Admissions	34,139	34,137	-2	-0.01%
UC Bed days - Acute	217,448	286,794	69,346	31.89%
UC Bed days - Acute/GLS/MH	288,265	204,005	-84,260	-29.23%
2024/25				
Delayed Discharge standard bed days	5,649	4,983	-666	-11.79%

Fig. 2.3 A&E Attendances - *unvalidated data and subject to change*

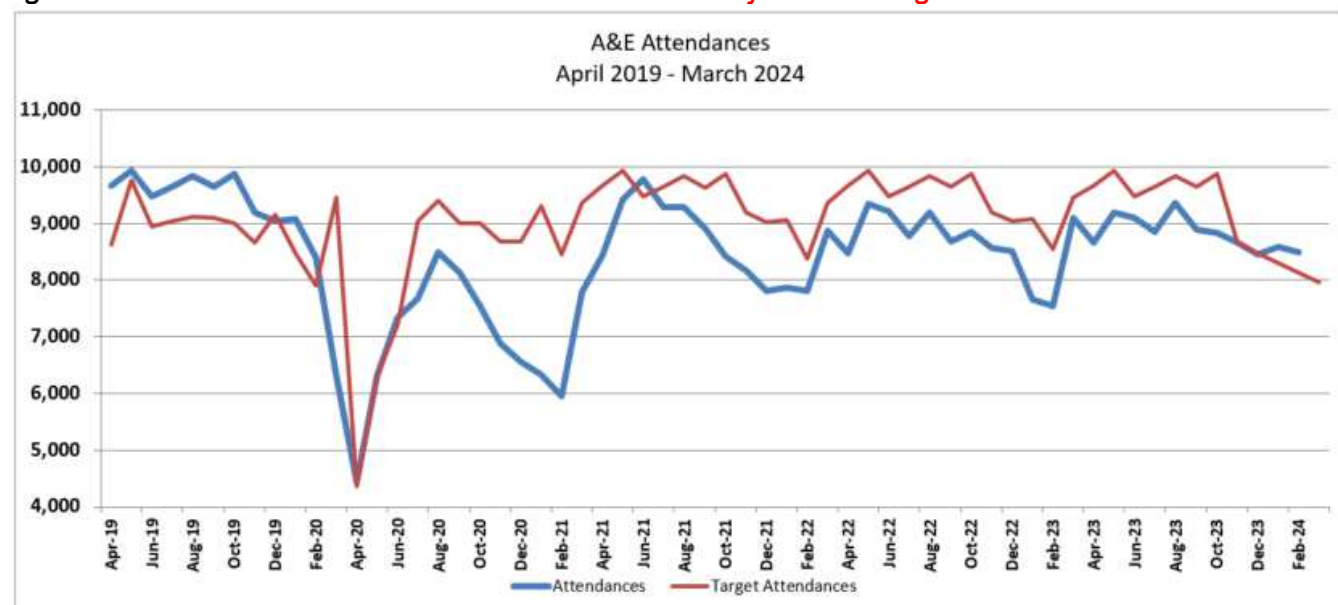


Fig. 2.4 Emergency Admissions - *unvalidated data and subject to change*

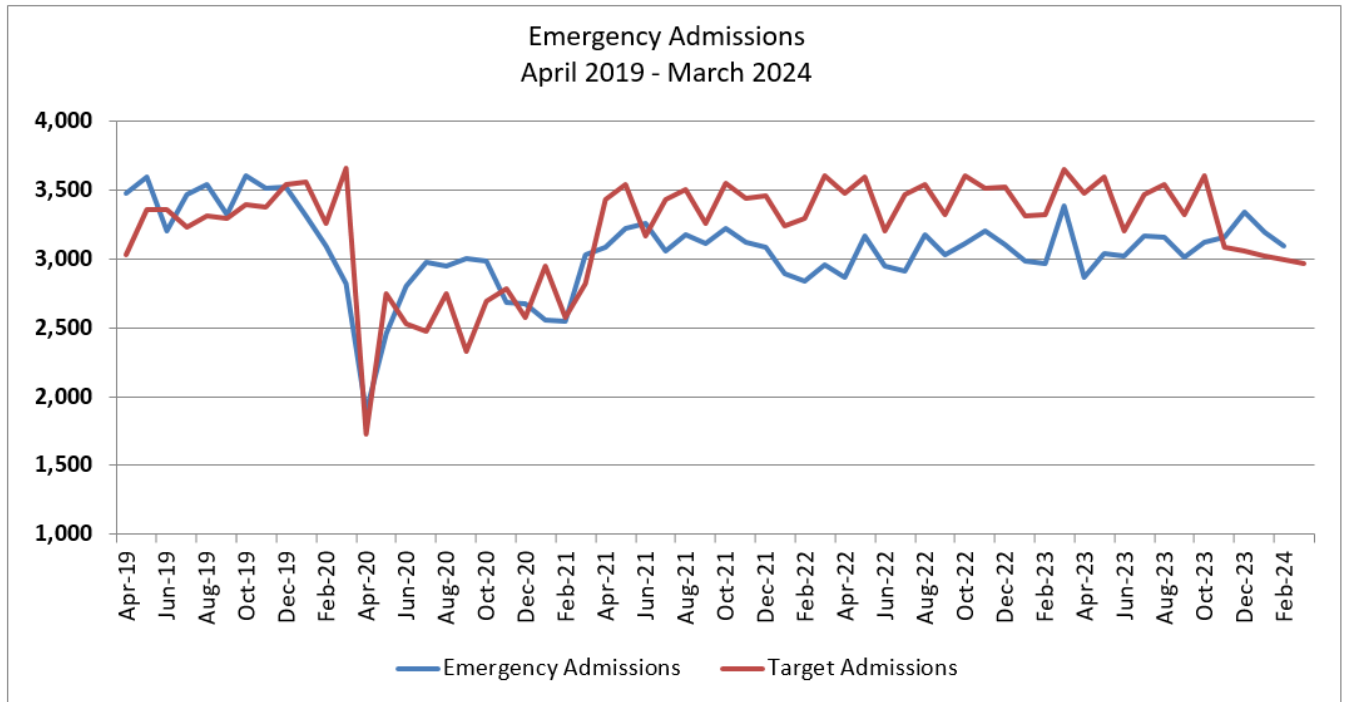


Fig. 2.5 UC bed days Acute - *unvalidated data and subject to change*

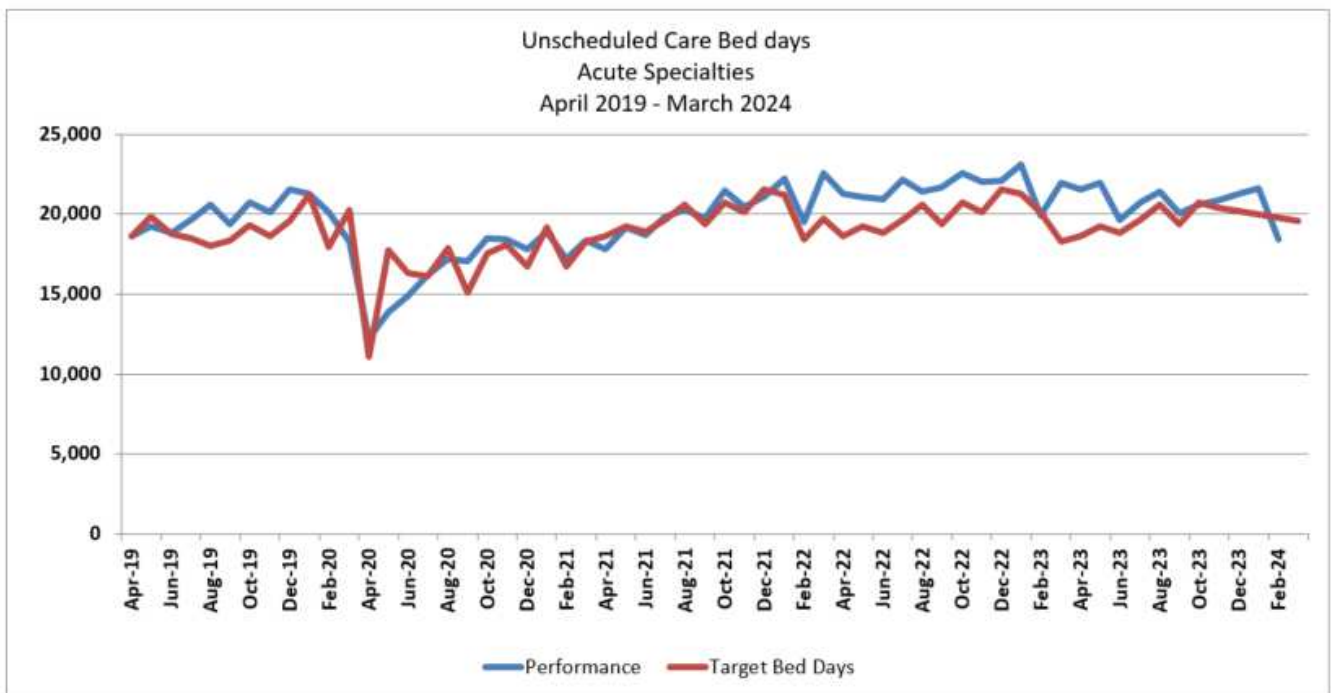


Fig. 2.6 UC bed days Acute, Geriatric Long Stay (GLS) & Mental Health (MH) - *unvalidated data*

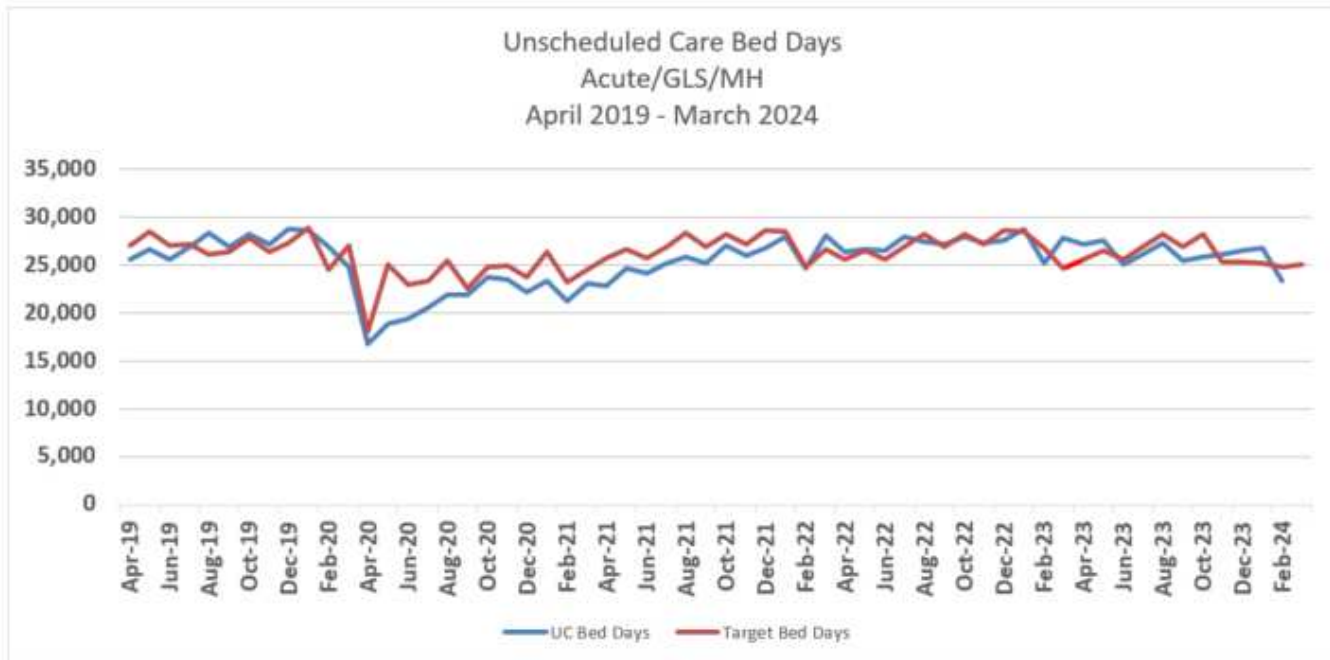


Fig. 2.7 Delayed discharge bed days- Standard Delays - *validated data*

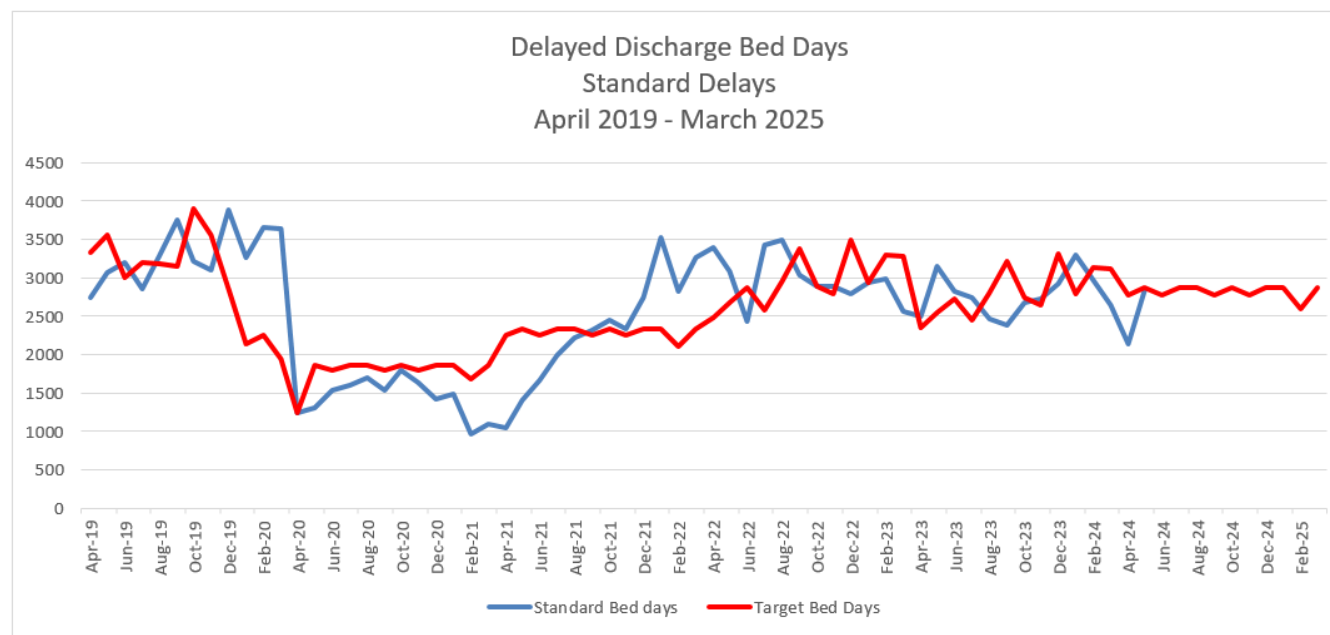


Fig. 2.8 National Benchmarking- Standard Delays, 18+ - *validated data*

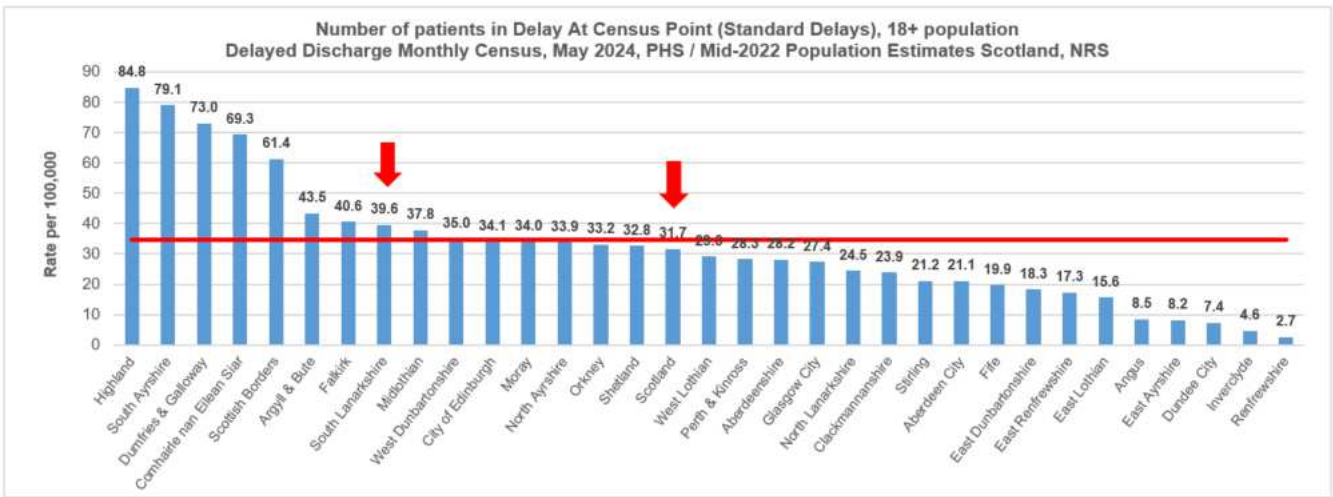


Fig. 2.9 National Benchmarking- Standard Delays, 75+ - *validated data*

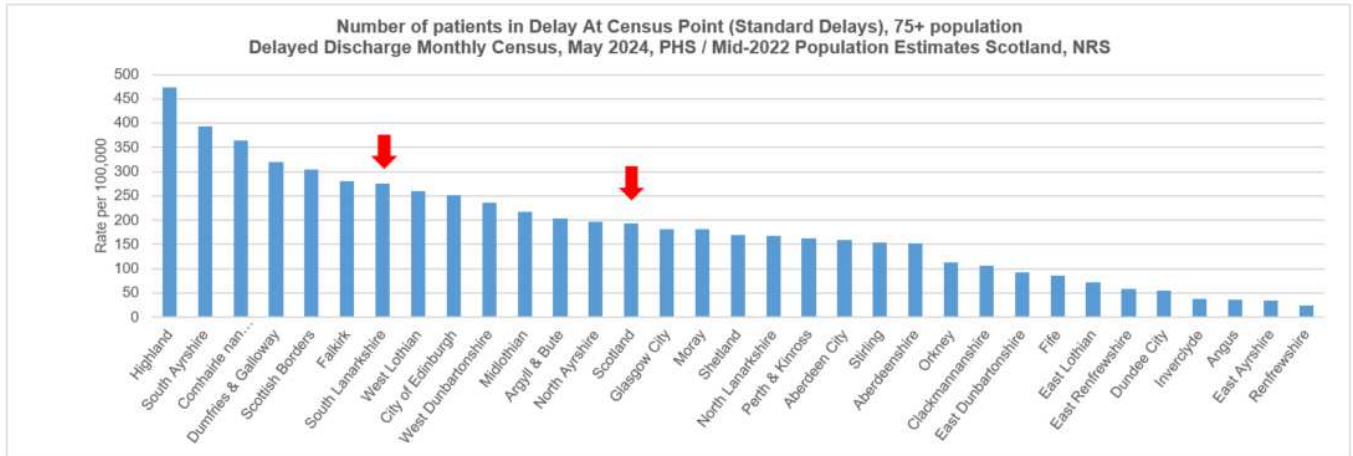
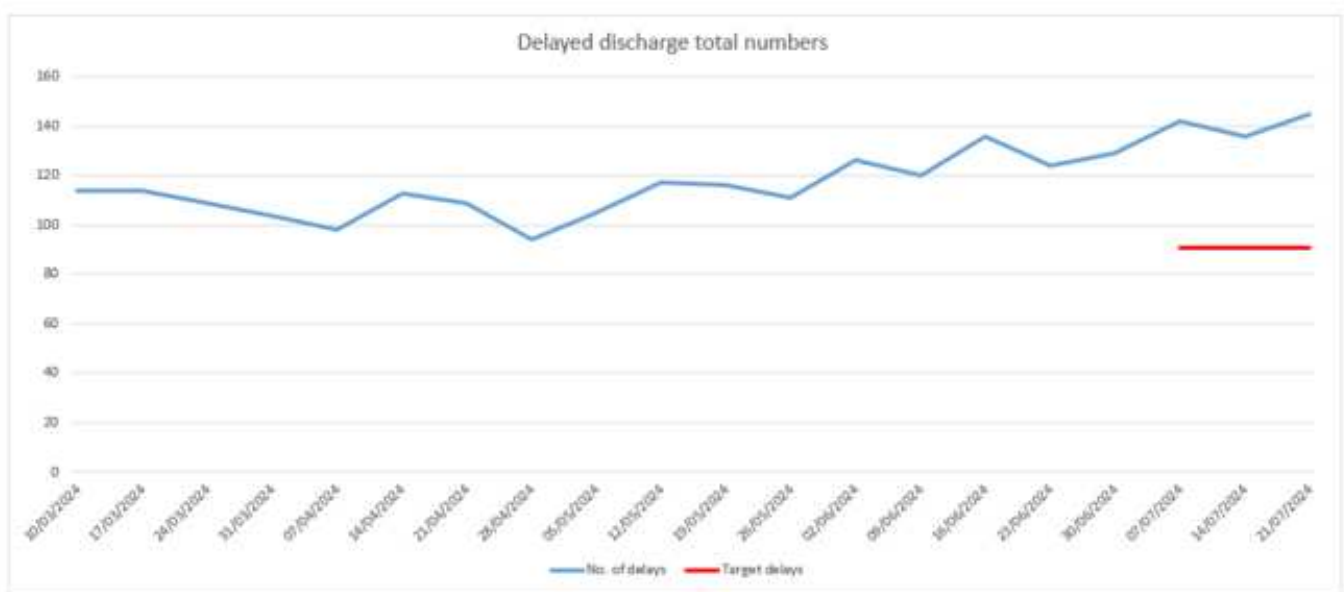


