



**MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD**

**THURSDAY 25 SEPTEMBER 2025
VIA DIGITAL MEETINGS SYSTEM**

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Voting Members Present:

Councillor S Akhtar
Dr P Cantley
Mr A Cogan (Chair)
Ms E Gordon
Councillor C McFarlane

Non-voting Members Present:

Mr D Binnie	Ms L Byrne
Ms S Gossner	Dr K Kasengele
Dr C Mackintosh	Mr M Porteous
Ms F Wilson	

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Ms R Crichton
Mr J Forrester	Ms C Goodwin
Ms J Jarvis	Ms L Kerr
Mr N Munro	Ms I Nisbet
Mr G Whitehead	

Clerk:

Ms F Currie

Apologies:

Councillor L Allan
Mr J Blazeby
Councillor J Findlay
Ms M Allan
Mr L Kerr

Declarations of Interest:

None

The Chair welcomed everyone to the meeting, which was being held remotely.

He advised that the meeting was being recorded and would be made available as a webcast in order to allow the public access to the democratic process in East Lothian. East Lothian Council and NHS Lothian were the data controllers under the Data Protection Act 2018. Data collected as part of the recording would be retained in accordance with the Council and Health Board's policies on record retention. The webcast of this meeting will be publicly available for up to 5 years.

The clerk announced a change of agenda order: Item 7 would be brought forward and heard after Item 3.

The Chair welcomed Laurence Rockey, Chief Executive of East Lothian Council, to the meeting.

1. MINUTES FOR APPROVAL: EAST Lothian IJB ON 26 JUNE 2025

The minutes of the IJB meeting on 26 June were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 26 JUNE AND ROLLING ACTIONS LOG

The following matters arising from the minutes on 26 June were discussed:

Page 2 (Item 2) – Councillor Akhtar said she was keen to keep track of any additional funding coming through, as lack of resources remained an issue for the IJB. The Chair reiterated the commitment made by officers at the previous meeting that they would continue to ensure that the IJB received its share of any additional funding and that they would update the IJB when allocations were received.

Rolling Actions Log:

The Convener noted that all of the actions had been completed or had plans in place to address the issues. He sought approval from members to all actions in the log. The IJB agreed to the closure of the items highlighted in the Action Note.

3. CHAIR'S REPORT

The Chair reported on his attendance at a recent meeting with the IJB's partners, at which Mr Rockey had been present, and noted that the development session for IJB members held in August had been very successful. He drew attention to the development session scheduled for 1 October which he encouraged members to attend.

Councillor Akhtar reported on her attendance at a recent IJB Chairs/Vice Chairs network meeting where some powerful examples of work had been provided by IJBs. She agreed to share with members copies of presentations and a recording of the meeting.

7. CARE AT HOME – A NEW STRATEGIC DIRECTION

A report was submitted by the Chief Officer presenting a new Care at Home strategy aimed at improving delivery of both community based and funded care services, while supporting system change, to enhance outcomes for individuals and unpaid carers.

Jamie Forrester provided a detailed summary of his report drawing attention to the clustering of care localities, co-ordination of capacity across provision and examples for investment to deliver longer term savings.

The Chair commented that this strategy had been considered by the Strategic Planning Group (SPG) and had been subject to significant consultation. It was now coming forward for approval by the IJB.

Mr Forrester, Laura Kerr and Isobel Nisbet responded to questions from members providing feedback on the 12-week pilot project and the direct or indirect impacts on associated services. It was noted that further follow up work was required to see if the benefits displayed during the pilot were maintained, and to consider how this approach might be rolled out more widely. They said that the staffing levels for services would be determined once an implementation plan was in place.

Fiona Wilson said that this work would provide the opportunity for a wider conversation on staffing more generally and how to use existing resource more efficiently, as well as conversations on how to shift models of care.

The Chair acknowledged that the need for service transformation had come across clearly in the report.