Fig. 2.10 Delay numbers - *unvalidated data and subject to*



NB Red line is new target of 91 delays as per Scot Gov 34.6/100,000 18+

Fig. 2.11 Inpatient discharges - *unvalidated data and subject to change*

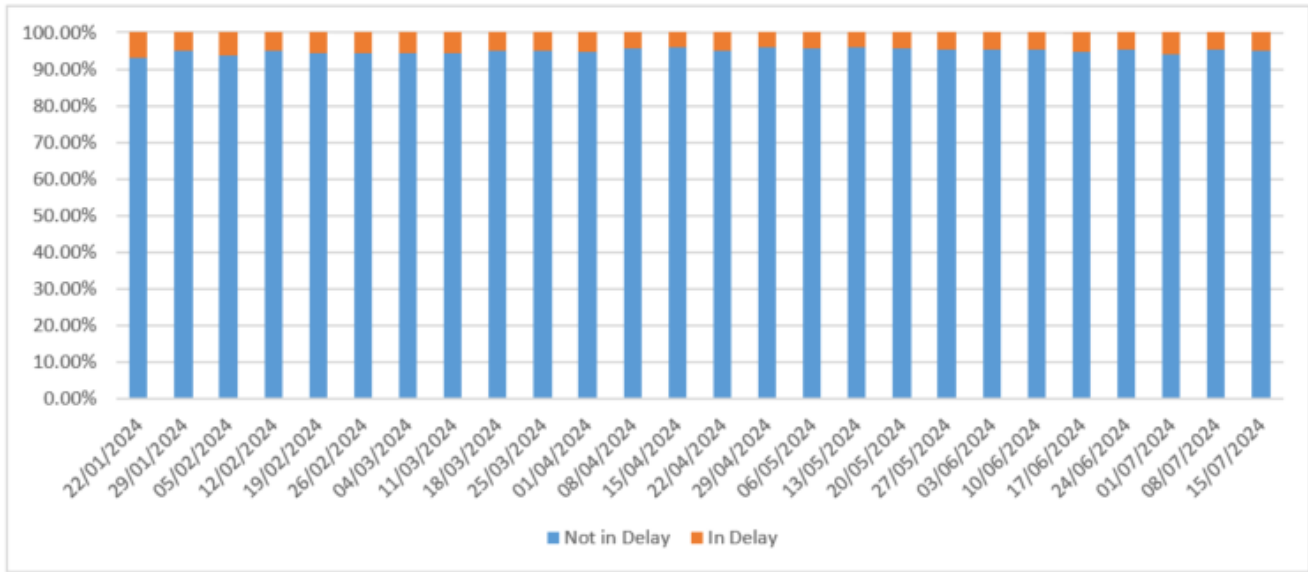


Fig. 2.12 Percentage of current inpatient, aged 65+, who have a PDD (planned date of discharge)- *unvalidated data and subject to change*

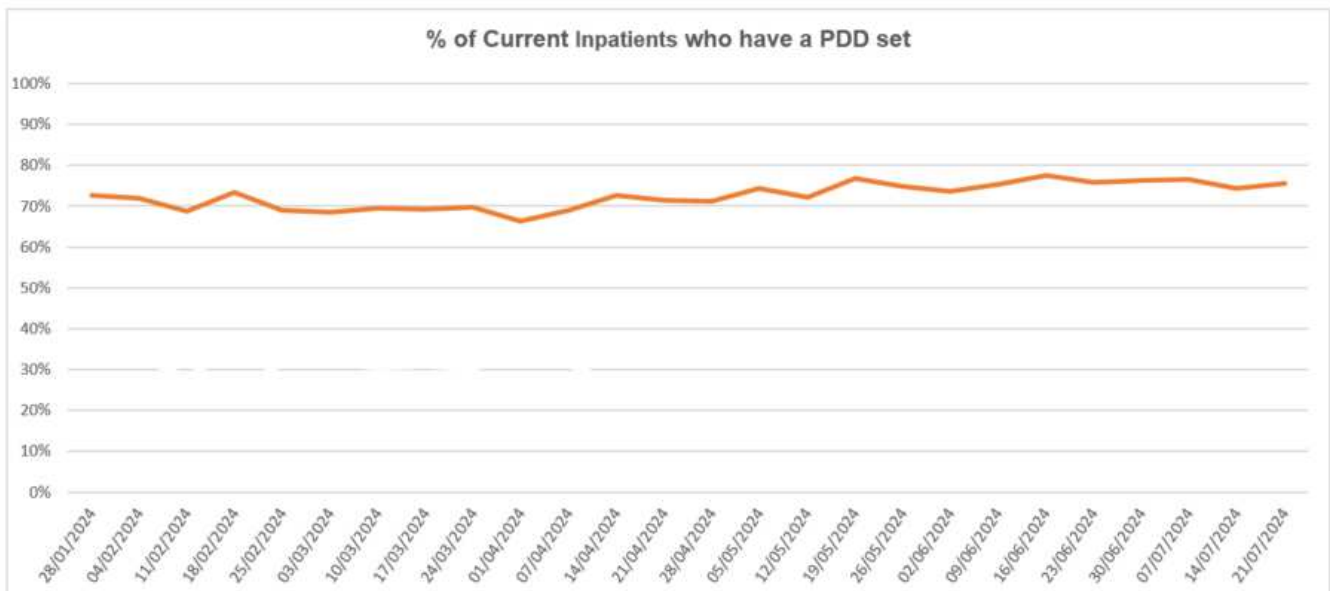


Fig. 2.13 Percentage of hospital social work (SW) which are unplanned - *unvalidated data and subject to change*

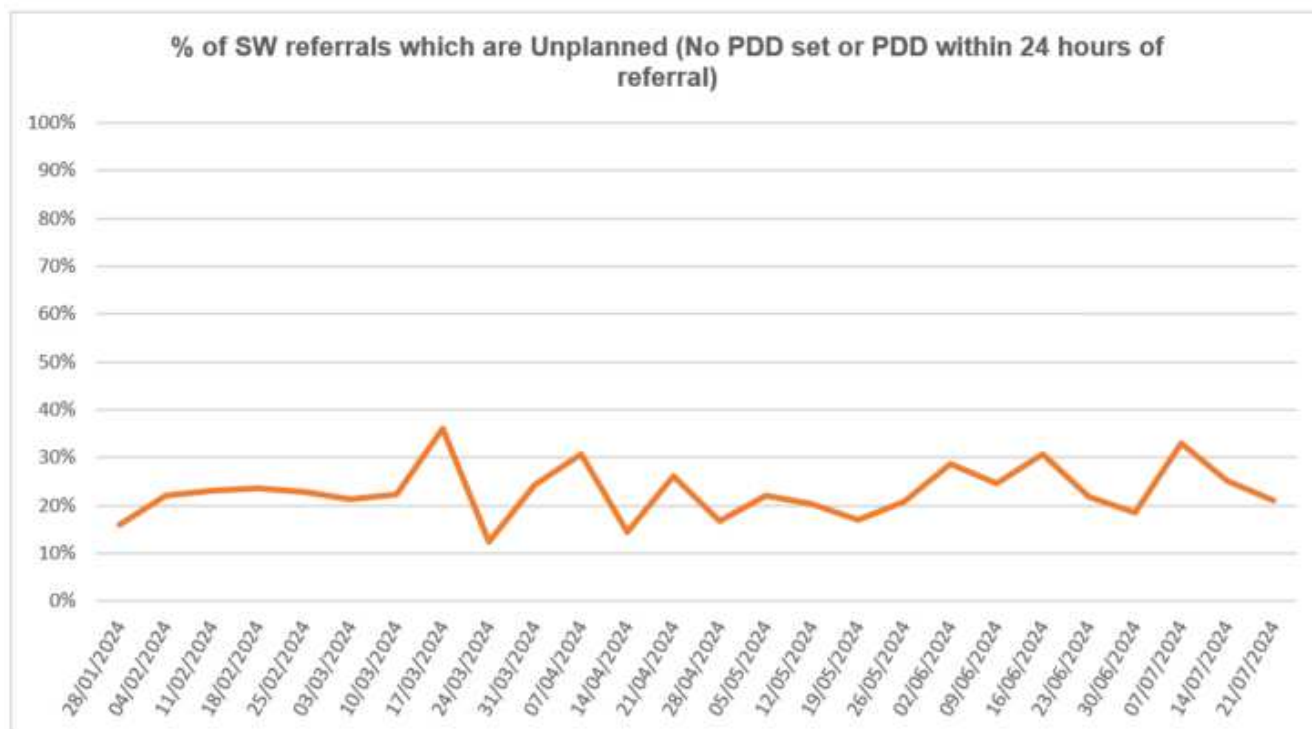


Fig. 2.14 Last six months of life by setting - *unvalidated data and subject to change*

	2019/20	2020/21	2021/22	2022/23P
Community	88.2%	90.8%	89.4%	88.8%
Community Target	87.1%	88.5%	88.5%	88.6%
Large Hospital	10.3%	8.1%	9.5%	10.0%
Large Hospital Target	10.0%	10.0%	9.3%	9.2%

Fig. 2.15 Balance of Care - *validated data*

	2019/2020	2020/21	2021/22	2022/23P
Home (unsupported)	83.6%	84.7%	84.9%	84.7%
Home (unsupport) Target	82.0%	83.0%	83.5%	83.6%
Home Supported	8.8%	8.7%	8.1%	8.2%
Home Support Target	9.0%	9.1%	9.1%	9.2%

Key Deliverable	End Date
Roll out of Foundation Flow Bundle across 3 acute sites, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Operation FLOW Task and Finish Group 4)	30 Sept 2024
Roll out of Foundation Flow Bundle across off-site beds and community hospitals, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Op Flow T&F 4 and 5)	30 Sept 2024
Home First recruitment, particularly in priority areas of East Kilbride and Hamilton	31 March 2024
Continued development of Home First Teams to support assessment at home and admission prevention	31 March 2024
Prioritisation of reablement services, to ensure sufficient capacity to support discharge and control demand into mainstream Care at Home services	30 Sept 2024

## Key Issues

Figure 2.1 shows an increase in both A&E attendances and emergency admissions against the same time period in the previous year.

Figure 2.2 shows, with the exception of acute bed days, all measures are below set targets. In conjunction with the operation flow work, new targets have been set across the metrics for ED attendances, emergency admissions, acute bed days and geriatric bed days. These targets are set against October 24 performance and by March 25 show a 10% reduction in ED attendances, 5% in emergency admissions, 5% in acute emergency bed days and 8% in geriatric emergency bed days. Mental health emergency bed days are set to match their 22/23 performance. The target for delayed discharges is to retain **standard bed days** at the 23/24 level where a reduction of 15% of the performance in 19/20 was achieved.

Figure 2.3 shows A&E attendance performance against target attendances. For the period April to February there were 4573 fewer attendances than anticipated.

Figure 2.4 shows emergency admissions and, for the same time period, there were 2 fewer admissions, though it should be noted this data is incomplete and numbers will increase.

Figure 2.5 shows UC bed days for Acute specialties, with figure 2.6 showing UC bed days for Acute, GLS and MH combined. UC beds for Acute specialties are above target and this variance will increase as data becomes more complete.

Figure 2.7 shows bed days for patients who are standard delays. South Lanarkshire is below target (good) for April to May 2025. However, the Partnership is above (39.6) the new national target rate (34.6) of numbers of patients delayed per 100,00 of 18+ population. It is also above Scottish average in terms of delay numbers at census date for those aged 75+ (figures 2.8 and 2.9).

Figure 2.10 shows weekly local and unvalidated data against the new target which came into effect in July. The number of delays has been increasing.

Figure 2.11 shows patient discharges without delay have been above 94% since the beginning of June, i.e. less than 6% of all patients are delayed. The percentage of patients, aged 65+, who had a PDD in place has remained consistently above 75% since the beginning of June.

Figure 2.13 shows that unplanned referrals increased to above 30% at the start of July. Work is still required at the interface to ensure referrals for supported discharge are picked up as early as possible in the patient's journey,

As part of the improvement work the Home First and Blantyre Life team's will continue to focus on reducing the average package required at the end of rehabilitation. The Home First criteria is currently being explored to ensure resources and service user potential for rehabilitation are maximised.

As illustrated in figure 2.14, provisional data for 22/23 shows, South Lanarkshire has seen a slight decrease in the proportion of residents who spend the last six months of life in the community, however, at 88.8%, it remains above the target of 88.6%. The percentage of people who spend the last six months of life in a large hospital has increased in this latest year to 10%, above the target of 9.2%.

Figure 2.14 shows the percentage of people over 75 who are not thought to be in any other setting, or receiving any Home Care and has remained constant since 2019/20 despite the

increase in the 75+ age group and associated care requirements.

Work continues in conjunction with acute colleagues to implement the flow foundation bundle. Despite agreeing lower numbers, there has continued to be an overall increase in the number of social work referrals and work is ongoing with our acute colleagues to ensure appropriateness of referral. This work includes the development of a community beat.

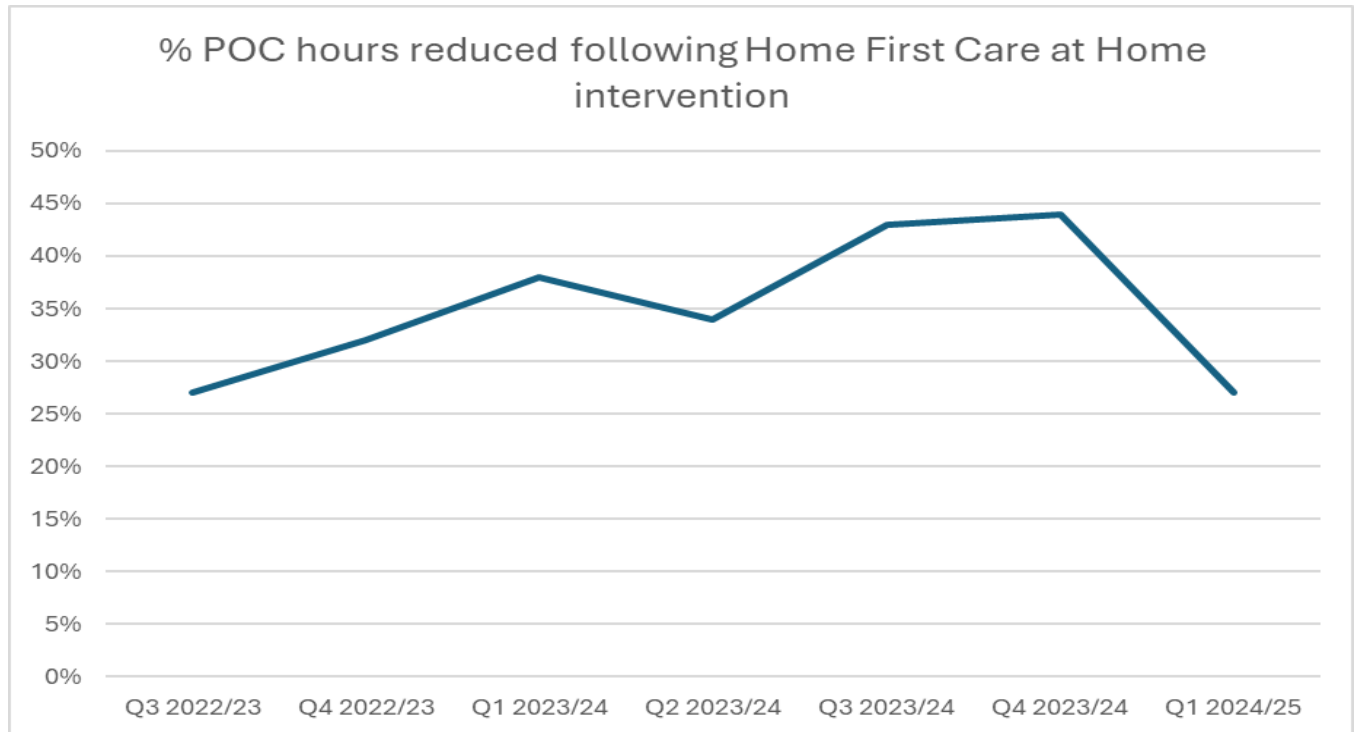
The community beat indicates the number of social work referrals community teams can process, given their available resources, for inpatients to maintain or reduce the number of patients who are in delay. The beat is dynamic and responds to changes in resource availability and improvements in data quality.

Care at Home capacity is challenging, with vacancies remaining across each locality in both mainstream service and Home First. The number of vacancies within mainstream has increased from 30 (WTE) in quarter four to 39.7 (WTE) in quarter one. A recent recruitment campaign has resulted in an improved staffing position in Home First with vacancies reducing from 19.8 (WTE) in quarter four, to 12.7 (WTE) by quarter one.

A concerted new recruitment campaign was launched at the start of August with a view to filling all vacancies.

**Appendix 3 – Early Intervention, Prevention and Inequalities (Home First, Children’s Nursing Services)**

*Fig. 3.1 Home First – package of care hour reductions - unvalidated data and subject to change*



*Fig. 3.2 Universal Health Pathway – Review Recorded - validated data*

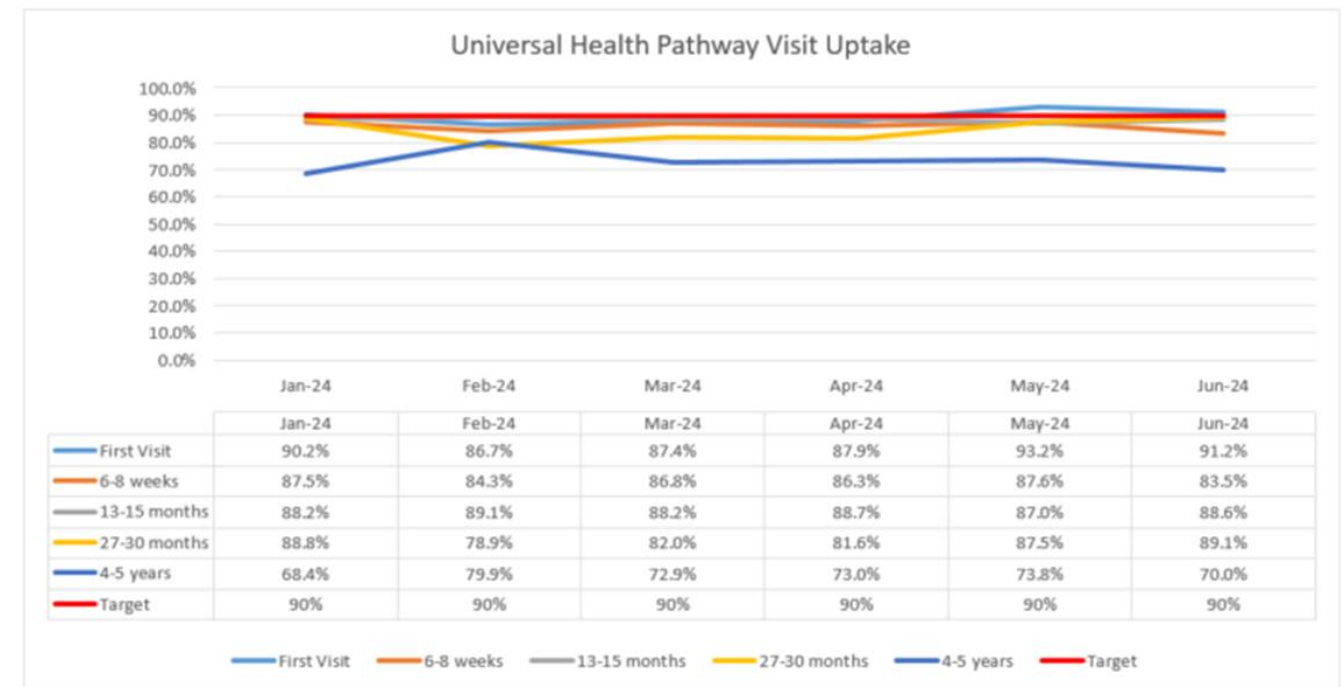


Fig. 3.3 Pre-school immunisations – *unvalidated data and subject to change*

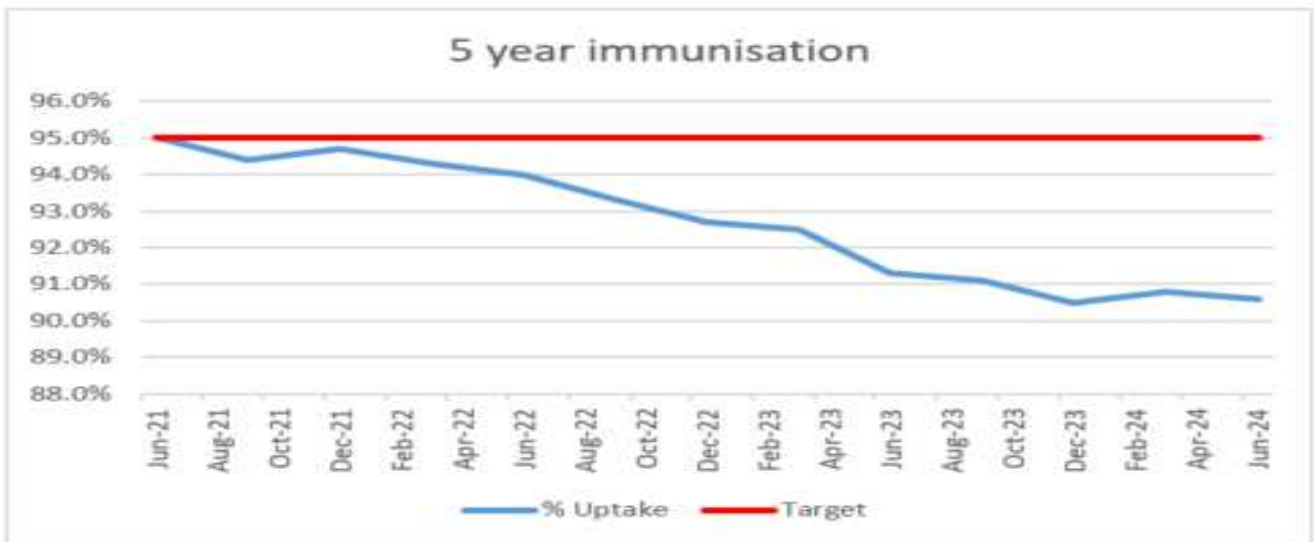


Fig. 3.4 Family Nurse Partnership – *unvalidated data and subject to change*

Quality and Fidelity measures	%
Uptake (fidelity target $\geq 85\%$ )	<b>84%</b>
Clients recruited before 16+6 weeks gestation (fidelity target $\geq 70\%$ )	<b>53%</b>
Cumulative site attrition <b>minus</b> transfers out to other Scottish sites (fidelity target $\leq 20\%$ )	<b>12%</b>
Pregnancy phase attrition <b>minus</b> transfers out to other Scottish Sites (fidelity target $\leq 5\%$ )	<b>3%</b>
Infancy phase attrition <b>minus</b> transfers out to other Scottish Sites (fidelity target $\leq 10\%$ )	<b>6%</b>
Toddler phase attrition <b>minus</b> transfers out to other Scottish Sites (fidelity target $\leq 5\%$ )	<b>3%</b>

## Key Issues

Home First supports the strategic vision to maximise the independence of service users leaving hospital or living in the community and improve individual outcomes, thereby reducing reliance on statutory services. The Home First teams are integrated multi-disciplinary teams comprising of occupational therapists, physiotherapists, and care at home staff to maximise independence through rehabilitation and reablement interventions. Whilst Home First has consistently achieved an average reduction in care greater than the 30%, this fell slightly in quarter one, with care packages reducing by just 27%. Whilst this is a decrease in performance from 42% in quarter four, the number of completed episodes increased by 20% from 176 episodes in quarter four to 212 in quarter one.

Figure 3.2 demonstrates local performance data within the Universal Health Visiting Pathway against locally determined performance measures. Performance is benchmarked against National data. Coverage of the 27-30 months review is on an upward trajectory and 13-15 month contact coverage is consistent, with both 1-1.5% under our designated 90% target. Positive performance against both of these targets will support the identification of any development concerns in children and contribute to the stretch aim set by Scottish Government of reducing developmental concerns identified at 27-30 months. The 4-5year review continues to illustrate a decline and this is a trend that is being observed Nationally. Discussions have taken place with the National Children and Maternal leadership team regarding this and the local work that is undertaken to try and increase uptake with this review. It is noted that there is a 4% reduction in performance against the 6-8 week review last month, this can be related to the age and stage of when the review is carried out, prematurity, or babies remaining in hospital, however this will be kept under review.

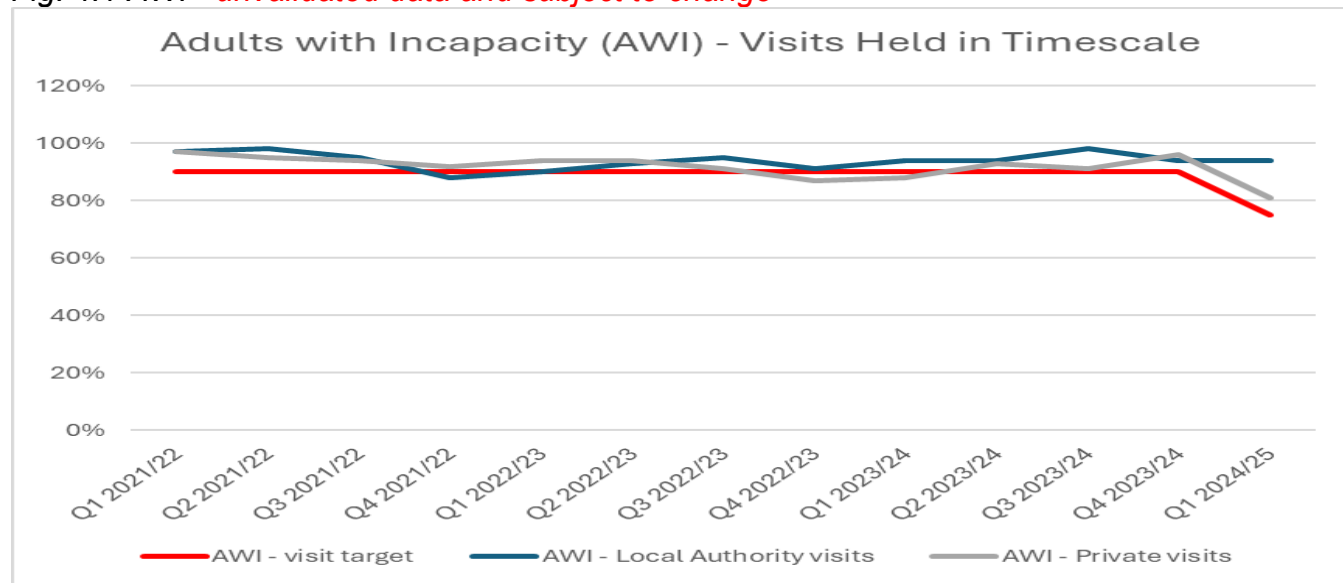
Figure 3.3 demonstrates pre 5 immunisation are currently sitting just above 90% and appears to be hovering consistently at this reduced performance point, with reduced vaccination uptake in this cohort - a Nationally observed trend. In conjunction with Public Health colleagues, there was a focus last quarter in improving uptake of Measles vaccination for children under 5 with no or incomplete vaccination history. Direct engagement with the identified children and families was undertaken to offer vaccination, with some uptake of the offer, however the declined vaccinations mirrors the concern and challenge associated with reported vaccine apathy.

Figure 3.4 was submitted to the national leadership team to demonstrate performance with stretch goals and programme / licence fidelity. Uptake of the programme is demonstrated by the conversion of notifications (referrals) to clients enrolling on the programme. Uptake has been sitting at 84% for the last quarter, 1% under the target, with nurses visiting clients in the pregnancy period to explain the programme and encourage enrolment. The additional performance measure is recruitment of clients, confirmed enrolments before the 16th week and 6th day of pregnancy. This can be a more challenging target to meet and is a target that most Boards across Scotland have difficulty achieving. There are many variables to this, including how quickly a pregnancy is referred to the service, the clients often attending school / college / work therefore availability for home visit can vary. In addition, some of the clients experience an unexpected and late pregnancy presentation which will affect the target enrolment timeframe. Improvement work has been underway locally with an aim to incrementally increase to the 16+6 week's fidelity compliance.

There are targets allocated to when clients opt to leave the Family Nurse Partnership programme prior to completion. The H&SCP is currently meeting all of these target areas and remain vigilant to this and reasons for wishing to exit the programme. Clients and children exiting the programme are transferred to Health Visiting services.

**Appendix 4 – Mental Health and Addictions – Adult Support and Protection, Adults with Incapacity and MAT Standards**

**Fig. 4.1 AWI - *unvalidated data and subject to change***



**Fig. 4.2 MAT Standards - *unvalidated data and subject to change***

MAT STANDARD	RAG RATING	UPDATE JULY 2024
<p>1</p> <p>All people accessing services have the option to start MAT from the same day of presentation.</p>	GREEN	<p>MAT yearly submission to the MIST team</p> <ul style="list-style-type: none"> <li>· Total % of patient engagement with the service within 24 hours – 81%</li> <li>· Total % of patients prescribed within 24 hours – 38%</li> <li>· Total % of patients prescribed within 7 days – 75%</li> </ul> <p>The above statistic were taken over a 3 month period in line with the MAT submission guidelines.</p> <p>Due to some of the prescribed medication patients are offered there often needs to be a period of withdrawal from illicit drugs before the patient can safely commence the prescribed medication.</p> <p>The service did not receive a high volume of opioid referrals during the reporting period. The Community Addiction Recovery Service (CAREs) management and MAT group are reviewing the current Urgent Response Team (URT) model, MAT funding for the URT ends in March 2025 therefore a key focus for the remainder of the year is to imbed the URT post within the CAREs service. Monthly CAREs reporting in place locality to support 2025 MAT submission.</p>

<p>2</p> <p>All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.</p>	<p>GREEN</p>	<p>CAReS Triage service continues to support all new referrals, passing to the appropriate patient pathway. CAReS locality teams moving to a duty model which will allow patients to have direct contact with a professional on the same day of referral should they require it. CAReS monthly reporting in place to record the number of referrals and time for first assessment.</p> <p>CAReS management team have commenced a CAReS redesign, led by the MAT Implementation Lead and Experiential lead. The project will speak with service users, service provider and families including external partners to get their thoughts on ideas of what currently works well and areas for improvement. This piece of work will incorporate the CAReS patient leaflet to launch later in 2024.</p>
<p>3</p> <p>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</p>	<p>GREEN</p>	<p>Near Fatal Overdose (NFO) – SOP for internal and external patient group.</p> <p>Patient contacted with 24 hours of NFO;</p> <ul style="list-style-type: none"> <li>· 72% - CAReS</li> <li>· 47% - External patients not known to CAReS supported by external partners</li> </ul> <p>The above statistics were taken over a 3 month period in line with the MAT submission guidelines</p> <p>CAReS monthly reporting fully in place to support the MAT 2025 submission.</p>
<p>4</p> <p>All people are offered evidence-based harm reduction at the point of MAT delivery</p>	<p>GREEN</p>	<p>Harm reduction information for the MAT 2024 submission was provided based on the current CAReS caseload at a point in time, all patients are offered Harm reduction at the same clinical setting as they present which ensures patients do not need to come back to the clinic at a later date for treatment.</p> <p>Over 50 CAReS staff and external partner staff groups have been trained in wound care, harm reduction and BBV testing. The teams will continue training requirements as part of their continued learning and development</p> <p>CAReS staff offer harm reduction at every patient appointment, this data is be collated on a monthly basis to support the MAT 2025 submission</p> <p>ADP (Alcohol Drug Partnership) strategy group continuing to review the training of Social Work colleagues on overdose intervention and delivery of Naloxone.</p>
<p>5</p>	<p>GREEN</p>	<p>Multiple complex needs pathway been agreed and the use of CPA (Care Programme Approach)</p>

<p>All people will receive support to remain in treatment for as long as requested.</p>		<p>model pathway being used across CAREs.</p> <p>Experiential data gathered, possible introduction of more Peer Support workers within each locality could offer further support to remain in treatment longer and not fall out of treatment. The experiential program will continue over 2024/2025 to gather evidence from service users and family groups on their experience of treatment. CAREs redesign will take into consideration the need for Peer Support workers and how to imbed this within the CAREs service model.</p>
<p>6 &amp; 10</p> <p>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks</p>	<p>PROVISIONAL GREEN</p>	<p>Training plan developed from MAT 6&amp; 10, NHSL psychology team supporting the training requirements for MAT standards. CAREs Team Leaders and senior nurse reviewing staff who meet with criteria for this training, role specific.</p> <p>Psychology team leading on;</p> <ul style="list-style-type: none"> <li>· Tier 2 low intensity psychological interventions.</li> <li>· Tier 3 for specific CAREs staff members developed.</li> <li>· Trauma walkthrough - 75% of CAREs staff trained</li> <li>· Introduction to formulation skills - 30% of staff trained</li> </ul>
<p>7</p> <p>All people have the option of MAT shared with Primary Care.</p>	<p>PROVISIONAL AMBER</p>	<p>Following review of the current opportunities for shared care within primary care, this measure has been moved from 'Red' and upgraded as 'Provisional Amber' following review by the national team.</p> <p>This standard is being led on by the medical director for SL and we have submitted information to the SG around the update to Vision for our community prescribing service along with plans for a test of change with community pharmacy colleagues delivering Buprenorphine injections to support MAT 7.</p> <p>This would also ensure that Emergency Care Summaries include all prescribed medicines as well as supporting chronic disease management by the practice team as well as a range of wider advantages.</p>
<p>8</p> <p>All people have access to independent advocacy and support for housing,</p>	<p>PROVISIONAL GREEN</p>	<p>MAT 2024 submission fully compliant within service. The local team are offering advocacy to the patient group and working with our Advocacy partners. Monthly CAREs reporting in place to support the 2025 MAT submission for MAT 8.</p> <p>The above statistic were taken over a 3 month</p>

welfare and income needs.		period in line with the MAT submission guidelines
9 All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	AMBER	<p>This standard is being led on by the clinical director for addictions on a pan Lanarkshire basis however, in South Lanarkshire we have developed an addictions and mental health network of statutory and non-statutory services looking at pathways for people experiencing both mental health and addiction issues</p> <p>The working group are focusing on the CAReS and CMHT pathway for patients, time lines for referrals received to the initial assessment. Both teams and supporting the joint working model and will jointly review patients where required. Data is being collated to identify individuals with co morbid mental health and addiction issues and will be the target group for a test of change in joint working.</p>

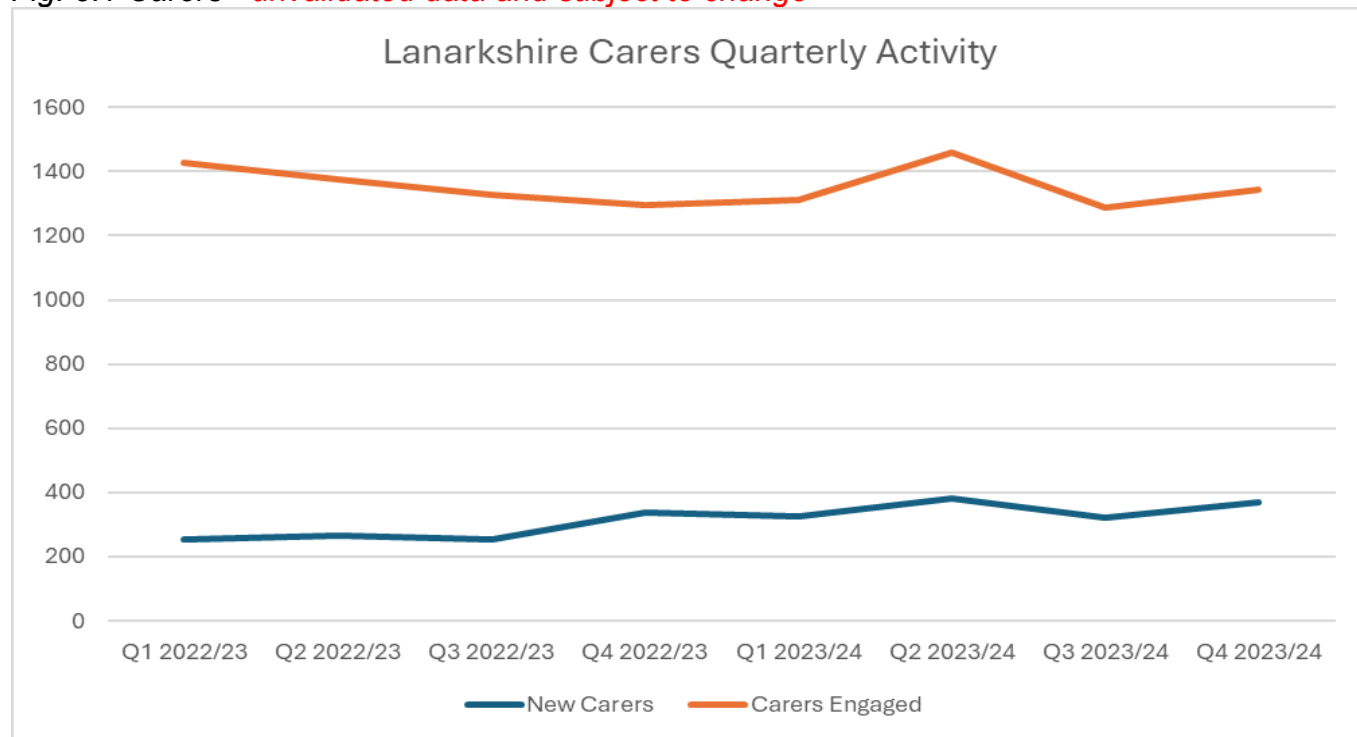
### Key Issues

Adults with Incapacity (AWI) visits have increased by 11%, from 2,289 to 2,549 in 2023/24.

Services have continued to allocate limited resources to complete statutory AWI visits within timescale (see figure 4.1). The target of 90% has been achieved in quarter 3 for both local authority and external visits, however, discussions are underway to determine if this target remains achievable in 2024/25 due to ongoing recruitment pressures across Social Work services. The most recent data reflects 94% and 96% of local authority and external visits respectively were completed within timescale.

## Appendix 5 – Carers Support

Fig. 5.1 Carers - *unvalidated data and subject to change*



### Key Issues

The carers' commissioned services from Lanarkshire Carers (Adult Carers) and Action for Children (Young Carers) continue to support increased numbers of carers/young carers in the community.

In 2022-23, 1,113 new carers were identified and supported by Lanarkshire Carers, this increased by 26% in 2023-24 with 1,398 new carers identified. Lanarkshire Carers also supported 1,161 adult carers with access to Carers Self-Directed Support packages during 2023-24, with a 37% increase reported from 269 in quarter three to 370 in quarter four. In 2022-23, Action for Children were working with 182 Young Carers, this has increased by 11% to 202 Young Carers at the end of 2023-24. Quarter one information has not yet been received.

# Report

Report to:	<b>South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee</b>
Date of Meeting:	<b>27 August 2024</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Discharge Without Delay – Operation Flow 3 Update</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on NHS Lanarkshire's Operation Flow 3 progress as presented and approved at a meeting of NHS Lanarkshire Board on 1 August 2024

## 2. Recommendation(s)

2.1. The Performance and Audit Sub Committee is asked to approve the following recommendation(s):-

- (1) that the content of the Discharge Without Delay Operation Flow 3 update and progress report be noted.

## 3. Background

### 3.1. NHS Lanarkshire Unscheduled Care Performance

For end of June 2024 NHS Lanarkshire (NHSL) reported an end of month performance against the 4-hour standard as 57% compared to the revised target trajectory of 60%. The current 4-hour weekly performance against trajectory is shown in Appendix 1.

3.2. Acute hospital occupancy levels remained high at 100% although non-acute sites occupancy levels reduced to 96. This is an important step in ensuring flow to NHSL off site areas, to create capacity for new emergency admissions. NHSL have also witnessed a reduction in 8 hour waits in Emergency Departments although the number of patients waiting over 12 hours increased which compromises a positive patient experiences and safety in care.

3.3. Therefore, performance against the key metrics for the programme are not where we need them to be. Consequently, a meeting was held with the Director of Acute Service, Interface Director, Head of Planning and Development along with three Hospital Site Directors' in early June to agree week by week improvement trajectories by Flow Group. The key milestone for NHS Lanarkshire is to achieve a 4-hour compliance of 70% by the start of September 2024 to ensure that there is system improvement by the start of Winter 2024/2025. Scottish Government colleagues have also endorsed our improvement milestones.

3.4. NHSL monitor status and track performance against all of the trajectories via site level and whole system Flow Oversight Boards and Executive Flow Oversight Board.

#### **4. Progress Update**

##### **4.1. Progress and Planning for implementation FNC+ Plus, increased Virtual Capacity and eTriage**

As previously reported management of unscheduled care demand is a key element to reducing hospital occupancy and thereby improving unscheduled care performance and management of established staffing levels. NHSL have successfully delivered the first phase of FNC+ Plus by Quarter 2 (July 2024).