In response to final questions, Ms Kerr said the IJB would continue to receive updates on these initiatives and confirmed that carer reps were involved in the work. She also took on board the suggestion of contacting the Council's Connected Communities Team.

Decision

The IJB agreed:

- i. Approve the Care at Home Strategy (Appendix)
- ii. Note that the SPG has agreed to the development of an Implementation Plan to be led by General Managers.

4. EAST Lothian IJB ANNUAL PERFORMANCE REPORT 2024-25

A report was submitted by the Chief Officer presenting the draft East Lothian Integration Joint Board Annual Performance Report for 2024/25.

Claire Goodwin presented the report reminding members that IJBs were required to report annually on performance against national integration indicators. She said that East Lothian IJB had improved in 8 of the 10 indicators and, overall, was doing as well or better than last year.

Ms Gordon welcomed the report and found the case studies to be a helpful illustration of how initiatives work in practice.

Ms Goodwin, Ms Wilson and Jennifer Jarvis replied to questions from members on plans for a press release and promotion of the report and its positive findings. Ms Wilson and Sarah Gossner also replied to question on the expansion of initiatives to upskill staff and the challenges of maintaining the services while also releasing staff to undertake enhanced competencies.

The Chair congratulated staff for the level of performance outlined in the report, and for demonstrating that, in 8 out of 10 national indicators, East Lothian was well ahead of the curve in delivering services.

Councillor Akhtar echoed the Chair's remarks and paid tribute to staff across all services who, despite continuing challenges and pressures, were working to improve services.

Decision

The IJB agreed:

- i. Review the draft IJB Annual Performance Report for 2024/25 and provide feedback as appropriate.
- ii. Approve the draft Annual Performance Report for publication subject to any changes required to reflect IJB feedback.

5. REVIEW OF THE IJB STRATEGIC PLAN – CONSULTATION DRAFT

A report was submitted by the Chief Officer providing the IJB with an update on progress in relation to the review of the East Lothian IJB Strategic Plan; and presenting a Strategic Plan Consultation Draft to the IJB for information.

Ms Goodwin presented the report summarising progress since the IJB's June meeting. She confirmed that the consultation draft had been presented to the SPG where it had been approved for use in consultation with partners. She reported that work had also begun on an initial draft of the annual delivery plan, and she drew attention to the timeline for the next stages of the work.

Ms Goodwin, Ms Kerr and Ms Jarvis responded to questions from members on the level of contextual detail in the draft and whether this was necessary. They said that there was still time to look at this and reminded members that there would also be a summary version of the plan. They suggested the possibility of a joint development session for IJB and SPG members, and the Chair indicated that all members would support this proposal. Officers also provided additional detail on the timelines for further work and engagement within the Council's community planning team and with the wider community.

Mr Rockey commented that, to a new reader, the level of detail might be a little discouraging.

Councillor Akhtar welcomed the co-production approach as a really positive aspect as this work.

Decision

The IJB agreed:

- i. Note progress to date in relation to the review of the current IJB Strategic Plan and development of a Consultation Draft (Appendix 1 of this report).
- ii. Note the next steps in the review process, including in relation to consultation and engagement being carried out to inform further development of the Strategic Plan.

6. MIDLOTHIAN AND EAST LOTHIAN DRUGS AND ALCOHOL PARTNERSHIP (MELDAP) ANNUAL REPORTING SURVEY REPORT 2024/25

A report was submitted by the Chief Officer briefing the IJB on the MELDAP Annual Reporting Survey for 2024/25 submitted to the Scottish Government in June this year.

Martin Bonnar provided a detailed summary of the key points in his report and drew attention to various pilot projects taking place in community settings. He also sought the support of the IJB in MELDAP's community work, particularly through its Low Threshold Cafes and drop-in clinic, and with its anti-stigma work. He updated members on his discussions with Scottish Ministers on funding and, depending on progress, he may come back to seek the IJB's support in making the case for increased resources.

The Chair noted that the report had been submitted to the Scottish Government, but this was an opportunity for IJB members to consider these issues.

Councillor Akhtar suggested a further development session with MELDAP to look at the longer-term sustainability of services, and what the IJB could do to highlight funding concerns and other issues. The Chair supported this proposal.

Mr Bonnar also drew attention to a newly developed charter of rights for people with drug and alcohol issues and agreed to provide further information on this to members. He also offered to provide a link to a piece of work by the Anti-Stigma Network on language and moving away from pejorative terms.

He highlighted that the harms related to drug and alcohol issues were often linked to poverty and deprivation, and he encouraged IJB members to consider whether there were any levers for action within their individual areas of interest.

Claire Mackintosh asked to be linked into the work that MELDP was doing as it would be helpful for her own area of work. She acknowledged Mr Bonnar's comments on the use of language in anti-stigma work, around the need for action on deprivation and she stated that acute hospital admission was of very little benefit in many cases. She offered to share some of her work with Mr Bonnar.

Kalonde Kasengele welcomed the paper and echoed Dr Mackintosh's remarks, particularly around the underlying factors of poverty and deprivation and on reducing stigma.

In response to these comments, Mr Bonnar provided further detail on some of the projects to support access to treatment, to show a positive picture of recovery and encourage the concept within communities that people could get better. He also accepted Dr Mackintosh's suggestion of information sharing.

Councillor Akhtar thanked Mr Bonnar for his report and suggested that the IJB might consider what further work might be done with partners to tackle some of the underlying factors.

The Chair thanked members for a constructive and positive discussion.

Decision

The IJB agreed to note the content of the report.

8. IJB AUDITED ANNUAL ACCOUNTS FOR 2024/25

A report was submitted by the Chief Finance Officer presenting the IJB's audited Annual Accounts for 2024/25.

Mike Porteous presented report noting that the IJB had received an unqualified audit opinion from the external auditors, and he thanked colleagues within both partner bodies for their support in putting together the accounts. The auditors had made one recommendation which he had accepted and hoped to complete by the end of the year.

The Chair noted that the audited accounts had been presented to the Audit & Risk Committee earlier in the week and, if approved today by the IJB, would be signed by all relevant parties.

Councillor Akhtar thanked Mr Porteous for his work on the accounts. She commented that the IJB still faced financial challenges in delivering health and social care priorities for the people of East Lothian.

Decision

The IJB agreed to:

- i. Note the IJB's Audited Annual Accounts for 2024/25.
- ii. Note the Draft Annual External Audit Report for East Lothian IJB for 2024/25.
- iii. Note the anticipated recommendation of the IJB's Audit and Risk Committee
- iv. Approve the IJB's Annual Accounts for 2024/25 for sign off and publication.

9. IJB FINANCE REPORT

A report was submitted by the Chief Finance Officer setting out the Quarter 1 (Q1) Financial review position for the IJB; providing an update on the monitoring and delivery of efficiencies; laying out the current reserves position for the IJB; and providing an update on the Financial Planning process.

Mr Porteous presented the report highlighting the outcome of the Q1 review, the forecast overspend for the year, progress with efficiency measures, the position with reserves and work on the 5-year financial plan.

Mr Porteous responded to questions from Councillor Akhtar on the collaborative approach to address Set Aside budget pressures and the timescale for an update of the IJB's reserves policy. He also replied to a question from the Chair on the impact of the delayed Scottish Government budget announcement. He acknowledged that delaying the announcement to January 2026 would place additional pressure on both partners to prepare and agree their own budgets and funding offers to the IJB. However, with collaborative working he was confident that he would have enough information to bring a paper to the IJB's meeting in March 2026.

Mr Rockey said that whether the announcement was delayed to December or January it would still be really challenging for the Council. However, he had ongoing dialogue with Ms Wilson to ensure there would be clarity of process and the ability to deliver what was required.

Decision

The IJB agreed to:

- i. Note the financial position reported as part of the Quarter 1 Review.
- ii. Note the year-to-date delivery of efficiencies.
- iii. Note the current Reserves position for the IJB.
- iv. Note the ongoing Financial Planning process work.