4.1.1. Significant work continues in preparing the new service model for an increase in Virtual Capacity. Intensive discussions to inform the new model continues through the established Clinical Engagement Forum. The forum comprises of colleagues who are very supportive of the new model, along with colleagues being uncertain of the new approach and the forum will provide an opportunity to work through and resolve concerns and anxieties regarding this model.

4.1.2. NHSL are reaching the final stages of the tendering process to secure a supplier for the virtual capacity platform which is anticipated to be concluded by early August, with the preferred supplier on boarded for mid-August 2024. The objective is to reduce current physical bed occupancy to 90%, to create safe flow, by securing up to 400 virtual beds.

4.1.3. In the interim period processes are being developed to implement a step down diagnostic virtual pathway. This means that patients who are clinically stable but awaiting investigations will be monitored at home via the virtual remotely monitored beds via FNC + Plus and return to hospital when their investigation slot is confirmed on an ambulatory basis. This process will also include a pathway for escalation of care needs should there be a deterioration in their condition. NHSL are also continuing to develop and expand existing Hospital @ Home service to provide care for patients with Frailty in their own homes, which will reduce pressure on the physical bed estate.

4.1.4. There is a planned phased approach to the patient cohorts for virtual capacity pathways.

Phase 1 pathways will be developed and implemented through autumn/winter 2024/2025 and the patient cohorts are:-

- ◆ Hospital @ Home – Frailty (as described above)
- ◆ Rapid Discharge Support
- ◆ Admission Avoidance

Phase 2 pathways will be developed and implemented from Spring 2025 and the patient cohorts planned include:-

- ◆ Complex Community/GP
- ◆ Complex Long Term Conditions

4.1.5. Planning and preparation work continues for implementation of eTriage system across the 3 Emergency Departments (EDs). It is known that having detailed information as a patient is booked into the ED can increase the potential to enhance signposting/redirection, ED processes and oversight and improve safety metrics such as TTT and TTFA. eTriage is a digital triage solution which integrates with the

existing hospital patient management system (Trakcare) to allow patients (who are able to do so) to automatically self-check-in. However, to realise the benefits of the implementation of the new system it will be essential that finalised standardised processes are in place and this is a key element of our plan to ensure successful implementation.

4.1.6. Therefore, engagement with clinical, operational management and administration staff is underway to prepare for implementation. Colleagues from relevant estates and facilities departments are assessing departmental plans to ensure safe and compliant installation of kiosks/iPad. In addition, collaborative work is underway between NHS Lanarkshire, eConsult (eTriage supplier) and Intersystem is underway to ensure digital interfaces connect and support information transfer on implementation. It is anticipated that NHSL will finalise the direct award with eConsult when the digital interface review is completed and this remains on track to proceed with the phased site by site implementation from 31 August 2024.

## 4.2. **Improving Flow and Delayed Discharge**

4.2.1. As reported to NHSL PPRC in July 2024, significant work is underway across NHS Lanarkshire to support both the national and local focus in reducing delayed discharges and thereby also reducing the associated harm that patients experience if they remain in hospital longer than is necessary. We also know that reducing the number of patients in delay across hospital sites is intrinsically linked to improving whole system flow and unscheduled care performance.

Importantly, within the context of improving flow there is also a cohort of patients that remain in hospital past 14 days (not always in delay) and NHSL have, therefore, commissioned a more targeted review of this patient cohort, so that each patient is assessed through our criteria to reside assessment and staff are supported by an expert panel who can identify and resolve barriers to discharge for this group.

4.2.2. However, NHS Lanarkshire's delayed discharge numbers for the whole system ranges between 150 to 160/week and that whilst a reduction in overall numbers to key to achieving improvement trajectories, significant focus is required in reducing the occupied bed day numbers from 4,500 to 3,200 ahead of Winter 2024/2025 which will require a whole system focus.

4.2.3. The First Minister and Cabinet Secretary has tasked all territorial boards to reduce delayed discharge numbers across the NHS system with a target of 1410 patients or 34.6 per 100,000 population. NHS Lanarkshire's Chief Executive commissioned a whole system session on 2 July 2024 to undertake a comprehensive diagnostic of current delayed discharge performance and collectively agree a route map to an improved position.

The route map consists of the following key elements:-

- ◆ implementation of our Optimal Discharge Planning Target Operating Model (TOM)
- ◆ establishment of a once for Lanarkshire system Home First Assessment approach
- ◆ detailed demand, Capacity and Queue analysis of community and social care resources

### 4.3. NHS Lanarkshire's Optimal Discharge Planning TOM Objective

4.3.1. To inform the content of the TOM, NHSL undertook a mapping exercise of the current 'as is' discharge pathways which highlighted several issues that required the new Target Operating Model to address, these included:-

- ◆ variation in discharge planning process across acute and non-acute sites
- ◆ confusion caused by different naming conventions of the same/similar services
- ◆ discharge planning tasks slipping through the cracks due to lack of clarity and certainty on who is doing what
- ◆ different tolerances of risk
- ◆ lack of awareness of service offers from Community Teams (health and social care)

4.3.2. Consequently, the objective of the TOM is to ensure every patient has a positive discharge experience which also supports the objectives of reducing ward length of stay; reducing occupancy levels and use of surge capacity; reducing long waits in ED for admission and reducing risk of patient deconditioning whilst in hospital.

### 4.4. TOM – Pathway Eligibility Criteria

4.4.1. Pathways based planning will facilitate consistency in approach and, therefore, NHSL have adapted the key elements of the discharge planning pathways 1 to 4 as developed by the Centre for Sustainable Delivery for local use. This will provide an eligibility criteria to structure NHSL discharge planning processes.

*Figure 1: NHS Lanarkshire Optimal Discharge Planning TOM – Eligibility Criteria*

<b>Pathway 1</b>	<b>Business as Usual (BAU)</b>	<b>Medically fit, no formal Social Work involvement, no ongoing care needs</b> <b>Scope to discharge via virtual beds to reduce LOS in physical beds</b>
<b>Pathway 2</b>	<b>Moderate</b>	<b>Patient can go home for social work assessment</b> <b>Patient requiring restart of package of care</b> <b>Patient may need simple equipment</b>
<b>Pathway 3</b>	<b>Complex</b>	<b>Patient cannot function at home without support</b> <b>Patient may receive palliative care</b>
<b>Pathway 4</b>	<b>End of Life</b>	<b>End of life (expected to die within 3 weeks)</b>

4.4.2. This means in practice that patients will be allocated into a discharge pathway 1 to 4 to support forward planning and clarity regarding discharge process, reducing unnecessary delays in their journey. Patients will have a PDD allocated and it will be informed and reviewed through shared decision making and use of Criteria to Reside Tool via MDT structured Board round discussion. The Multi-Disciplinary Team (MDT) will have structured checklist to ensure consistency of approach and all elements of the Flow Foundation bundle implemented. Members will note that the new Optimal Discharge Planning TOM is included in Appendix 2.

NHS Lanarkshire senior leaders have committed to providing leadership and being accountable for the implementation of the Optimal Discharge Planning TOM across Summer and into early Autumn 2024.

#### 4.5. **Establishment of a once for Lanarkshire system Home First Assessment approach**

4.5.1. Whilst there is significant concerns and challenges in relation to how services will be delivered within the existing service budget gaps, it is known that there are opportunities to improve the efficiency and effectiveness of existing community and social care services. Therefore, it has been agreed that as a system, by Autumn 2024, we will move to a once for Lanarkshire model for a Home First Assessment model. This will make referral pathways standardised and, therefore, less confusing for the frontline teams.

4.5.2. It is planned to take learning from the best performing systems identified through national CRAG structures to inform the future Home First Assessment model.

4.5.3. It is known that we need to make the best use of our finite resources and enhance discharge planning processes to reduce the number of cancelled care packages. We are positive that the implementation of the TOM will drive the improvement needed to provide a framework for discharge planning.

4.5.4. Furthermore it is understood that establishing a once for Lanarkshire approach will be particularly important for patients that would fit into Pathway 2 (patients that are safe to go home without support and can be safely assessed in their own home following discharge to understand any support needs). Non prescribing of packages of care in hospital provides the opportunity to flex the finite social care resource to those with the greatest need and also ensures timely re-assessment of packages to support more patients go home with freed available hours.

4.5.5. A once of Lanarkshire approach means that we will have a naming convention for the HSCP based community and social care services. This will reduce confusion and provide the opportunity to streamline processes between acute sites, non-acute sites and HSCPs to support both staff and patients.

#### 4.6. **Detailed demand, Capacity and Queue analysis (DCAQ) of community and social care resources**

4.6.1. In order to gain better understanding of social care demand and capacity, to inform our current and future modelling. We will establish of Data Intelligence Group to develop a whole system understanding of DCAQ from a community and social care perspective.

4.6.2. The group will also scope current methods in relation to recording and coding of delayed discharges and develop recommendations for a consistent and standardised approach for NHS Lanarkshire. This work will be concluded by 31 August 2024.

#### 4.7. **Impact and Governance**

4.7.1 Key objectives and improvement milestones have been developed to demonstrate impact of the improvement actions. (Appendix 3). This includes both the number of patients in delay and occupied bed days in acute and non-acute sites. North Lanarkshire HSCP is already achieving their share of the target for acute sites, however, we need to ensure that this performance is maintained and that we also, reduce occupied bed days to maximise flow and improve system safety. Monitoring of these milestones will take place through the existing Operation FLOW governance structures. A Delayed Discharge Improvement plan has also been developed which

details all the activity required to reduce NHSL delayed discharge numbers and occupied bed days with associated timescales. Progress will be monitored through the Operation Flow Governance structures. NHS Lanarkshire Delayed Discharge performance will also be monitored by the new Interface Performance Sub-Committee.

#### **4.8. Firebreak '24 – Sustainable Change, Safer Care**

4.8.1. Planning work has commenced to prepare for Firebreak '24 which will take place from Monday 16 to Wednesday 25 September 2024, including the weekend days. It is essential that we use this period to implement the new service models and pathways, which will create system wide sustained change that becomes business as usual operating models, to provide safer care. We have reflected on the disappointment reported by front line staff from the previous Firebreak where we were unable to sustain the focused interventions, that supported improvement, as this required through significant redeployment of staff. Therefore, to ensure that the proposals that we progress during the Firebreak period are sustained, these are essentially the launch of the new pathways and models of care that will continue on an ongoing basis.

4.8.2. Many of the new models of care / pathways that will be launched as part of Firebreak (or earlier if possible) have been outlined above and include:-

- ◆ implementation of Optimal Discharge Planning TOM
- ◆ implementation of Diagnostic step down virtual pathway
- ◆ targeted implementation of a Home First assessment approach across wards with particularly high volume of home care referrals
- ◆ direct assessment for patients with Frailty via the use of Consultant Connect and FNC + Plus to avoid lengthy waits in ED and unnecessary admission
- ◆ review of all admissions with patients of a care package (via FNC + Plus) to facilitate an Early Supported Discharge Pathway to avoid admissions exceeding 72 hours (and, therefore, stopping of Home Care packages)
- ◆ continue with the co-ordinated and consistent approach to reviewing all patients with a LOS of 14 plus days and an escalation process to facilitate agreed action to support discharge planning
- ◆ further profiling of the front door demand to inform the allocation of the clinical workforce to either providing Senior Clinical Decision Makers in FNC + Plus or REACT to support streaming to appropriate parts of the system to better understand the greatest impact

4.8.3. The finer detail of the plans to support implementation of the new models / pathways is now underway along with the development of an internal communications plan, along with a public facing plan which aligns with national messaging but will be adjusted for use across the Lanarkshire system.

#### **4.9. Assessment**

4.9.1. Improving performance against the 4-hour standard remains a commitment for NHS Lanarkshire. Sustained performance improvement against Flow Group 1, Category 6 – See and Treat, is visible, however, the opposite is true for all other flow groups. In response to this, monitoring is in place, reviewing our status and tracking performance against all of the trajectories for each flow group on a weekly basis via site level and whole system Flow Oversight Boards and Executive Flow Oversight Board. Actions are agreed to support performance improvement through this process.

4.9.2. The First Minister and Cabinet Secretary for Health and Social Care have identified that a reduction in delayed discharges across the system as a priority for all Health

Boards. In response to this ask NHSL have developed a whole-system Optimal Discharge Planning TOM, agreed a once for Lanarkshire Home First Assessment approach and convened a Data Intelligence Group to ensure that there is a comprehensive whole system understanding in relation to demand and capacity for community and social care services.

4.9.3. It is known that we need to improve our delayed discharge performance by end of September 2024 to ensure that the system is prepared for Winter 2024/2025. NHS Lanarkshire's proportion of the 1450 accounts for around 8% of the total number of patients in delay (average per week). A report has been submitted to the Cabinet Secretary for outlining our approach and planned timescales for delivery.

## **5. Employee Implications**

5.1. The NHSL workforce implications to be noted are:-

- ◆ changes to current ways of working with the implementation digital front door and virtual capacity
- ◆ increased clarity around roles and responsibilities in relation to flow and discharge planning

## **6. Financial Implications**

6.1. This report does not describe any new financial implications.

## **7. Climate Change, Sustainability and Environmental Implications**

7.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

## **8. Other Implications**

8.1. A Risk Management Framework has been developed to underpin this work. A significant risk for successful delivery of Operation Flow 3 is the successful recruitment and retention of the workforce to ensure the delivery of the new Target Operating Models.

8.2. There are no other issues associated with this report.

## **9. Equality Impact Assessment and Consultation Arrangements**

9.1. An equality impact assessment has been carried out.

9.2. The work progressed through Operation Flow 3 has been reviewed and endorsed by colleagues who support NHSL governance structures across the programme of work. This is underpinned through an internal and external facing communication plan.

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

8 August 2024

## **Previous References**

- ◆ None

### **List of Background Papers**

The following appendices are included with this paper:

- ◆ Appendix 1: NHS Lanarkshire Current System 4-hour weekly performance
- ◆ Appendix 2: NHS Lanarkshire's Optimal Discharge Planning Target Operating Model (TOM)
- ◆ Appendix 3: NHS Lanarkshire Delayed Discharge Objectives and Improvement Milestones June – September 2024

### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Craig Cunningham

Head of Commissioning and Performance

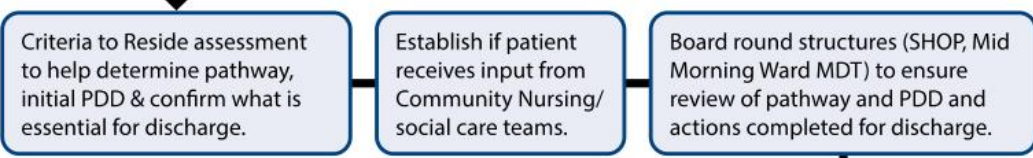
Email: [craig.cunningham@lanarkshire.scot.nhs.uk](mailto:craig.cunningham@lanarkshire.scot.nhs.uk)

## NHS Lanarkshire Current System – 4 hr weekly compliance

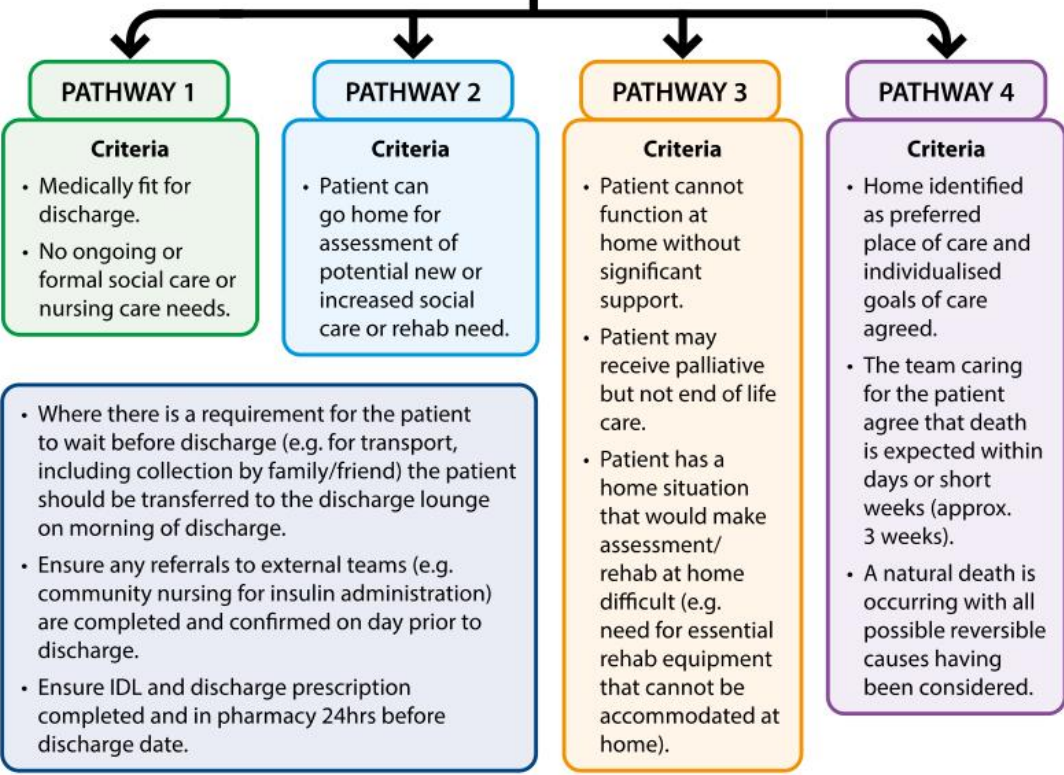


**This guide should be used in conjunction with the Optimal Discharge S.O.P**  
 Patients can move between pathways as their clinical needs change and/or their PDD approaches.  
 Criteria will relate to both social care and health needs.  
 Availability of support from family/friends can result in patients changing discharge pathways.

**FOR ALL PATIENTS:**  
 Advise on admission that once medically fit, assessment for any new or increasing/ ongoing care needs may be carried out at home, following discharge from hospital.



Patients can move between pathways as determined by needs.



Appendix 3 – NHS Lanarkshire Delayed Discharge Objectives & Improvement Milestones  
June – September 2024

<b>Delayed Discharge Objectives &amp; Improvement Milestones June - Sept 2024</b>										
<u>Measure</u>	<u>Period</u>									
	<u>June 24</u>	<u>July 24</u>	<u>Aug 24</u>	<u>Sept 24</u>	<u>Oct 24</u>	<u>Nov 24</u>	<u>Dec 24</u>	<u>Jan 25</u>	<u>Feb 25</u>	<u>Mar 25</u>
	<u>Actual</u>	<u>Aim</u>	<u>Aim</u>	<u>Aim</u>	<u>Aim</u>	<u>Aim</u>	<u>Aim</u>	<u>Aim</u>	<u>Aim</u>	<u>Aim</u>
<u>NHSCP Average Wkly DD Acute (No. of patients)</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>						
<u>NHSCP Average Wkly DD Acute (OBDs)*</u>	<u>648</u>	<u>607</u>	<u>566</u>	<u>525</u>						
<u>NHSCP Average Wkly DD Offsite [No. of patients]*</u>	<u>27</u>	<u>27</u>	<u>27</u>	<u>27</u>						
<u>NHSCP Average Wkly DD Offsite (OBD)*</u>	<u>810</u>	<u>765</u>	<u>720</u>	<u>675</u>						
<u>SHSCP Average Wkly DD Acute (No. of patients)*</u>	<u>64</u>	<u>55</u>	<u>45</u>	<u>38</u>						
<u>SHSCP Average Wkly DD Acute (OBDs)*</u>	<u>1251</u>	<u>1100</u>	<u>920</u>	<u>760</u>						
<u>SHSCP Average Wkly DD Offsite (No. of patients)*</u>	<u>34</u>	<u>33</u>	<u>32</u>	<u>31</u>						
<u>SHSCP Average Wkly DD Offsite (OBDs)*</u>	<u>1632</u>	<u>1485</u>	<u>1312</u>	<u>1178</u>						

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# Report

Report to:	<b>South Lanarkshire Integration Joint Board (Performance and Audit) Sub Committee</b>
Date of Meeting:	<b>27 August 2024</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Risk Management Update</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the Integration Joint Board's (IJB's) Risk Register and associated partner risks

## 2. Recommendation(s)

2.1. The Performance and Audit Sub Committee is asked to approve the following recommendation(s):-

- (1) that the content of the report be noted; and
- (2) that the changes to the IJB Risk Register be endorsed prior to submission to the Integration Joint Board for approval

## 3. Background

3.1. As a matter of good governance all public bodies are required to identify and take account of the impact of any potential risks in delivering their business.

3.2. The IJB requires to have an approved Risk Management Strategy and a Risk Register in place which details the organisation's approach to risk and how it will identify and manage risks to mitigate against subsequent impact.

3.3. The IJB has committed to promote an environment that is risk aware and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables positive outcomes.

3.4. Governance and oversight arrangements are in place through a range of mechanisms detailed below:-

- ◆ Quarterly updates on the Risk Register to the Performance and Audit Sub Committee (PASC) and IJB, alongside summary of the most recent identified risks for NHS Lanarkshire and South Lanarkshire Council Social Work Resources rated as high or very high.