DRAFT

Signed

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Mr Andrew Cogan
Chair of the East Lothian Integration Joint Board

EAST LoTHIAN INTEGRATION JOINT BOARD - ROLLING ACTIONS LOG

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Meeting Date: 30 October 2025

No.	Agenda Item	Meeting Date	Action	Action Owner	Expected Completion Date	Comments
7	7. Care at Home Strategy	25/09/25	From Discussion: To provide updates to the IJB on progress with implementation	Laura Kerr/Jamie Forrester	None stated	
8	5. Review of the Strategic Plan	25/09/25	From Discussion: To arrange a development session for IJB and SPG members	Claire Goodwin	Before December 2025	IJB/SPG member development session will take place on 27 November Recommended for closure
9	6. MELDAP Annual Report	25/09/25	Report Presentation: To provide weblinks to information on the charter of rights and work by the Anti-Stigma Network	Martin Bonnar		Completed – 10.10.25 Recommended for closure
10	8. Audit Annual Accounts 2024/25	25/09/25	Report Recommendation: To arrange signing and publication of the IJB annual accounts 2024/25	Mike Porteous	26.09.25	Completed – 26.09.25 Recommended for closure



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 October 2025

BY: Standards Officer

SUBJECT: East Lothian Integration Joint Board Member's Code of Conduct

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1 PURPOSE

- 1.1 To seek approval of an updated East Lothian Integration Joint Board (IJB) Code of Conduct and to remind members of their personal responsibilities under the Code.

2 RECOMMENDATIONS

The IJB is recommended to:

- 2.1 Agree the amended Code of Conduct attached at appendix 1 to maintain compliance with the Ethical Standards in Public Life etc. (Scotland) Act 2000.
- 2.2 Note that it is each member's personal responsibility to comply with the Code East Lothian IJB Code attached at appendix 1.

3 BACKGROUND

- 3.1 All IJBs, as Devolved Public Bodies, must adopt a Code of Conduct to comply with the Ethical Standards in Public Life etc. (Scotland) Act 2000.
- 3.2 East Lothian IJB issued its first Code of Conduct in October 2015. This applied until the Standards Commission for Scotland (SCS) developed a revised Model Code in December 2021, which the IJB subsequently adopted in 2022.
- 3.3 The draft updated Code, attached at appendix 1, has been updated to reflect the change of the officer holding the role as Standards Officers, as agreed by the IJB in March 2025 and to remove the Collective Responsibility provision which is not applicable for the IJB.

- 3.4 Signing of the Code is a requirement for all IJB members when they join the IJB.
- 3.5 The Code of Conduct reflects the nine key principles of public life in Scotland, which members of public bodies must adhere to. These are:
- Duty
 - Selflessness
 - Integrity
 - Objectivity
 - Accountability and Stewardship
 - Openness
 - Honesty
 - Leadership
 - Respect.
- 3.6 The Code of Conduct states how its requirements should be applied in practice, provides illustrative case studies and sets out provisions for dealing with alleged breaches of the Code, including available sanctions on members.
- 3.7 The Standards Commission for Scotland has also issued an Advice Note for members of Integration Joint Boards (Appendix 2, updated in June 2024) to support compliance with the Code. The Note:
- Provides members of IJBs “...with an overview of their responsibilities under the ethical standards framework.”
 - Emphasises that “...members have a personal responsibility to observe the rules in their IJBs Code of Conduct...” and reflects that the “Advice Note is intended to assist [members] in interpreting the provisions in their IJB’s Code of Conduct, and should, therefore, be read in conjunction with the Code.”
 - Directs that the IJBs Code of Conduct “...will apply in all situations, and at all times, where Members are acting as a member of the IJB, have referred to themselves as a member or could objectively be considered to be acting as a member.”
 - Notes that Councillor or NHS Board non-executive director IJB members should adopt an independent position in discharging their IJB role.
 - Clearly delineates the strategic role of IJB members and its separation from the operational/service management role of the Chief Officer and HSCP officers.
 - Provides examples of potential breaches of the Code of Conduct, to assist members in judging where the code is at risk of being breached.
 - Highlights the circumstances under which an IJB member might be sanctioned and/or disqualified.
- 3.8 The SCS also provides a suite of briefings regarding all aspects of the Code and public body and IJB member conduct. These are available at: www.standardscommissionscotland.org.uk/education-and-resources/professional-briefings.