- ◆ Monthly meetings to review the risk registers of the IJB, NHS Lanarkshire and Social Work Resources to ensure all risks which may impact on the IJB are taken account of.
- ◆ Regular reporting of the Social Work Resources and NHS Lanarkshire Risk Registers to relevant committees and meetings plus oversight provided by Internal Audit colleagues.
- ◆ Annual risk workshop with PASC members which includes risk professional officers from NHS Lanarkshire, South Lanarkshire Council and the Internal Audit Consortium (4.2 below).
- ◆ Reports to the IJB and PASC to highlight the subsequent impact or mitigation a policy or priority will have on the IJB delivering upon its Strategic Commissioning Plan (SCP) priorities or otherwise meet its statutory obligations (including setting and operating within a balanced budget).

3.5. As per the IJB's commitment to the ongoing assessment of risk, there will continue to be regular environment scanning undertaken to identify other risks which could impact on the business of the IJB. Where appropriate, this will be reported to the PASC and IJB in line with the current reporting arrangements.

3.6. The IJB Internal Audit Plan for 2024/2025 considered a number of areas which assessed the adequacy of reporting in relation to the following areas:-

- ◆ The adequacy of performance monitoring to the IJB to provide relevant, reliable and sufficient data and timeous information on challenges, risks and responses.
- ◆ Whether targets have been adjusted appropriately to reflect post-Covid realities and the SCP 2022 to 2025.
- ◆ Whether performance reporting is used to update, and provide assurance on, the IJB Risk Register.

A report on the outcome of this internal audit plan is being presented in a separate report to the PASC.

3.7. Future IJB Performance and Risk reports will include further information on work being undertaken with regard to the above areas.

#### **4. Current position**

4.1. The annual risk workshop for PASC members will be held on 27 August 2024. The workshop will consider current and forecast challenges for health and social care, nationally and locally, informed by horizon scanning undertaken by officers in advance. The agenda for the workshop includes:-

- ◆ the IJB's approach to risk tolerance and risk appetite, recognising that a dynamic approach to reviewing both by the IJB would be prudent given the external uncertainties and volatilities facing health and social care alongside the public sector more generally
- ◆ IJB Risk Register
- ◆ IJB Risk Management Strategy
- ◆ Relationship between IJB strategic risks and 'partner' (operational delivery) risks
- ◆ IJB as Category 1 Responder

4.2. The update of the IJB Risk Register considers the national risks for health and social care, notably those highlighted within reports presented to and briefing papers circulated to IJB members by officers – for example:-

- ◆ The External Audit Annual Audit Report 2022/2023 which was presented to PASC on 28 September 2023 by the IJB's External Auditor, Audit Scotland.
- ◆ Audit Scotland's national report on Integration Joint Board Financial Analysis 2021/22 (April 2023).
- ◆ Audit Scotland's report on Local Government in Scotland Overview 2023 (May 2023).
- ◆ Audit Scotland's report on The Scottish Government's Workforce Challenges (October 2023).
- ◆ Audit Scotland's report on the NHS in Scotland 2023 (February 2024).
- ◆ Audit Scotland's report on Local Government's budgets 2024/2025 (May 2024).

4.3. The IJB Risk Register is revised and refined to focus on and provide visibility on risks identified and assessed as being very high or high pre-mitigation. Those risks as are as follows (scores below reflecting risk scoring after mitigation with controls):-

- ◆ Financial sustainability – very high
- ◆ Workforce availability and capacity – very high
- ◆ Performance delivery – very high
- ◆ Failure to meet public protection and legislative requirements – high
- ◆ Performance Reporting does not capture performance across the whole health and social care system – medium
- ◆ Winter pressures – medium

4.4. Appendix 1 provides more information on each of these risks and Appendix 2 provides a summary of the top risks (designated very high or high) within the most recent risk registers of NHS Lanarkshire and South Lanarkshire Council and the Social Work Resources risk register

4.5. Following the inclusion of IJBs as now being a Category 1 Responder under the Civil Contingencies 2004 Act, IJBs have been asked to consider where this duty may feature as part of respective risk registers. As indicated above this will be discussed at the risk workshop to agree how this area is treated in terms of the Risk Register.

## **5. Employee Implications**

5.1. This report does not describe any new employee implications.

## **6. Financial Implications**

6.1. This report does not describe any new financial implications.

## **7. Climate Change, Sustainability and Environmental Implications**

7.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

## **8. Other Implications**

8.1. Internal audit provides the PASC and IJB with independent assurance on risk management as well as internal control and corporate governance processes. For the South Lanarkshire IJB, internal audit is delivered on a joint basis by the Chief Auditors of NHS Lanarkshire and South Lanarkshire Council.

8.2. The Internal Audit Annual Assurance Report 2023/2024, which was a separate report to the PASC on 28 May 2024, includes the following opinion:

*Overall, reasonable assurance can be placed on the adequacy and effectiveness of the partnership's framework of governance, risk management and control arrangements for the year ending 31 March 2024.*

8.3. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the Strategic Commissioning Plan (SCP), notably the following National Health and Wellbeing Outcome:-

- ◆ Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

8.4. There are no other issues associated with this report.

## **9. Equality Impact Assessment and Consultation Arrangements**

9.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no Equality Impact Assessment is required.

9.2. The report reflects ongoing engagement with and the expertise of risk professional officers from NHS Lanarkshire, South Lanarkshire Council and the Internal Audit Consortium.

9.3. No consultation was required in relation to the content of this report.

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

10 July, 2024

### **Previous References**

- ◆ Report to Integration Joint Board 26 March, 2024
- ◆ Report to Performance and Audit Sub Committee 28 May, 2024

### **List of Background Papers**

- ◆ None

### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Martin Kane, Service Development Manager  
Email: [Martin.Kane@southlanarkshire.gov.uk](mailto:Martin.Kane@southlanarkshire.gov.uk)

## South Lanarkshire IJB Strategic Risk Register

## Appendix 1

No	Key Risk Area and Description	Lead Officer	Inherent Risk Score	Examples of Sample Controls	Residual Risk Score
1	<p><b>Financial sustainability</b> There is a risk that IJB expenditure exceeds available budget given cost and demand pressures alongside imperative to address recurrent deficit and given a volatile financial landscape. This could lead to inability to deliver sustainable progress in respect of the IJB's Strategic Commissioning Plan; create uncertainty for service users/patients and staff; compromise the delivery of statutory functions (notably public protection) and safe services; and undermine the IJB's ability to comply with the financial requirements set out in the Integration Scheme (and potentially contribute to financial challenges for NHSL and SLC).</p>	<p>Chief Officer  Chief Financial Officer</p>	Very high 25	<ul style="list-style-type: none"> <li>• Medium Term Financial Forecast 2025-2028</li> <li>• Updated Sustainability and Value Programme (SAVP) 2025-2028</li> <li>• IJB Financial procedures</li> <li>• Chief Financial Officer oversight</li> <li>• Regular/standing financial reports to IJB and PASC augmented by IJB workshops to share position/approach</li> <li>• Ongoing engagement with NHSL and SLC to ensure joined-up approach.</li> <li>• Internal and external audit processes</li> <li>• Budget Recovery Plans as required</li> </ul>	Very High 20
2	<p><b>Workforce availability and capacity</b> There is a risk that workforce supply challenges – national and local - are not sufficient to meet current service delivery models. This could lead to inability to deliver sustainable progress in respect of the IJB's Strategic Commissioning Plan; create uncertainty for service users/patients and staff; and compromise the delivery of statutory functions (notably public protection) and safe services.</p>	<p>SLC Head of Personnel  NHSL Director of HR</p>	Very high 25	<ul style="list-style-type: none"> <li>• Lanarkshire Health and Social Care Workforce Plan 2022-25</li> <li>• Lanarkshire Care Academy</li> <li>• Service transformation, including redesign of Fieldwork Services; Occupational Therapy/Physiotherapy Review</li> <li>• NHSL-wide review of all major staff groups via 'cluster groups' established to review adult and children's services</li> <li>• Regular workforce monitoring.</li> </ul>	Very High 20

No	Key Risk Area and Description	Lead Officer	Inherent Risk Score	Examples of Sample Controls	Residual Risk Score
3	<p><b>Performance Delivery</b></p> <p>There is a risk that performance delivery in relation to priorities and targeted outcomes outlined in the Strategic Commissioning Plan deteriorate given combination of required expenditure reduction, workforce supply challenges and service demands given current service delivery models and provision.</p>	Head of Performance & Commissioning	Very High 25	<ul style="list-style-type: none"> <li>Quarterly Performance reviews at local and 'Partnership' level</li> <li>Benchmarking against national comparators</li> <li>Updated Sustainability and Value Programme (SAVP) 2025-2028</li> <li>Service transformation and reform</li> <li>Regular reporting to IJB and Performance and Audit Sub Committee</li> </ul>	Very High 20
4	<p><b>Failure to meet public protection and legislative requirements</b></p> <p>There is a risk that financial and workforce instability alongside demand pressures compromises IJB ability to commission services sufficient to meet public protection and legislative requirements (including safe staffing).</p>	Chief Social Work Officer  Director of Nursing	Very high 20	<ul style="list-style-type: none"> <li>Public Protection Chief Officers Group.</li> <li>PASC and IJB reporting and performance monitoring</li> <li>Care and Clinical Governance group review of significant issues and subsequent introduction of any learning</li> <li>Service transformation and reform, including redesign of Fieldwork Services; NHSL-wide review of all major staff groups</li> </ul>	High 12
5	<p><b>Failure to fulfil emergency response commitments befitting the IJB's status as a Category One (emergency) responder</b></p>	Head of Performance & Commissioning	Very High 25	<ul style="list-style-type: none"> <li>Established contingency planning methodology integrating civil protection and business continuity arrangements which reflects legislative commitments as a Category One (Emergency) Responder</li> <li>Defined hierarchy of plans for Business Continuity</li> <li>Chief Officer part of multi – agency command structure</li> </ul>	High 12

No	Key Risk Area and Description	Lead Officer	Inherent Risk Score	Examples of Sample Controls	Residual Risk Score
				<ul style="list-style-type: none"> <li>Multi agency partnership working through Local and Regional Resilience Partnerships</li> </ul>	
6	<p><b>Performance Reporting does not capture performance across the whole health and social care system</b></p> <p>There is a risk to the IJB that performance reporting is too narrow in focus and does not adequately describe how the priorities and targeted outcomes outlined in the Strategic Commissioning Plan are being achieved.</p>	Chief Officer	Very High 20	<ul style="list-style-type: none"> <li>Updated performance monitoring in place.</li> <li>Annual performance report</li> <li>Regular reporting to IJB and Performance and Audit Sub Committee</li> <li>Internal and external audit.</li> <li>Introduction of new electronic systems by partners agencies (eg MORSE; and LiquidLogic)</li> </ul>	Medium 9
7	<p><b>Winter pressures</b></p> <p>There is a risk of increased service challenges over winter period, e.g. due to impact of seasonal respiratory conditions and adverse weather. This could impact on workforce availability; service demands; service performance; and unexpected cost pressures.</p>	Head of Performance & Commissioning	Very High 25	<ul style="list-style-type: none"> <li>Debrief of Winter Plan 2023/24 with continuity of actions for inclusion in Winter Plan 2024/ 2025</li> <li>Resilience Planning and Local Resilience Partnership (LRP)</li> <li>Learning from previous winter</li> <li>Contingency and Business Continuity Plans</li> <li>Operation Flow</li> </ul>	Medium 6

Updated: June 2024

**Risk Matrix**

Likelihood	Impact				
	1 -Negligible	2 -Minor	3 -Moderate	4 -Major	5 -Extreme
5 - Almost certain	5 Medium	10 High	15 High	20 Very high	25 Very high
4 - Likely	4 Medium	8 Medium	12 High	16 Very high	20 Very high
3 - Possible	3 Low	6 Medium	9 Medium	12 High	15 High
2 - Unlikely	2 Low	4 Medium	6 Medium	8 Medium	10 High
1 - Rare	1 Low	2 Low	3 Low	4 Medium	5 Medium

Appendix 2

No	Risk	Partner
1	Ability of NHS Lanarkshire to deliver a balanced budget within periods 2024/25 – 2026/27	NHSL
2	Urgent and Unscheduled Care	NHSL
3	Planned care – delays in delivering scheduled care and associated impacts	NHSL
4	Non-compliance with Health Care Support Workers agency use	NHSL
5	Ability to maintain General Medical Services provisions	NHSL
6	Sustaining whole system patient flow	NHSL
7	Heightened cyber threat	NHSL
8	Failure to comply with NHS sustainability policy	NHSL
9	Procurement of new NHSL Labs managed contracts	NHSL
10	Impact of Unpredictable Public Health Outbreaks on Current Services	NHSL
11	Staff absence and wellbeing	NHSL
12	Sustaining Primary Care Out of Hours Service	NHSL
13	Funding and Budgetary Pressures	SLC
14	Workforce Availability and Capacity	SLC
15	Market and Provider Capacity (procurement and supply chain)	SLC
16	Deliver Strategic Commissioning Plan Outcomes required by South Lanarkshire Integration Joint Board (IJB)	SLC
17	The Council is unable to support households most impacted by the cost-of-living crisis resulting in increasing levels of poverty, debt and damage to health.	SLC
18	Meeting Public Protection and Legislative Duties (combined legislation/statutory duties Public Protection, Care Inspectorate/SDS)	SLC
19	Winter Demand Pressures (Emergency Response)	SLC
20	The council is materially affected by the implications arising from the National Care Service Bill	SLC
21	Failure to fulfil emergency response commitment befitting the Council's status as a Category 1 (emergency) responder	SLC
21	Failure to comply with or meet the expected standards, scrutiny levels or improvement as identified by regulatory bodies	SLC
22	The provision of Council services is disrupted because of industrial action	SLC



# Report

Report to:	<b>South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee</b>
Date of Meeting:	<b>27 August 2024</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Financial Monitoring 2024/2025</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise of the financial position of the Health Care Services and the Social Care and Housing Services delegated to the South Lanarkshire Health and Social Care Partnership (HSCP)

## 2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendations:-

- (1) that the contents of the report be noted;
- (2) that the prescribing overspend across Health Care Services be noted;
- (3) that the ongoing discussions in respect of the Scottish Government ring-fenced funding allocations be noted; and
- (4) that the operational and financial impact of the ongoing significant demand and capacity challenges across the Health and Social Care system be noted.

## 3. Background

3.1. This report is based on the financial monitoring reports received from the Director of Finance of NHS Lanarkshire (NHSL) and the Executive Director of Finance and Corporate Resources of South Lanarkshire Council (SLC). The position detailed in these reports is, therefore, based on the information contained in each partner's respective financial systems and includes accruals and adjustments in-line with their financial policies. This is the first financial monitoring report for 2024/2025.

3.2. In 2024/2025, the SLC partner has adopted a new financial management system, Oracle Fusion, which integrates a number of business processes, including human resources, procurement and payables data. This report reflects the actual spend to 14 June 2024 across the delegated social care and housing services and also, as part of the new reporting regime within Oracle Fusion, reflects the expected outturn forecast on expenditure and income at this date. This is a new approach and allows the early monitoring of outturn for both employee and non-employee budgets.

### 3. Background (Cont.)

3.3. A report by Audit Scotland on the Integration Joint Boards' (IJB) Finance and Performance 2024 was issued on 25 July 2024 which continues to highlight the following:

- The complex landscape of unprecedented pressures, challenges and uncertainties facing IJBs, which is worsening despite a driven and committed workforce which is under immense pressure.
- The increasing demand for services.
- The difficulties in recruiting and retaining a skilled workforce.
- Where data is available, nationally a general decline in performance of services and outcomes for people has been noted.
- These pressures on IJBs are unsustainable and significant whole system collaborative working as part of a national strategy is needed to change how services are provided and organised.

3.4. The development of the IJB's next three-year Strategic Commissioning Plan (for the period 2025 to 2028) and the updating of the IJB Financial Forecast for 2025/2026 to 2027/2028 is continuing to be progressed. The analysis and key messages contained within the Audit Scotland report will be used to inform and further strengthen those important medium-to-longer term planning processes.

### 4. Overview 2024/2025

4.1. The following positions are reported:

Services	Basis Of Report	Financial Position
Health Care	Actual position from 1 April to 30 June 2024	£0.349m underspend
Social Care and Housing	Projected outturn as at 31 March 2025	Breakeven

4.2. In respect of the funding available and projected costs, the following are highlighted:-

- ◆ There was no additional baseline uplift for 2024/2025 to fund the projected increase across prescribing, supplies and other service costs. This was highlighted as part of the IJB Financial Plan 2024/2025 approved on 26 March 2024.
- ◆ The Scottish Government has committed to working with NHSL Directors of Finance to finalise the position in respect of the cost and funding of the 2024/2025 pay award once the outcome of the national pay negotiations is known.
- ◆ Negotiations in respect of the Local Government pay award for 2024/2025 are ongoing.
- ◆ In respect of the Scottish Government ring-fenced funding allocations for 2024/2025, part of the funding has been confirmed. Discussions are ongoing with the relevant officials in respect of the balance of the ring-fenced funding allocations which is expected. The risk that part of the funding allocations expected may not be received is being monitored. A shortfall in funding would require to be addressed through the cluster savings approach.

4.3. The PASC is asked to note the key financial highlights in respect of 2024/2025 which are outlined in sections 5 and 6. Further supporting information is also outlined at appendices 1 to 3.

## 5. Key Financial Highlights 2024/2025 – Health Care Services

5.1. The key variances at 30 June 2024 in respect of Health Care Services are outlined at Appendix 1.

### 5.2. Locality and Other Services

5.2.1 An underspend of £1.041m is reported, of which £0.711m (68%) relates to an underspend across employee costs due to the ongoing recruitment challenges and also the implementation of the sustainability and value programme (SAVP).

5.2.2 The current vacancy factor across Locality and Other Services is 7%. This equates to 64 Whole Time Equivalent (WTE) posts. In order to achieve approved savings, a vacancy management programme is in place however action continues to be taken to recruit to vacant posts in key service areas. Additional hours are also worked through bankaid, overtime and excess part-time hours, the cost of which is included within the financial position reported.

5.2.3 The allocation of the integrated care funding of £0.585m per annum for 2024/2025 and 2025/2026 totalling £1.170 million has been confirmed. This funding supports those Third Sector projects identified as most capably meeting priorities within the IJB Strategic Commissioning Plan.

### 5.3. Hosted Services

5.3.1 An underspend of £0.922m is reported in respect of all Hosted Services led by the South Lanarkshire IJB which are outlined at Appendix 2.

5.3.2 In line with the Integrated Resources Advisory Group Finance Guidance, the lead partner for a Hosted Service is responsible for managing any overspends incurred. With the exception of ring-fenced funding, the lead partner can also retain any underspends which may be used to offset the overspends. This arrangement has been in place since 1 April 2016. On 26 March 2024, the IJB approved the proposal to continue to adopt for 2024/2025 the current approach for the management of underspends or overspends by the lead partner for the Hosted Service.

5.3.3 The main variances contributing to the hosted services underspend are as follows:

Hosted Service	30 June 2024
Public Dental Services	£0.165m under
Occupational Therapy Services	£0.214m under
Physiotherapy Services	£0.262m under
Out of Hours Services	£0.237m under
Diabetic Services	£0.206m over

◆ The main factor contributing to the underspends are vacancies.

◆ The overspend across Diabetic Services is due to the cost of insulin pumps. The projected demand for insulin pumps is being reviewed and the potential funding solution is currently being considered.

5.3.4 The total underspend of £0.922m includes an underspend of £0.194m in respect of the Primary Care Improvement Fund (Employee costs - £0.178m under; Non-employee costs - £0.016 under). As previously reported, any underspend at the year-end will require to be transferred to a ring-fenced reserve and will not therefore be available to offset other Health Care Services overspends.

## 5. Key Financial Highlights 2024/2025 – Health Care Services (Cont.)

### 5.3. Hosted Services (Cont.)

5.3.5 An underspend of £0.729m is reported across the other Hosted Services as a result of an underspend across employee costs (£0.969m) which is partly offset by an overspend across non-employee costs (£0.241m). The net underspend of £0.729m, reported at 30 June 2024, is available to offset other Health Care Services overspends.

5.3.6 As highlighted at paragraph 5.2, the underspend across employee costs is due to the ongoing recruitment challenges. The current vacancy factor across Hosted Services is 12% and equates to a total of 94 WTE posts.

5.3.7 The Hosted Services which are led by the North Lanarkshire HSCP are outlined at Appendix 3. In-line with the Hosted Services agreement, a break-even position is reported.

### 5.4. Prescribing

5.4.1 As at 30 June 2024, an overspend on prescribing of £1.919m is being reported.

5.4.2 The year-end outturn at 31 March 2024 was an overspend of £6.701m. The 2023/2024 budget included the 2% allocation uplift however the numbers of items dispensed had increased by 3.14% and the price per item had increased from an average of £10.43 per item to £10.68 per item.