4 ENGAGEMENT

- 4.1 There is no engagement required in connection with this paper.

5 POLICY IMPLICATIONS

- 5.1 There are no further policy implications, beyond ensuring all IJB members are aware of the Code of Conduct and associated guidance and have signed the Code and maintain their entry in the Register of Interests.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

7 DIRECTIONS

- 7.1 There are no implications for Directions arising from this report.

8 RESOURCE IMPLICATIONS

- 8.1 There are no financial, personnel, or other resource implications arising from this report.

9 BACKGROUND PAPERS

- 9.1 The SCS website contains further information relevant to IJBs at:
www.standardscommissionscotland.org.uk/search/?search-filter=ijb.

Appendix 1 – East Lothian IJB Code of Conduct for Members

Appendix 2 - Advice Note for Members of Integration Joint Boards

Appendix 3 - IJB Standards Presentation

AUTHOR'S NAME	Hayley Barnett
DESIGNATION	Standards Officer
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DATE	9 October 2025



Code of Conduct for Members of East Lothian Integration Joint Board

October 2025

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SECTION 1: INTRODUCTION TO THE EAST LoTHIAN IJB CODE OF CONDUCT

1.1 This Code of Conduct (“Code”) for members of the East Lothian Integration Joint Board (“IJB”) is based on the Model Code issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland, including IJBs.

1.3 The Code was developed in line with the nine key principles of public life in Scotland (listed in [Section 2](#)) and sets out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities as an IJB Member

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of the IJB, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to familiarise myself with the provisions of this Code and that I must also comply with the law and the IJB’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and the IJB, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of the IJB, failing whom the IJB Chair. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

2.1 The Code is based on the following key principles of public life (para 2.3). I will behave in accordance with these principles and understand that they should be used for guidance and for interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

2.3 The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the East Lothian IJB of which I am a member and in accordance with the core functions and duties of the IJB.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of the IJB when carrying out public business, including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that the IJB uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the IJB and its members in conducting public business.

Respect

I must respect all other board members and all employees of the IJB and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity. I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) A one-off incident,
- b) Part of a cumulative course of conduct; or
- c) A pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, and the IJB's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as IJB member, and/or at the invitation of the Chief Officer of East Lothian Health and Social Care Partnership (HSCP) I will not become involved in operational management. I acknowledge and understand that operational management is the responsibility of the Chief Officer and HSCP Management Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of the HSCP or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

- a) The IJB, its committees; and
- b) Any outside organisations that I have been appointed or nominated to by the IJB or on which I represent the IJB.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of the IJB, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) A minor item or token of modest intrinsic value offered on an infrequent basis;
- b) A gift being offered to the IJB;
- c) Hospitality which would reasonably be associated with my duties as a board member; or
- d) Hospitality which has been approved in advance by the IJB.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as an IJB board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, the IJB.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to the IJB at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise the IJB’s Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and/or if I am offered any gift or hospitality from the same source on a repeated basis, so that the IJB can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as an IJB member. I will not use it in any way for personal advantage or to discredit the IJB (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected 'whistleblowing' disclosures made to the prescribed persons and bodies as identified in statute.

Use of Integration Joint Board Resources

3.26 I will only use the IJB's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the IJB, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, the IJB's resources:

- a) Imprudently (without thinking about the implications or consequences);
- b) Unlawfully;
- c) For any political activities or matters relating to these; or
- d) Improperly.