5.4.3 The prescribing overspend of £1.919m has been calculated based on a combination of actual data received for the period April 2024 and estimated data for May and June 2024. The overspend is attributable to the number of medicines being prescribed and dispensed in community pharmacies since 1 April 2024 continuing to remain at high levels. The number of items being dispensed has increased by 3.52% based on the same period in 2023/2024. Based on the data received to date, the cost per item has reduced from £10.68 to £10.57 however it remains higher than the previous average of £10.43 per item.

5.4.4 In order to forecast prescribing expenditure for 2024/2025, an exercise was undertaken to consolidate pharmacy and medical cost projections and trend analysis. Including the 2023/2024 recurring overspend, the cost pressure in 2024/2025 is projected to be £12.335m. This projected overspend was included in the total funding gap across delegated health care services of £13.494m.

5.4.5 The IJB Financial Plan 2024/2025 includes a Lanarkshire-wide review of prescribing activity which is being led by the NHSL Executive Medical Director. 48% of the total South and North Lanarkshire savings achieved will be allocated to the South Lanarkshire IJB. The savings target of at least £1.920m is based on the outcome of the following reviews:

◆ Poly Pharmacy Reviews	£0.960m
◆ Review of medicines with low therapeutic value	£0.720m
◆ Script Switch savings	£0.240m

5.4.6 This Prescribing Efficiencies Programme will bring South Lanarkshire's prescribing levels closer to the level of a comparable Health Board. The range of initiatives already in place also continue to be progressed at pace to support prescribing expenditure reductions. These include scriptswitch, medicine reviews, practice switches. The impact of this work is expected to materialise in a reduction in items being dispensed.

## **5. Key Financial Highlights 2024/2025 – Health Care Services (Cont.)**

### **5.4. Prescribing (Cont.)**

5.4.7 The achievement of prescribing efficiency savings will continue to be progressed and reported to the Senior Management Team, the Prescribing Medicines Management Board and the Sustainability and Value Workshops.

5.4.8 The prescribing overspend represents a high risk across Health Care Services and will continue to be closely monitored.

### **5.5. Out of Area Services**

5.5.1 An overspend of £0.285m is reported at 30 June 2024. Additional costs are continuing to be incurred in respect of the cost of services to support individuals with complex care needs.

### **5.6. Summary**

5.6.1 As highlighted at paragraph 4.1, the net underspend across Health Care Services is reported to be £0.349m at 30 June 2024. This is analysed as follows:-

- ◆ There is a net underspend across Health Care Services of £0.155m.
- ◆ There is a net underspend in respect of ring-fenced funding of £0.194m. This underspend will require to be transferred to ring-fenced reserves in order to continue to be available in 2025/2026 in line with the ring-fenced funding criteria.

## **6. Key Financial Highlights 2024/2025 – Social Care and Housing Services**

6.1. The forecast variances projected at 31 March 2025 in respect of Social Care and Housing Services are outlined at Appendix 1. This approach reflects the implementation of the new financial management system, Oracle Fusion, as highlighted at paragraph 3.2 above.

### **6.2. Residential, Nursing & Respite Care Services**

6.2.1 An underspend of £0.288m is reported (Internal - £0.291m under; External - £0.003m over).

- ◆ The approved saving in respect of internal residential care services is being progressed. Reliance is being placed on an underspend across utility budgets and vacancies within the care homes to manage the implementation of this saving in-year.
- ◆ The external care home placements are currently in line with the financial strategy for 2024/2025.

### **6.3. Supported Living Services**

6.3.1 An overspend of £1.087m is reported (Internal - £0.170m over; External - £0.917m over).

- ◆ Overtime costs are being incurred to address vacancies across the internal service.
- ◆ The approved saving in respect of external supported living services is being progressed.

### **6.4. Day Care Services**

6.4.1 An overspend of £0.718m is reported (Internal - £0.389m over; External - £0.329m over).

- ◆ The approved savings in respect of review of fleet services for internal day care services and the review of compliance with the agreed self-directed support fiscal

framework across external day care services are being progressed. There has also been new demand for day care services since 1 April 2024.

## **6. Key Financial Highlights 2024/2025 – Social Care and Housing Services (Cont.)**

### **6.5. Care At Home Services**

6.5.1 An underspend of £0.656m is reported (Internal - £0.660m under; External - £0.004m over).

- ◆ The projected underspend across internal care at home services reflects the vacancies across the service. Action is being taken to progress recruitment.
- ◆ Based on the position at 12 July 2024, a forecast breakeven position at 31 March 2025 is currently being projected across external care at home services. The demand for care at home services, which continues to be high, is being monitored. The forecast position at 31 March 2025 will be updated as the year progresses.

### **6.6. Assessment & Care Management**

6.6.1 A projected underspend of £0.709m is reported across Internal Assessment and Care Management teams due to vacancies. Action is being taken to progress recruitment.

### **6.7. Direct Payments**

6.7.1 A projected underspend of £0.240m is reported across direct payments. This projection is based on current commitments.

### **6.8. Summary**

6.8.1 As highlighted above, in-year underspends and overspends are being projected at 31 March 2025 based on the information available at 12 July 2024. The implementation of approved savings will continue to be progressed at pace and the forecast outturn will be updated. It is noted that the IJB Financial Plan 2024/2025 included reliance on non-recurring bridging funding solutions and reserves.

6.8.2 As highlighted at paragraph 4.1, a break-even position is currently projected across Social Care and Housing Services at 31 March 2025.

## **7. Notional Set-Aside Budget**

7.1. The set-aside budget of £70.324m is a notional budget which represents the consumption of hospital resources by South Lanarkshire residents. In line with the accounting policy previously agreed, this notional set-aside budget will be included in the IJB Annual Accounts 2024/2025 as an estimate of expenditure. It is recognised that this will not necessarily reflect the actual usage of these hospital services by the IJB, however, it has been endorsed as an acceptable approach pending further updates from the Information Services Division (ISD).

7.2. The agreement in place from 2016/2017 to date in 2024/2025 has been that any physical transfer of resources from the set aside will be based on agreed costed service changes. Outside of these planned changes, it has been agreed each year to date that the NHS Board will deliver the set aside services in return for the budget offered. Although under s28(4) of the Public Bodies (Joint Working) (Scotland) Act 2014, the Health Board may require the integration authority to reimburse it for the additional amount used in providing set aside services, this has not been pursued by NHSL with the IJB.

7.3. All expenditure incurred on the set-aside services to date, therefore, has been met by NHSL. Instead, the focus has been on whole system working through the Unscheduled Care Board to develop future plans to cope with increased demand coupled with day-to-day integrated working to resolve the more immediate problems.

This approach continues to support constructive dialogue between the parties which focusses on the service changes that will make a difference.

- 7.4. The calculation of the notional set-aside allocation and the confirmation of actual activity levels remains a complex accounting process. The allocation will be updated on receipt of the validated activity levels from ISD. The NHSL Director of Finance, in consultation with the IJB Chief Financial Officer, continues to develop the monitoring arrangements for the Hospital Acute Services.
- 7.5. In recognition of the increasing demand across the notional set-aside services, an earmarked reserve (EM66) was established for £2.327m as a contribution towards the expected increase in Unscheduled Care Services costs that the IJB is also responsible for. This reserve remains available to meet the projected Unscheduled Care Services costs in 2024/2025 that the IJB is responsible for.

## 8. Savings 2024/2025

- 8.1. The recurring funding gap in respect of 2024/2025 is £35.5m (Health Care Services - £13.5m; Social Care and Housing Services - £22m which includes the total income recovery target of £2m).
- 8.2. The savings agreed as part of the IJB Financial Plan 2024/2025, which was approved by the IJB on 26 March 2024, are being implemented. As Members were previously advised, there is a risk that aspects of those specific savings may not be achieved in full in 2024/2025 and reliance is being placed on non-recurring bridging funding and in-year emerging funding solutions in 2024/2025. The impact of the non-achievement of savings known to date has been accounted for in respect of the financial position reported at sections 5 and 6.
- 8.3. The action to progress the implementation of the approved savings is progressing at pace and will continue to be monitored.

## 9. Reserves 2024/2025

- 9.1. The IJB reserves balance at 1 April 2024 totals £28.835m (NHSL – £26.026m; SLC - £2.809m).
- 9.2. As at June/July 2024, the draw down from IJB reserves to date is £2.567m (NHSL - £2.567m; SLC - Nil). The balance of the IJB reserves is, therefore, £26.268m as follows:

<b>Reserves</b>	<b>Health Care Services £m</b>	<b>Social Care and Housing Services £m</b>	<b>Total £m</b>
Ring-fenced	14.727	0.000	14.727
Earmarked	8.732	2.809	11.541
Contingency	0.000	0.000	0.000
<b>Total</b>	<b>23.459</b>	<b>2.809</b>	<b>26.268</b>

## 9. Reserves 2024/2025 (Cont.)

- 9.3. The funding in respect of the actual expenditure incurred as at 30 June 2024 for the delegated Health Care Services and projected to 31 March 2025 for the delegated Social Care and Housing Services is as follows:

Actual Expenditure	Health Care Services Year To Date £m	Actual Expenditure	Social Care and Housing Services Annual Forecast £m
<b>As At Jun / Jul 2024</b>	<b>79.330</b>	<b>Projected To 31 March 2025</b>	<b>244.182</b>
Funded By:		Funded By:	
Core Budget	76.763	Core Budget	244.182
Reserves	2.567	Reserves	0.000
<b>Total</b>	<b>79.330</b>	<b>Total</b>	<b>244.182</b>

- 9.4. This financial monitoring report includes planned spend against IJB reserves. Based on the information available, the deficit on the provision of services and the total comprehensive income and expenditure is £2.567m. The movement on reserves to date is a decrease of £2.567m.
- 9.5. The current and projected commitments in respect of reserves funding continues to be reviewed in consultation with the Director of Finance of NHSL and the Executive Director of Finance and Corporate Resources of SLC.

## 10. Employee Implications

- 10.1. The employee implications associated with the report are highlighted at sections 5 and 6.

## 11. Financial Implications

- 11.1. The financial implications are outlined in sections 4 to 9 and appendices 1 to 3.
- 11.2. Recognising the ongoing financial challenges and risks, the following IJB Financial Regulation is highlighted:

*In exceptional circumstances, should the South Lanarkshire Council or the Health Board require the Board to identify resources to offset an in-year overspend, they (i.e. the partner) must do this by amending their contributions to the Board.  
IJB Financial Regulation Section 5.17*

- 11.3. The intense budget and service pressures both nationally and locally have been noted previously and are ongoing. The IJB has a statutory responsibility to set a balanced budget. The IJB must operate within the budget available. The IJB Financial Plan 2024/2025 was approved by the IJB on 26 March 2024 and the agreed savings and management actions are being progressed. The South Lanarkshire IJB is recognised as having a strong track-record of sound financial management and robust financial governance.

## 12. Climate Change, Sustainability and Environmental Implications

- 12.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

### **13. Other Implications**

- 13.1. Risk management arrangements are in place for the IJB and each partner. The IJB risk register has been reviewed. The main risk associated with the in-scope budget is the uniquely high level of uncertainty in respect of projected costs and funding solutions.
- ◆ Prescribing volatility and uncertainty continues to represent a high-risk area within the NHSL element of the partnership's budget. Further prescribing efficiency savings will need to be achieved to reduce costs.
  - ◆ Both partners and external Health and Social Care providers continue to highlight higher than normal staff turnover rates and recruitment challenges.
  - ◆ Both partners require to continue to manage significant cost pressures across other non-IJB services.
- 13.2. The main risk associated with the IJB is that one or both partners may overcommit against recurring budgets. Financial risks are managed by the IJB, NHSL and SLC through their detailed budget management and probable outturn arrangements. Corrective action is therefore being taken as appropriate to address variances across Health and Social Care services.
- 13.3. Effective governance arrangements including managing the operational and financial risks associated with the budget consequences of the ongoing significant demand challenges across the Health and Social Care system is essential to ensuring that the IJB can fulfil its statutory duties. Failure to make the necessary changes to how public services are delivered will likely mean further budget pressures in the future. In essence, in order to protect services and supports for the most vulnerable and at-risk across our communities, other areas of activity have to be delivered differently, be reduced or stopped. The whole system approach also continues to be adopted by NHSL, SLC and North Lanarkshire Council.
- 13.4. The financial monitoring arrangements contribute to the mitigation of the following risks within the IJB Risk Register:-
- ◆ Financial Sustainability (Very High)
  - ◆ Workforce availability and capacity (Very High)
  - ◆ Failure to meet public protection and legislative requirements (High)
  - ◆ Performance reporting does not capture performance across the whole health and social care system (Medium)
  - ◆ Winter Pressures (Medium)
- 13.5. This report relates to all national outcomes as effective governance arrangements will ensure that the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB SCP 2022 - 2025, notably the following outcome:-
- ◆ Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).
- 13.6. There are no other issues associated with this report.

### **14. Equality Impact Assessment and Consultation Arrangements**

- 14.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

#### **14. Equality Impact Assessment and Consultation Arrangements (Cont.)**

14.2. Consultation was undertaken with both the Director of Finance for NHSL and the Executive Director of Finance and Corporate Resources of SLC in terms of the information contained in this report.

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

6 August 2024

#### **Previous References**

◆ PASC 28 May 2024                      Financial Monitoring 2023/2024

#### **List of Background Papers**

◆ None

#### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

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## Health and Social Care Services Analysis

## Appendix 1

South Lanarkshire Health and Social Care Partnership Budget	ANNUAL BUDGET 2024/2025 £m
<b>Health Care Services</b>	
Locality and Other Services	42.113
Addiction Services	13.181
Medical and Nursing Directorate	5.481
Prescribing	69.284
Out of Area Services	4.387
Area Wide Services	7.110
Hosted Services	140.786
Family Health Services	115.756
Set-Aside Budget	70.324
Corporate Services (IJB Operating Costs)	0.000
<b>Health Care Services - Sub Total</b>	<b>468.420</b>

YEAR TO DATE	
BUDGET Jun / Jul 2024 £m	ACTUAL Jun / Jul 2024 £m
(27.367)	(28.408)
2.563	2.228
1.368	1.268
17.321	19.240
1.097	1.381
1.616	1.461
36.767	35.845
28.733	28.733
17.581	17.581
0.000	0.000
<b>79.679</b>	<b>79.330</b>

YEAR TO DATE VARIANCE		
GENERAL Jun / Jul 2024 £m	RING-FENCED Jun / Jul 2024 £m	TOTAL Jun / Jul 2024 £m
1.041		1.041
0.334		0.334
0.100		0.100
(1.919)		(1.919)
(0.285)		(0.285)
0.155		0.155
0.729	0.194	0.922
0.000		0.000
0.000		0.000
0.000		0.000
<b>0.155</b>	<b>0.194</b>	<b>0.349</b>

## Health and Social Care Services Analysis (Cont.)

## Appendix 1 (Cont.)

South Lanarkshire Health and Social Care Partnership Budget	ANNUAL BUDGET 2024/2025 £m	ANNUAL FORECAST 2024/2025 £m	VARIANCE FORECAST		
			GENERAL 2024/2025 £m	RING-FENCED 2024/2025 £m	TOTAL 2024/2025 £m
<b>Social Care Services</b>					
Residential, Nursing & Respite Care Services	86.467	86.179	0.288		0.288
Supported Living Services	26.433	27.520	(1.087)		(1.087)
Day Care Services	10.944	11.662	(0.718)		(0.718)
Home Care Services	78.954	78.298	0.656		0.656
Equipment, adaptations and telecare	3.257	3.318	(0.061)		(0.061)
Assessment & Care Management	15.763	15.054	0.709		0.709
Direct Payments	11.296	11.056	0.240		0.240
Other Services	6.398	6.360	0.038		0.038
<b>Expenditure Sub Total</b>	<b>239.512</b>	<b>239.447</b>	<b>0.065</b>	<b>0.000</b>	<b>0.065</b>
Income	(9.565)	(9.499)	(0.065)		(0.065)
<b>Social Care Services Net Total</b>	<b>229.947</b>	<b>229.948</b>	<b>(0.000)</b>	<b>0.000</b>	<b>(0.000)</b>
Housing Services - General Fund	1.644	1.644	0.000		0.000
Housing Services HRA - Aids and Adaptations	2.158	2.158	0.000		0.000
Housing Services HRA - Care of Gardens	0.849	0.849	0.000		0.000
Housing Services HRA - Sub Total	3.007	3.007	0.000		0.000
Community Services (Grounds Maintenance)	0.084	0.084	0.000		0.000
Performance and Support Services	0.000	0.000	0.000		0.000
Corporate Services (IJB Operating Costs)	0.000	0.000	0.000		0.000
<b>Social Care and Housing Services Sub Total</b>	<b>234.682</b>	<b>234.683</b>	<b>(0.000)</b>	<b>0.000</b>	<b>(0.000)</b>

## Health and Social Care Services Analysis (Cont.)

## Appendix 1 (Cont.)

South Lanarkshire Health and Social Care Partnership Budget	ANNUAL BUDGET 2024/2025 £m
Health Care Services - Sub Total	468.420
Social Care and Housing Services Sub Total	234.682
<b>Total Budget</b>	<b>703.102</b>
<b>Funded As Follows</b>	
SLC Funding	(185.210)
<b>Total - SLC</b>	<b>(185.210)</b>
NHS Lanarkshire Funding	(463.639)
Resource Transfer Paid By NHSL To SLC	(24.914)
Resource Transfer Paid By SLC To NHSL	(1.364)
Social Care Funding	(20.082)
Commissioned Services Funding	(5.326)
<b>Total - NHSL</b>	<b>(515.325)</b>
<b>IJB Reserves</b>	
SLC	0.000
NHSL	(2.567)
<b>IJB Reserves Total</b>	<b>(2.567)</b>
<b>TOTAL</b>	<b>(703.102)</b>

## Hosted Services Led By South Lanarkshire IJB

## Appendix 2

Led by the South Partnership	TOTAL			
	Annual Budget 2024/2025	YTD Jun / Jul 2024 Budget 2024/2025	YTD Jun / Jul 2024 Actual 2024/2025	YTD Jun / Jul 2024 Variance 2024/2025
	£m	£m	£m	£m
Public Dental Services	7.944	1.975	1.811	0.165
Brain Injury Unit	2.216	0.565	0.575	(0.009)
Out of Hours Services	9.978	2.494	2.257	0.237
Palliative Care Services	7.104	1.800	1.773	0.027
Physiotherapy Services	11.709	2.927	2.665	0.262
Primary Care Services	0.857	0.214	0.176	0.038
Occupational Therapy Services	8.919	2.248	2.034	0.214
Diabetic Services	4.244	1.061	1.267	(0.206)
<b>Sub Total</b>	<b>52.972</b>	<b>13.286</b>	<b>12.558</b>	<b>0.729</b>
<b>Ring Fenced Funding</b>				
Primary Care Improvement Fund	23.221	5.805	5.606	0.200
Primary Care Transformation Fund	0.000	0.000	0.006	(0.006)
<b>Sub Total</b>	<b>23.221</b>	<b>5.805</b>	<b>5.612</b>	<b>0.194</b>
<b>TOTAL</b>	<b>76.193</b>	<b>19.091</b>	<b>18.169</b>	<b>0.922</b>
<b>South Share of North Hosted Services</b>	<b>64.593</b>	<b>17.676</b>	<b>17.676</b>	<b>0.000</b>
<b>Hosted Services Total</b>	<b>140.786</b>	<b>36.767</b>	<b>35.845</b>	<b>0.922</b>

South Lanarkshire IJB - 48% Share			
Annual Budget 2024/2025	YTD Jun / Jul 2024 Budget 2024/2025	YTD Jun / Jul 2024 Actual 2024/2025	YTD Jun / Jul 2024 Variance 2024/2025
£m	£m	£m	£m
3.813	0.948	0.783	0.165
1.064	0.271	0.281	(0.009)
4.789	1.197	0.960	0.237
3.410	0.864	0.837	0.027
5.620	1.405	1.143	0.262
0.412	0.103	0.065	0.038
4.281	1.079	0.865	0.214
2.037	0.509	0.715	(0.206)
<b>25.427</b>	<b>6.377</b>	<b>5.649</b>	<b>0.729</b>
11.146	2.787	2.587	0.200
0.000	0.000	0.006	(0.006)
<b>11.146</b>	<b>2.787</b>	<b>2.593</b>	<b>0.194</b>
<b>36.573</b>	<b>9.164</b>	<b>8.242</b>	<b>0.922</b>

North Lanarkshire IJB - 52% Share			
Annual Budget 2024/2025	YTD Jun / Jul 2024 Budget 2024/2025	YTD Jun / Jul 2024 Actual 2024/2025	YTD Jun / Jul 2024 Variance 2024/2025
£m	£m	£m	£m
4.131	1.027	1.027	0.000
1.153	0.294	0.294	0.000
5.188	1.297	1.297	0.000
3.694	0.936	0.936	0.000
6.089	1.522	1.522	0.000
0.446	0.111	0.111	0.000
4.638	1.169	1.169	0.000
2.207	0.552	0.552	0.000
<b>27.545</b>	<b>6.909</b>	<b>6.909</b>	<b>0.000</b>
12.075	3.019	3.019	0.000
0.000	0.000	0.000	0.000
<b>12.075</b>	<b>3.019</b>	<b>3.019</b>	<b>0.000</b>
<b>39.620</b>	<b>9.928</b>	<b>9.928</b>	<b>0.000</b>

# Hosted Services Led By North Lanarkshire IJB

# Appendix 3

Led by the North Partnership	TOTAL			
	Annual Budget 2024/2025	YTD Jun / Jul 2024 Budget 2024/2025	YTD Jun / Jul 2024 Actual 2024/2025	YTD Jun / Jul 2024 Variance 2024/2025
	£m	£m	£m	£m
Sexual Health Services	3.321	0.885	0.903	(0.017)
Continence Services	2.475	0.625	0.790	(0.166)
Immunisation Services	2.072	0.518	0.710	(0.192)
Speech and Language Therapy Services	7.066	1.767	1.594	0.173
Children and Adolescents Mental Health Services	9.309	3.373	3.148	0.224
Childrens Services	12.272	3.173	3.572	(0.399)
Integrated Equipment and Adaptations Store	0.567	0.142	0.138	0.004
Dietetics Services	4.239	1.111	1.013	0.098
Podiatry Services	4.890	1.230	1.125	0.104
Prisoner Healthcare Services	2.008	0.517	0.682	(0.166)
Blood Borne Viruses Services	1.854	0.463	0.411	0.052
Hospital at Home	2.616	0.737	0.731	0.006
Mental Health and Learning Disability Services	81.877	22.285	21.753	0.532
<b>TOTAL</b>	<b>134.568</b>	<b>36.825</b>	<b>36.571</b>	<b>0.254</b>
<b>North Share of South Hosted Services</b>	39.620	9.928	9.928	0.000
<b>Hosted Services Total</b>	<b>174.188</b>	<b>46.752</b>	<b>46.498</b>	<b>0.254</b>

South Lanarkshire IJB - 48% Share			
Annual Budget 2024/2025	YTD Jun / Jul 2024 Budget 2024/2025	YTD Jun / Jul 2024 Actual 2024/2025	YTD Jun / Jul 2024 Variance 2024/2025
£m	£m	£m	£m
1.594	0.425	0.425	0.000
1.188	0.300	0.300	0.000
0.995	0.249	0.249	0.000
3.392	0.848	0.848	0.000
4.469	1.619	1.619	0.000
5.891	1.523	1.523	0.000
0.272	0.068	0.068	0.000
2.035	0.533	0.533	0.000
2.347	0.590	0.590	0.000
0.964	0.248	0.248	0.000
0.890	0.222	0.222	0.000
1.256	0.354	0.354	0.000
39.301	10.697	10.697	0.000
<b>64.593</b>	<b>17.676</b>	<b>17.676</b>	<b>0.000</b>

North Lanarkshire IJB - 52% Share			
Annual Budget 2024/2025	YTD Jun / Jul 2024 Budget 2024/2025	YTD Jun / Jul 2024 Actual 2024/2025	YTD Jun / Jul 2024 Variance 2024/2025
£m	£m	£m	£m
1.727	0.460	0.478	(0.017)
1.287	0.325	0.491	(0.166)
1.078	0.289	0.462	(0.152)
3.674	0.919	0.746	0.173
4.841	1.754	1.529	0.224
6.382	1.650	2.049	(0.399)
0.295	0.074	0.070	0.004
2.543	0.578	0.480	0.098
2.204	0.639	0.535	0.104
1.044	0.269	0.434	(0.166)
0.964	0.241	0.189	0.052
1.360	0.383	0.377	0.006
42.576	11.588	11.056	0.532
<b>69.975</b>	<b>19.149</b>	<b>18.895</b>	<b>0.254</b>



# Report

Report to:	<b>South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee</b>
Date of Meeting:	<b>27 August 2024</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Integration Joint Board Reserves Strategy</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the Integration Joint Board (IJB) Reserves Strategy

## 2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendation(s):-

- (1) that the updated IJB Reserves Strategy, attached as an appendix, is noted; and
- (2) that the proposed realignment of the South Lanarkshire Alcohol and Drug Partnership reserves funding to reflect the planned commitments is endorsed.

## 3. Background

3.1. In order to ensure the monitoring of reserves funding continues to be effective, the IJB Reserves Strategy has been updated.

## 4. IJB Reserves Strategy

4.1. In order to maintain the effective monitoring of non-recurring reserves funding, the IJB reserves schedule attached as an appendix has been updated to reflect the IJB Financial Plan 2024/2025 approved by the IJB on 26 March 2024 which included reliance on reserves. The reserves approved for realignment total £5.370m (NHSL - £2.571m; SLC - £2.799m).

4.2. It is also proposed that the IJB reserves schedule is updated to reflect the planned commissioning of services in respect of the South Lanarkshire Alcohol and Drug Partnership reserves funding. This reflects the outcome of agreed procurement processes. The NHSL partner is the lead for this funding. The proposed realignment totals £3.397m. The PASC is asked to endorse the realignment of reserves.

4.3. Going forward, the IJB financial monitoring report will include the summary of the reserves drawn down during the year. The IJB Reserves Strategy will also be reviewed annually on conclusion of the year-end process.

## **5. Employee Implications**

5.1. There are no employee implications associated with this report.

## **6. Financial Implications**

6.1. The financial implications associated with this report are outlined at section 4. The update on the IJB Reserves Strategy reflects the reserve realignments approved by the IJB on 26 March 2024 and also the current procurement strategies in place following approved procurement processes as appropriate.

## **7. Climate Change, Sustainability and Environmental Implications**

7.1. There are no implications for Climate Change, sustainability or the environment in terms of the information contained in this report.

7.2. There are no sustainable development issues associated with this report.

## **8. Other Implications**

8.1. There are no additional risks associated with this report. The updated IJB Reserves Strategy will contribute to the mitigation of the following risk within the IJB Risk Register:-

- ◆ Financial Sustainability (Very High)

8.2. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 to 2025, notably the following outcome:-

- ◆ Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

8.3. There are no other issues associated with this report.

## **9. Equality Impact Assessment and Consultation Arrangements**

9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2. Consultation was undertaken with both the Director of Finance, NHS Lanarkshire and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council in terms of the information contained in this report.

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

5 August 2024

## **Previous References**

- ◆ Integration Joint Board – 26 March 2024

## **List of Background Papers**

None

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Marie Moy, Chief Financial Officer  
Ext: 3709 (Phone: 01698 453709)  
Email: [marie.moy@southlanarkshire.gov.uk](mailto:marie.moy@southlanarkshire.gov.uk)

## IJB Reserves Strategy

## Appendix 1

Ref	Lead Partner	Useable Reserve	Revised Balance As At 31 March 2024 £m	APPROVED BY IJB 26 MARCH 2024		PROPOSED		Revised Balance As At 31 March 2024 £m
				Reserves Released £m	Reserves Reallocated £m	Reserves Released £m	Reserves Reallocated £m	
<b>Ring-Fenced Reserves</b>			<b>£m</b>					
RF2	NHSL	Alcohol and Drug Partnership Fund	1.373			(1.373)		0.000
RF10	NHSL	GP Information Technology Fund	0.750					0.750
RF11	NHSL	Community WIFI Fund	0.315					0.315
RF12	NHSL	Remobilisation Fund	0.636	(0.636)				(0.000)
RF13	NHSL	Integration Authority Support Fund	3.097	(0.801)				2.296
RF15	NHSL	Adult Social Care Winter Preparedness Fund	1.647					1.647
RF17	NHSL	ADP - Drug Death Task Force	0.290			(0.290)		0.000
RF24	NHSL	Covid - Test & Protect Funding	0.044					0.044
RF26	NHSL	GP IT Reprovisioning	0.750					0.750
RF29	NHSL	Residential Rehabilitation	0.669					0.669
RF30	NHSL	Whole Family Approach	0.089			(0.089)		0.000
RF32	NHSL	Outreach	0.115			(0.115)		0.000
RF33	NHSL	Near Fatal Overdose	0.178			(0.178)		0.000
RF34	NHSL	Lived Experience	0.030			(0.030)		0.000
RF35	NHSL	Local Improvement	0.797			(0.797)		0.000
RF36	NHSL	Medication Assisted Treatment (MAT) Implementation Support Team (MIST)	1.084					1.084
RF37	NHSL	Dental Remobilisation	0.308					0.308
RF39	NHSL	School Nursing	0.102					0.102
RF40	NHSL	Brain Injury	0.168					0.168
RF42	NHSL	ADP Task Force	0.191			(0.191)		0.000
RF44	NHSL	Discharge Without Delay	0.951					0.951
RF48	NHSL	Staff Well Being	0.184					0.184
RF49	NHSL	Interface Care Programme	1.374					1.374
RF50	NHSL	Telehealth	0.015	(0.015)				0.000
RF51	NHSL	Video Medication Prompting	0.018	(0.018)				0.000
RF52	NHSL	Family Nurse Partnership	0.159					0.159
RF55	NHSL	OT NES	0.002					0.002
RF56	NHSL	Insulin Pumps Funding	0.076					0.076
RF57	NHSL	Dental Childsmile	0.132					0.132
RF59	NHSL	PCIF Pharmacy	0.468					0.468
RF60	NHSL	Resettlement Healthcare	0.054					0.054

## IJB Reserves Strategy

## Appendix 1 (Cont.)

Ref	Lead Partner	Useable Reserve	Revised Balance As At 31 March 2024	APPROVED BY IJB 26 MARCH 2024		PROPOSED		Revised Balance As At 31 March 2024
				Reserves Released	Reserves Reallocated	Reserves Released	Reserves Reallocated	
			£m	£m	£m	£m	£m	
<b>Ring-Fenced Reserves</b>								
RF61	NHSL	NES Pharmacy	0.314					0.314
RF62	NHSL	Pharmacy	0.051					0.051
RF63	NHSL	Multi Disciplinary Teams	1.681					1.681
RF64	NHSL	Scottish Trauma Network (Tranche 1)	0.029					0.029
RF65	NHSL	Oral Health	0.198					0.198
RF66	NHSL	OPAT Monies	0.265					0.265
RF67	NHSL	Interim Care Beds	0.033					0.033
RF68	NHSL	Dental (Agenda For Change)	0.046					0.046
RF69	NHSL	ADP Programme for Governance	0.000				0.675	0.675
RF70	NHSL	ADP Outreach - Adults	0.000				0.638	0.638
RF71	NHSL	ADP Outreach - Young People	0.000				0.654	0.654
RF72	NHSL	ADP Other	0.000				1.095	1.095
<b>Total Ring-Fenced Reserves</b>			<b>18.683</b>	<b>(1.470)</b>	<b>0.000</b>	<b>(3.062)</b>	<b>3.062</b>	<b>17.213</b>
<b>Earmarked Reserves</b>								
EM1	NHSL	Palliative Care Services	0.094					0.094
EM3	SLC	Social Care Contingency Fund	1.692	(1.692)				0.000
EM5	NHSL	Transitional Fund	0.187					0.187
EM8	NHSL	Telehealth Fund	0.150	(0.150)				0.000
EM19	SLC	Housing Services - General Fund	0.010					0.010
EM22	NHSL	GP IT Systems Replacement Fund	0.997					0.997
EM24	NHSL	Director of Nursing Fund	0.065					0.065
EM31	NHSL	Area Wide Services - Health Inequalities Health Promotion Posts	0.082					0.082
EM34	NHSL	Area Wide Services - Development of Health Promoting Culture	0.076					0.076
EM35	NHSL	Area Wide Services - Third Sector Initiatives To Improve Health	0.280					0.280
EM36	NHSL	Area Wide Services - Public Health Intelligence Data Analysts	0.059					0.059

## IJB Reserves Strategy

## Appendix 1 (Cont.)

Ref	Lead Partner	Useable Reserve	Revised Balance	APPROVED BY IJB		PROPOSED		PROPOSED
			As At 31 March 2024	Reserves Released	Reserves Reallocated	Reserves Released	Reserves Reallocated	Revised Balance
Earmarked Reserves			£m	£m	£m	£m	£m	As At 31 March 2024
EM37	NHSL	Area Wide Services - Inequalities Funding	0.023					0.023
EM38	NHSL	Health and Social Care Fund	0.326	(0.326)				0.000
EM39	SLC	Financial Plan 2022/2023	0.818	(0.818)				0.000
EM40	SLC	Integrated Care Fund	0.036	(0.036)				0.000
EM41	SLC	Self-Directed Support Development Team	0.093	(0.093)				0.000
EM42	SLC	Mental Health Officer Capacity	0.160	(0.160)				0.000
EM43	NHSL	Area Wide Services - 2021/2022 Underspend	1.217					1.217
EM45	NHSL	OT - Project Specific	0.048					0.048
EM49	NHSL	ADP Commissioned	0.300			(0.300)		0.000
EM50	NHSL	Professional Nursing	0.019					0.019
EM51	NHSL	Locality Services	0.080					0.080
EM52	NHSL	Care Opinion	0.013					0.013
EM53	NHSL	Veterans	0.043					0.043
EM54	NHSL	Social Care Fund	0.575	(0.575)				0.000
EM55	NHSL	Childrens Care Fund	0.050	(0.050)				0.000
EM57	NHSL	Medical Staffing	0.020					0.020
EM60	NHSL	GP IT Reprovisioning	0.186					0.186
EM61	NHSL	Clinical Fellow Funding	0.003					0.003
EM62	NHSL	Clinical Pharmacist re addictions	0.035			(0.035)		0.000
EM64	NHSL	Oversubstantive Posts (£2.438m)	0.088					0.088
EM66	NHSL	Unscheduled Care	2.327					2.327
EM67	SLC	Financial Strategy - Social Care Services	0.000		2.660			2.660
EM68	SLC	Equipu Service Costs	0.000		0.139			0.139
EM69	NHSL	Financial Strategy - Health Care Services	0.000		2.571			2.571
EM70	NHSL	ADP Other	0.000				0.335	0.335
<b>Total Earmarked Reserves</b>			<b>10.152</b>	<b>(3.900)</b>	<b>5.370</b>	<b>(0.335)</b>	<b>0.335</b>	<b>11.622</b>

## IJB Reserves Strategy

## Appendix 1 (Cont.)

Ref	Lead Partner	Useable Reserve	Revised Balance As At 31 March 2024	APPROVED BY IJB 26 MARCH 2024		PROPOSED		PROPOSED
				Reserves Released	Reserves Reallocated	Reserves Released	Reserves Reallocated	Revised Balance As At 31 March 2024
			£m	£m	£m	£m	£m	£m
<b>Contingency Reserves</b>								
C1	NHSL	Contingency Reserves - NHSL	0.000					0.000
C2	SLC	Contingency Reserves - SLC	0.000					0.000
<b>Total Contingency Reserves</b>			<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>General Fund</b>			<b>28.835</b>	<b>(5.370)</b>	<b>5.370</b>	<b>(3.397)</b>	<b>3.397</b>	<b>28.835</b>
<b>Summary</b>								
		Ring-fenced	18.683	(1.470)	0.000	(3.062)	3.062	17.213
		Earmarked	10.152	(3.900)	5.370	(0.335)	0.335	11.622
		Contingency	0.000	0.000	0.000	0.000	0.000	0.000
		<b>Total</b>	<b>28.835</b>	<b>(5.370)</b>	<b>5.370</b>	<b>(3.397)</b>	<b>3.397</b>	<b>28.835</b>
<b>IJB Reserve Lead Partner</b>								
		NHSL	26.026	(2.571)	2.571	(3.397)	3.397	26.026
		SLC	2.809	(2.799)	2.799	0.000	0.000	2.809
		NHSL - Contingency	0.000	0.000	0.000	0.000	0.000	0.000
		SLC - Contingency	0.000	0.000	0.000	0.000	0.000	0.000
		<b>Total</b>	<b>28.835</b>	<b>(5.370)</b>	<b>5.370</b>	<b>(3.397)</b>	<b>3.397</b>	<b>28.835</b>



# Report

Report to:	<b>South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee</b>
Date of Meeting:	<b>27 August 2024</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Internal Audit Plan 2024/2025 Progress Report</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on progress with the delivery of the Internal Audit Plan 2024/2025

## 2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendation(s):-

- (1) that the content of the report and progress to date be noted.

## 3. Background

3.1. As stated in the Integrated Resources Advisory Group guidance, it is the responsibility of the Integration Joint Board (IJB) to establish an adequate and proportionate internal audit of the arrangements for risk management, governance and control of the delegated resources. The internal audit arrangements for the IJB are provided jointly by the internal audit teams of South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL).

3.2. The IJB approved the 2024/2025 Internal Audit Plan on 20 February 2024. A total of 60 days, as detailed at the appendix, have been committed to undertake the IJB Internal Audit Plan which has been designed to target the priority issues which have been aligned to strategic risks and reflect the evolving and complex challenges to service delivery.

3.3. The Internal Audit Plan 2024/2025 also takes account of assurances which will be provided to the IJB based on the work performed under the Internal Audit Plans of both SLC and NHSL for 2024/2025. The audit of operational activities is being undertaken under the auspices of the partner bodies. The IJB is asked to note that the outcomes of these operational audits are reported to the partner body Audit Committees and discussed with the IJB Chief Officer and IJB Chief Financial Officer. The assurances gained will be provided to the IJB as part of the overall assurances received from the partner body Audit Committees.

### **3. Background (Cont.)**

- 3.4. Each year, the Chief Internal Auditors of SLC and NHSL are required to present to the IJB an annual opinion on the adequacy and effectiveness of the IJB's corporate governance, risk management and internal control arrangements. The Internal Audit opinion for 2023/2024, which was previously presented to the PASC on 28 May 2024 is that, overall, reasonable assurance can be placed on the adequacy and effectiveness of the partnership's framework of governance, risk management and control arrangements for the year ending 31 March 2024.
- 3.5. As part of the audit planning process, External Audit will also take into consideration the extent to which reliance can be placed on the work of Internal Audit.

### **4. Internal Audit Plan 2024/2025 Progress Update**

- 4.1. The Internal Audit Plan 2024/2025 is designed to target the priority issues and to provide sufficient evidence to form an Internal Audit Opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control arrangements.
- 4.2. The progress in respect of the Internal Audit Plan 2024/2025 is summarised in the appendix. A workplan has been agreed to ensure the Internal Audit Plan 2024/2025 is delivered by 31 March 2025.
- 4.3. The PASC is asked to note the progress to date and also the proposed approach and arrangements in place to conclude all audit assignments by the end of the financial year.

### **5. Employee Implications**

- 5.1. There are no employee implications associated with this report.

### **6. Financial Implications**

- 6.1. There are no financial implications associated with this report.

### **7. Climate Change, Sustainability and Environmental Implications**

- 7.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.
- 7.2. There are no sustainable development issues associated with this report.

### **8. Other Implications**

- 8.1. There continues to be ongoing significant financial, demand and capacity challenges on the health and social care system. The risk environment is still volatile. The Internal Audit Plan will continue to be re-evaluated during the year to allow any significant changes to the IJB's risk profile to be reflected in the Internal Audit Plan. Any proposed amendments will be subject to PASC approval.
- 8.2. The outcome of the Internal Audits that will be undertaken in 2024/2025 will contribute to the mitigation of the following risks within the IJB Risk Register:
- ◆ Financial Sustainability (Very High)
  - ◆ Workforce availability and capacity (Very High)
  - ◆ Failure to meet public protection and legislative requirements (High)
  - ◆ Performance Reporting does not capture performance across the whole health and social care system (Medium)

## **8. Other Implications (Cont.)**

8.3. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:

- ◆ Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

8.4. Good governance enables the IJB to pursue its vision effectively. In order to respond to the ongoing significant demand and capacity challenges on the health and social care system, there has been a continuing requirement to reprioritise Internal Audit, SMT and financial staff resources as appropriate. This is not impacting on the delivery of the 2024/2025 Internal Audit Plan.

8.5. There are no other issues associated with this report.

## **9. Equality Impact Assessment and Consultation Arrangements**

9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2. Consultation was undertaken with both the Director of Finance, NHS Lanarkshire and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council in terms of the information contained in this report.