Dealing with the Integration Joint Board and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) Improperly confer on or secure for myself, or others, an advantage;
- b) Avoid a disadvantage for myself, or create a disadvantage for others or
- c) Improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by the IJB, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and the IJB.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed to the IJB and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) Employed;
- b) Self-employed;
- c) The holder of an office;
- d) A director of an undertaking;
- e) A partner in a firm;
- f) Appointed or nominated by the IJB to another body; or
- g) Engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of IJB does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, 'Other Roles'.

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of the IJB in terms of paragraph [6.7](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with the IJB:

- a) Under which goods or services are to be provided, or works are to be executed; and
- b) Which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to the IJB, then I will register a description of, and statement of, any assistance towards election expenses relating to election to the IJB.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of The IJB.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in the IJB (this includes its committees and memberships of other organisations to which I have been appointed or nominated by the IJB).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with the IJB or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by the IJB as its representative, unless:

- a) The matter being considered by the IJB is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met - that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as an IJB member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people will seek access to me as an IJB member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) Any role I have in dealing with enquiries from the public;
- b) Any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) Lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with the IJB (for example in connection with contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or the IJB's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the IJB or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon the IJB.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the IJB Chair, Chief Officer of the HSCP or Standards Officer of the IJB.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) Which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) To provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relating to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code was subsequently reviewed and re-issued in 2014. The 2021 Code was issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions.

Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

“Chair” includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of East Lothian Integration Joint Board, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

“Cohabitee” includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- Any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- Information of which the law prohibits disclosure (under statute or by the order of a Court);
- Any legal advice provided to the public body; or
- Any other information which would reasonably be considered a breach of confidence should it be made public.

“Election expenses” means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- Directly by the public body;
- As contractors by the public body, or
- By a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and/or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) A body corporate or partnership; or
- b) An unincorporated association carrying on a trade or business, with or without a view to a profit.

ADVICE NOTE FOR MEMBERS OF HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARDS

1. Introduction

- 1.1 This Advice Note, issued by the Standards Commission, aims to provide members of Health and Social Care Integration Joint Boards (IJBs) with an overview of their responsibilities under the ethical standards framework. It seeks to assist members in recognising and dealing with potential conflicts of interest to minimise the risk that such a conflict will erode effective governance and scrutiny arrangements.
- 1.2 Members have a personal responsibility to observe the rules in their IJBs Code of Conduct, which is based on the revised [Model Code of Conduct](#) issued by the Scottish Ministers in December 2021. This Advice Note is intended to assist them in interpreting the provisions in their IJBs Code of Conduct, and should, therefore, be read in conjunction with the Code. The Standards Commission's [Guidance on the Model Code of Conduct for Members of Devolved Public Bodies](#) also provides advice on how the relevant provisions in the Code should be interpreted.
- 1.3 The IJBs Code of Conduct will apply in all situations, and at all times, where Members are acting as a member of the IJB, have referred to themselves as a member or could objectively be considered to be acting as a member. In determining whether the Code applies, the Standards Commission will consider whether a member of the public, with knowledge of the relevant facts, would reasonably consider that you were acting as a member of the IJB at the time of the events in question.
- 1.4 All IJBs are required to appoint a Standards Officer, with the appointment then being approved by the Standards Commission. [The Standards Commission's Advice Note on the Role of a Standards Officer](#) provides information on a Standards Officer's role and responsibilities, within the ethical standards framework, and the duties they may be expected to discharge. These can include ensuring that appropriate training is given to IJB members on the ethical standards framework, the IJB's Code of Conduct and the Standards Commission's Guidance. The Standards Officer can also provide advice and support to members on the interpretation and application of the IJB's Code.
- 1.5 Some examples of potential breaches of the Code have been included at Annex A, to assist members in relating the provisions to scenarios they may face or situations they may find themselves in.
- 1.6 It should be noted that the Public Bodies (Joint Working) (Integration Joint Boards) Scotland Order 2014 provides, at paragraph 8(3), that an individual will be automatically disqualified from being a member of an IJB if they have been subject to a sanction under section 19(1)(b) to (e) of the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (2000 Act). The Health Boards

(Membership and Procedure) (Scotland) Amendment Regulations 2016 contains an analogous provision, at paragraph 2(5)(j), for members of health boards. This means that if the Standards Commission, at a Hearing, imposes any sanction, other than a censure, on any individual under Section 19 of the 2000 Act for a breach of a Code of Conduct of any organisation within its remit (including local authorities, IJBs, health boards and other public bodies), that individual will be disqualified from being a member of any IJB or health board, without limit of time.