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

5 August 2024

### **Previous References**

- ◆ PASC 28 May 2024                      Internal Audit Plan 2024/2025 Progress Report
- ◆ PASC 20 February 2024              Internal Audit Plan 2024/2025

### **List of Background Papers**

None

### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Yvonne Douglas, Audit and Compliance Manager, South Lanarkshire Council

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Marie Moy, Chief Financial Officer

Ext: 3709 (Phone: 01698 453709)

Email: [marie.moy@southlanarkshire.gov.uk](mailto:marie.moy@southlanarkshire.gov.uk)

Audit Assignment	Outline Scope	Expected Days	Current Status (Including Days Spent)	Completion Date
Consultation	<p>Review of the IJB's approach to consultation to assess:</p> <ul style="list-style-type: none"> <li>▪ the adequacy of stakeholder access</li> <li>▪ that the process operates as expected</li> <li>▪ that there is evidence of consideration of the responses in decision-making</li> </ul>	20	<p><b>In Progress</b></p> <p>Research is underway and background information is being collated. The audit remit has been drafted and will be agreed with the Head of Commissioning and Performance and the Chief Financial Officer prior to the commencement of fieldwork which is planned to start week commencing 22 July 2024.</p>	30 September 2024
Performance Measures	<p>Review the revised approach to performance monitoring and reporting to assess how it aids good governance, drives improvement in performance and supports decision-making.</p>	20	<p><b>In Progress</b></p> <p>The draft internal audit assignment plan has been issued for management review. The initial internal audit planning meeting has been scheduled and the internal audit work is scheduled to be undertaken in September 2024.</p>	31 December 2024
<p>Follow Up</p> <p>Lead Partner: Yvonne Douglas SLC Internal Audit Team</p>	<p>Follow up actions arising from audits undertaken in previous years and assess the extent to which actions have been fully implemented and issues addressed.</p>	5	<p>The formal follow-up of audit actions is planned for quarter 4. The outcome of this assignment will be reported in the Internal Audit Annual Assurance Report 2024/2025 which will be presented to the PASC on 24 June 2025.</p>	31 March 2025

**South Lanarkshire IJB  
Internal Audit Plan 2024/2025 Progress Report**

**Appendix (Cont.)**

<b>Audit Assignment</b>	<b>Outline Scope</b>	<b>Expected Days</b>	<b>Current Status (Including Days Spent)</b>	<b>Completion Date</b>
<p>Internal Audit Annual Report</p> <p>Lead Partner: Yvonne Douglas SLC Internal Audit Team</p>	<p>Annual Report containing the Annual Internal Audit Opinion on the assurance and review of the IJB's self-assessment of governance and systems for preparing the 2024/2025 Annual Governance Statement.</p>	<p>7</p>	<p>Not due until post financial year-end.</p>	<p>30 June 2025</p>
<p>Internal Audit Management</p> <p>Lead Partner: Yvonne Douglas and Jocelyn Lyall</p>	<p>Review and update of Internal Audit Plan 2024/2025.</p> <p>Preparation of Internal Audit Plan 2025/2026.</p> <p>Liaison with senior management and the External Auditor.</p> <p>Attendance at the PASC and/or IJB (as appropriate).</p>	<p>8</p>	<p>Ongoing.</p>	<p>31 March 2025</p>
<p><b>Total</b></p>	<p><b>60</b></p>			



# Report

Report to:	<b>South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee</b>
Date of Meeting:	<b>27 August 2024</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Progress Report on Agreed Actions</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on progress in respect of the actions previously agreed with the External Auditor and the Internal Auditors to further develop the Integration Joint Board (IJB) governance framework

## 2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendation(s):-

- (1) that the content of the report and progress to date be noted.

## 3. Background

3.1. In order to further strengthen the IJB governance framework, recommendations are made by the Internal Auditors. 3 internal audit actions have been identified. This report provides a summary of the progress to date in respect of the implementation of these recommendations, one of which is now concluded. These further developments contribute to the IJB's annual assessment of the governance arrangements.

3.2. The South Lanarkshire IJB External Audit for 2023/2024 is ongoing. New external audit actions will be included in the next report to the PASC.

## 4. Audit Actions Progress Update

4.1. The Internal Audit recommendations and the due date for implementation are highlighted in the appendix.

4.2. The IJB Chief Officer, the IJB Chief Financial Officer and the Senior Management Team are committed to progressing all agreed actions to a satisfactory conclusion. The PASC is asked to note the internal audit actions identified and that arrangements are in place to deliver the recommendations by the due date.

## 5. Employee Implications

5.1. There are no employee implications associated with this report.

## 6. Financial Implications

6.1. There are no financial implications associated with this report.

## **7. Climate Change, Sustainability and Environmental Implications**

- 7.1. There are no implications for Climate Change, sustainability or the environment in terms of the information contained in this report.
- 7.2. There are no sustainable development issues associated with this report.

## **8. Other Implications**

- 8.1. The implementation of the agreed external and internal audit actions during 2024/2025 will contribute to the mitigation of the following risks within the IJB Risk Register:
  - Financial Sustainability (Very High)
  - Workforce availability and capacity (Very High)
  - Failure to meet public protection and legislative requirements (High)
  - Performance Reporting (Medium)
- 8.2. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:
  - Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).
- 8.3. Good governance enables the IJB to pursue its vision effectively. The implementation of agreed actions will inform the Annual Governance Statement for 2024/2025 and contribute to the assessment of the internal control framework.
- 8.4. There are no other issues associated with this report.

## **9. Equality Impact Assessment and Consultation Arrangements**

- 9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 9.2. Consultation was undertaken with both the Director of Finance, NHS Lanarkshire and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council in terms of the information contained in this report.

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

5 August 2024

### **Previous References**

- ◆ None

### **List of Background Papers**

None

### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Marie Moy, Chief Financial Officer

Ext: 3709 (Phone: 01698 453709)

Email: [marie.moy@southlanarkshire.gov.uk](mailto:marie.moy@southlanarkshire.gov.uk)

Ref	Improvement Area Identified	Lead Officer	Timeline	Update
1	A mapping exercise will be carried out to provide assurance that the locally reported performance monitoring information maps to the required national indicators.	Head of Commissioning and Performance	December 2024	<p><b>Ongoing</b></p> <p>The performance monitoring arrangements are continuing to be refined. This includes the following actions:</p> <ul style="list-style-type: none"> <li>▪ Reviewing the links between the performance outcomes and the strategic goals and objectives in the new Strategic Commissioning Plan 2025-2028 and the revised Locality Plans, which are currently under development.</li> <li>▪ Mapping the revised local performance monitoring information to the required national indicators, including the six Ministerial Strategic Group targets for integration.</li> </ul>
2	<p>In line with good practice, the following further enhancements will be implemented:</p> <ul style="list-style-type: none"> <li>▪ Overt linkage between performance and the impact on strategic risks.</li> <li>▪ Limiting the volume of information in key messages and issues and further use of tables as an alternative to narrative.</li> <li>▪ Use of control charts to show if variation is within normal limits.</li> <li>▪ Further use of RAG status to describe the position at a point in time.</li> <li>▪ Benchmarking.</li> <li>▪ Use of visualisations and review of the scale of graphs to enhance user friendliness.</li> </ul>	Head of Commissioning and Performance	March 2025	<p><b>Ongoing</b></p> <p>The performance monitoring reports are being further developed to improve content and focus through the use of tables, control charts, graphs, visualisations, RAG status, benchmarking and less narrative. The link between performance and the impact on strategic risks is also being further developed.</p>

**Update on Internal Audit Actions**

**Appendix (Cont.)**

Ref	Improvement Area Identified	Lead Officer	Timeline	Update
3	IJB (Performance and Audit) Sub-Committee Assurance Principles will be developed.	Chief Financial Officer	September 2024	<p><b>Completed</b>                      The IJB (Performance and Audit) Sub- Committee Assurance Principles are included on the agenda of the PASC meeting on 27 August 2024 as a separate report for consideration and approval.</p>

# Report

Report to:	<b>South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee</b>
Date of Meeting:	<b>27 August 2024</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Performance and Audit Sub-Committee Assurance Principles</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ formalise the Performance and Audit Sub-Committee Assurance Principles attached as an appendix

## 2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee (PASC) is asked to approve the following recommendation(s):-

- (1) that the PASC Assurance Principles attached as an appendix are formally adopted.

## 3. Background

3.1. In order to further strengthen the IJB governance framework, on 28 May 2024, Internal Audit recommended that PASC Assurance Principles are formally adopted.

3.2. This further development will contribute to the IJB's annual assessment of the governance arrangements.

## 4. PASC Assurance Principles

4.1. The proposed PASC Assurance Principles are attached as an appendix for consideration and approval.

## 5. Employee Implications

5.1. There are no employee implications associated with this report.

## 6. Financial Implications

6.1. There are no financial implications associated with this report.

## 7. Climate Change, Sustainability and Environmental Implications

7.1. There are no implications for Climate Change, sustainability or the environment in terms of the information contained in this report.

7.2. There are no sustainable development issues associated with this report.

## **8. Other Implications**

8.1. There are no additional risks associated with this report. The formal adoption of the proposed PASC Assurance Principles will contribute to the mitigation of the following risks within the IJB Risk Register:-

- ◆ Financial Sustainability (Very High)
- ◆ Workforce availability and capacity (Very High)
- ◆ Failure to meet public protection and legislative requirements (High)
- ◆ Performance Reporting (Medium)

8.2. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:-

- ◆ Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

8.3. Good governance enables the IJB to pursue its vision effectively. The formal adoption of the proposed PASC Assurance Principles will contribute to the assessment of the internal control framework.

8.4. There are no other issues associated with this report.

## **9. Equality Impact Assessment and Consultation Arrangements**

9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2. Consultation was undertaken with both the Director of Finance, NHS Lanarkshire and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council in terms of the information contained in this report.

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

5 August 2024

### **Previous References**

- ◆ None

### **List of Background Papers**

None

### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Marie Moy, Chief Financial Officer  
Ext: 3709 (Phone: 01698 453709)  
Email: [marie.moy@southlanarkshire.gov.uk](mailto:marie.moy@southlanarkshire.gov.uk)

**1. Purpose And Remit**

- 1.1 The overall purpose of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee (PASC) is to ensure efficient, effective and accountable governance, to contribute to strategic leadership and direction and to focus on agreed outcomes.
- 1.2 Detailed scrutiny should be undertaken by the PASC. If appropriate, key issues should be escalated to the Integration Joint Board (IJB) for information or action as appropriate. For this to be achieved successfully, the PASC must be clear about its priorities, have focused agendas and workplans and must monitor its own performance rigorously.
- 1.3 The PASC must ensure it is focused on the IJB priorities and provides the required assurances to the IJB on the risks, actions and controls for which they are responsible.

**2. PASC Agenda**

- 2.1 In general, for an item to be included on the PASC agenda, it should meet the following criteria unless the PASC Chair and Lead Officer agree there are other good reasons for its inclusion:
  - 2.1.1 It is a matter delegated to the PASC.
  - 2.1.2 It relates to and/or provides assurance upon strategic priorities and related risks delegated to the PASC. In this context, performance reports and other relevant reports should make explicit reference to the IJB risks to which they relate and should contain a conclusion on whether the performance indicates that controls are operating effectively to mitigate that risk as intended.
  - 2.1.3 It is a statutory or regulatory requirement or required by Scottish Government guidance.
  - 2.1.4 The PASC can add value to an IJB matter under consideration by providing a different perspective, identifying further options for consideration and/or highlighting potential unintended consequences of future IJB decisions and directions.

**3. Assurance**

- 3.1 At the start of the financial year, the PASC should consider its remit and determine its assurance requirements together with how these will be met, using assurance mapping principles. This should be set out in the PASC Assurance Plan or clearly identified within the PASC work plan.

### 3. Assurance (Cont.)

3.2 The three lines of assurance are as follows:

First	Partner assurances from “front line” or operational service areas.
Second	Oversight of partner activity, including effective performance monitoring information.
Third	Independent and objective assurance, including the role of Internal Audit, External Audit and from other external scrutiny bodies.

3.3 Assurances should be:

- Explicitly linked to the relevant risk with an explicit conclusion from the responsible Lead Officer.
- Streamlined so that there is no omission and no unnecessary duplication.
- Relevant. Data should not be presented just because it is readily available.
- Reliable. Assurances should be evaluated so that it is clear how much weight should be placed on any piece of evidence and how they fit in with other relevant evidence.
- Sufficient. There should be sufficient evidence in total to allow a reasonable conclusion to be reached.

3.4 The IJB has delegated responsibility for the oversight of the IJB risks to the PASC. Section 5 highlights potential questions that the Lead Officers and the PASC could ask in respect of risks.

3.5 Following a discussion of an agenda item, the PASC should formally assess the level of assurance received. This should be included in the Annual Governance Statement as appropriate. The following criteria (based on work undertaken by the Good Governance Institute) can help in assessing the level of assurance:

- Independent assurance (e.g. an auditor’s opinion) carries more weight than internal evidence produced by management.
- The best assurance is commissioned specifically to assure that a control is effective: reams of evidence with only indirect relevance does not provide good assurance.
- Assurances are time-limited and should only be relied upon if current.
- Differentiate between positive, negative and neutral opinion when using independent assurance.
- Ensure that assurance is consistent: triangulate different sources and use independent evidence to assess the accuracy of internal assurance sources.

### 4. IJB Annual Governance Statement

4.1 Notwithstanding the value of minutes, the IJB Annual Governance Statement explains the governance arrangements and reports on the effectiveness of the system of internal control for the IJB. It provides a comprehensive summary of key issues, focussing on key strategic IJB priorities and relevant, necessary detail.

#### 4. IJB Annual Governance Statement (Cont.)

4.2 The following questions should be considered at the end of every PASC and relevant key responses recorded as appropriate in the IJB Annual Governance Statement. Actions identified should also be progressed by the Lead Officer.

- Are there any issues which should be disclosed in the Annual Governance Statement?
- Are there any new risks emerging which require escalation to the IJB or the partners?
- Is the PASC fulfilling its work plan and if not, would any omissions have an impact on its ability to provide assurance at the year-end?
- In respect of the risks delegated to the PASC:
  - Are the scores correct?
  - Have there been any significant movements?
  - Has the PASC received assurances that controls intended to mitigate the risk are working as intended and are effective?
  - Does the performance reporting support this?
  - Has the PASC received assurances that actions intended to reduce the risk to its target level are working as intended and will be effective?

4.3 At the end of the financial year, the PASC will contribute to the IJB Annual Governance Statement, reflecting on the overall progress made and the key priority issues going forward. The Annual Governance Statement should be focused on the most important issues and should include, as a minimum:

- A conclusion on whether or not the PASC and IJB have fulfilled their remits during the year.
- A clear description of movement in IJB strategic risks, highlighting areas where actions were not effective and where further improvements are required going forward.
- Explicit identification of areas of non-compliance and explanation of the impact on the control environment.
- Clear performance information including in particular areas of poor performance.
- Inclusion of key performance indicators as appropriate.
- Provide a broad conclusion on whether the level of assurance provided by the PASC and the IJB was acceptable.
- Any specific requirements of the PASC and/or IJB based on the relevant remit or duties.
- Consideration of key IJB risks and concerns and how these will be reflected in the IJB and partners' work plans for the year ahead, as appropriate.
- Any long standing, intractable issues identified during the year.
- Coverage of all areas within remit based on appropriate receipt of information from Lead Officers.

4.4 The IJB Chair and IJB Chief Officer must decide whether an item is of sufficient significance to be included in the narrative of, or disclosed within, the Annual Governance Statement. By extension, the PASC should therefore consider whether an item should be brought to the attention of the IJB.

#### 4. IJB Annual Governance Statement (Cont.)

4.5 Useful considerations in deciding whether an item should be disclosed to the IJB include the following:

- Is it material i.e. likely to have a major impact on the IJB and/or each partner?
- Does it represent a control weakness? Some issues could not reasonably have been foreseen or prevented and therefore proportionate controls may not have prevented the incident.
- Was the control weakness in place in the year in question? A weakness in place throughout most of the year should be mentioned, even if resolved after or at the year-end. However, if the issue was discovered during the year but related to a weakness in previous years, now rectified, then it need not be disclosed.

#### 5. Potential Questions

5.1 The following paragraph includes potential questions that the Lead Officers could refer to when considering the effectiveness of the governance arrangements.

Ref.	Question
(1)	Would you know if your controls are working effectively as intended or failing?
(2)	Can you evidence the effectiveness of the controls?
(3)	Can you assure your Standing Committee of the effectiveness of controls?
(4)	Do you have assurance for all three lines of defence? <ul style="list-style-type: none"> <li>▪ First Line: Management / performance / data trends</li> <li>▪ Second Line: Oversight / compliance / audits</li> <li>▪ Third Line: Internal audit reports / external audit reports / external assessments</li> </ul>
(5)	If Yes - why above appetite?
(6)	If No – How are the mitigating controls reflecting improvement or is there an action plan?
(7)	Do you understand both the criticality and effectiveness of controls? <ul style="list-style-type: none"> <li>▪ Criticality How important to the mitigation of the risk? The higher the importance of the control in mitigating the risk, the more assurance is required. If the control is of low importance is it a valid control to attach resource / effort?</li> <li>▪ Effectiveness This should measure if the controls are well designed / appropriate as well as how effectively they are implemented.</li> </ul>

## 5. Potential Questions (Cont.)

5.2 The following paragraph includes potential general questions that the PASC could refer to when considering the effectiveness of the governance arrangements.

Ref.	Question
(1)	Does the IJB risk description fully explain the nature and impact of the risk and does it reflect/include all known significant issues that could have a major impact on the IJB and/or each partner?
(2)	Do the current controls match the stated risk?
(3)	How weak or strong are the controls? Are they both adequate i.e. well-designed and effective i.e. implemented properly?
(4)	Will further actions bring the IJB risk down to the planned / target level?
(5)	Does the assurance that the PASC is receiving confirm how controls are performing?
(6)	In addition to addressing existing risks, are controls focussed on emerging areas of high risk?
(7)	Do the PASC reports identify risk clearly and explicitly link the identified risks to the IJB strategic priorities, objectives and risks?

5.3 The following paragraph includes potential specific questions that the PASC could refer to when analysing a risk delegated to the PASC in detail.

Ref.	Question
(1)	<p>Risk History</p> <ul style="list-style-type: none"> <li>▪ When was risk opened?</li> <li>▪ Has a valid reason been provided for the current risk score?</li> <li>▪ Has the risk improved or deteriorated?</li> <li>▪ Has the risk moved towards target at any point?</li> </ul>
(2)	<p>Target Risk Score</p> <ul style="list-style-type: none"> <li>▪ In line with the IJB's defined risk appetite?</li> <li>▪ Realistic/achievable or does the risk require to be tolerated at a higher level?</li> <li>▪ Sensible/worthwhile?</li> </ul>
(3)	<p>Correct Categorisation</p> <ul style="list-style-type: none"> <li>▪ Controls i.e. processes already in place which take the risk score down from its initial/inherent position to where it is now.</li> <li>▪ Actions i.e. planned initiatives which should take the risk score from its current score to the target score.</li> <li>▪ Assurances i.e. which monitor the application of controls and actions.</li> </ul>

## 5. Potential Questions (Cont.)

### 5.3 Cont.

Ref.	Question
(4)	<p data-bbox="341 327 624 360"><b>Assessing Controls</b></p> <ul style="list-style-type: none"> <li data-bbox="341 394 1299 427">▪ Ensure there is clarity over what the listed controls actually do.</li> <li data-bbox="341 432 1430 566">▪ Are the controls key i.e. are they what actually reduces the risk to its current level and not merely an extensive list of processes which happen but don't actually have any substantive impact on the mitigation of the risk?</li> <li data-bbox="341 571 1358 645">▪ Overall, do the controls look as if they are applying the level of risk mitigation stated?</li> <li data-bbox="341 649 1433 752">▪ Is the effectiveness of the control assessed by the risk owner? If yes, is the risk owner's assessment reasonable based on the evidence provided?</li> </ul>
(5)	<p data-bbox="341 790 719 824"><b>Assessing Agreed Actions</b></p> <ul style="list-style-type: none"> <li data-bbox="341 857 1362 891">▪ As above at (4) but accepting there is likely to be more uncertainty.</li> <li data-bbox="341 896 1094 929">▪ Are the agreed actions on track to be delivered?</li> <li data-bbox="341 934 1390 1003">▪ Are the agreed actions achievable or does the necessary investment outweigh the benefit of reducing the risk?</li> <li data-bbox="341 1008 1437 1077">▪ Are the agreed actions likely to be sufficient to bring the risk down to the target score?</li> </ul>
(6)	<p data-bbox="341 1111 671 1144"><b>Assessing Assurances</b></p> <ul style="list-style-type: none"> <li data-bbox="341 1178 1374 1211">▪ Do the assurances actually relate to the listed controls and actions?</li> <li data-bbox="341 1245 1374 1314">▪ Do the assurances provide relevant, reliable and sufficient evidence either individually or in composite?</li> <li data-bbox="341 1348 1334 1417">▪ Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> <li data-bbox="405 1462 799 1496">a) the control is working;</li> <li data-bbox="405 1500 895 1534">b) action is being implemented;</li> <li data-bbox="405 1538 1414 1641">c) the risk is being mitigated effectively overall e.g. the performance reports look at the overall objective which is separate from assurances over individual controls; and</li> <li data-bbox="405 1646 1318 1680">d) the Lead Officers are on course to achieve the target level.</li> </ul> </li> <li data-bbox="341 1713 1433 1827">▪ What level of assurance is given or can be concluded and how does this compare to the required level of assurance (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> <li data-bbox="405 1861 1214 1895">a) First line: Management / performance / data trends</li> <li data-bbox="405 1899 1126 1933">b) Second Line: Oversight / compliance / audits</li> <li data-bbox="405 1937 1422 2007">c) Third Line: Internal audit reports / external audit reports / external assessments</li> </ul> </li> </ul>