2. Background

- 2.1 The Standards Commission's functions are provided for by the 2000 Act. The 2000 Act created an ethical standards framework under which councillors and members of devolved public bodies are required to comply with Codes of Conduct, approved by the Scottish Ministers, together with Guidance issued by the Standards Commission.
- 2.2 The role of the Standards Commission is to:
- encourage high ethical standards in public life; including the promotion and enforcement of the Codes of Conduct and to issue guidance to councils and devolved public bodies; and
 - adjudicate on alleged breaches of the Codes of Conduct, and where a breach is found, to apply a sanction.
- 2.3 [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) required councils and NHS boards to work together to form new partnerships, known as Integration Authorities, to ensure health and social care services are well integrated.
- 2.4 Boards of IJBs comprise of a mix of voting and non-voting members. Councils and NHS boards are each required to nominate at least three voting members, with the number from each body being equal (NHS boards nominate non-executive directors to the IJB and councils nominate councillors). IJBs also include non-voting members, including a service user and a representative from the voluntary sector, albeit the voting members are exclusively members from councils and NHS boards.
- 2.5 IJB members are responsible for overseeing IJBs and scrutinising performance to ensure that they are being properly run, with all funds being used appropriately and in accordance with best value principles. Councillor and health board members can inform the IJB about the council's and health board's policies and priorities. However, when acting as members of an IJB, councillors and health board members have a duty to act in the best interests of that IJB and not the body which nominated or appointed them. Councillors and health board members sitting on IJBs nevertheless have legal obligations and responsibilities to their council or health board as well as to their IJB. There is, therefore, the potential for conflicts of interest and any associated risks to effective governance and scrutiny to arise. This Advice Note is intended as an additional resource to support the existing guidance for IJB members to help them identify and manage such conflicts and risks.

3. Understanding the IJBs Role and Responsibilities

- 3.1 IJBs direct their respective NHS board and council to deliver services, meaning NHS boards and councils are accountable to IJBs for the delivery of services as directed, with IJBs being accountable for overseeing the delivery of services.
- 3.2 Both NHS boards and councils delegate specific services to the IJB and provide money and resources. IJBs are then responsible for planning health and care services and have full powers to decide how to use resources and deliver delegated services to improve quality and outcomes. IJBs are jointly accountable to their respective councils and NHS boards through their voting membership and reporting to the public. Integration is intended to shift the focus from what

worked for organisations, to what works for individuals who require health and social care services.

4. Understanding Your Role & Responsibilities

- 4.1 IJBs include representatives from councils, NHS boards, GPs, the voluntary sector, and service users. You should ensure that you understand, respect and take account of differences in organisational cultures so these do not become a barrier to progress and to the effectiveness of the IJB.
- 4.2 It is important for IJBs to ensure governance and accountability in respect of both finance and performance. If you are nominated, appointed or otherwise agree to sit on an IJB, you will need to be aware of your obligations to the IJB and reconcile these with your obligations to other bodies you are associated with, such as your council, NHS board (if you are a councillor or member of a health board) or political group. You should ensure that you are fully aware of the IJB's purpose, structure and strategic aims. You should also ensure you understand the functions it performs and the activities it undertakes.
- 4.3 It is also important to have knowledge of the funding arrangements for the IJB, including the level of funding provided by the council and health board. You should be satisfied you are aware of the IJB's financial monitoring and reporting arrangements and also its approach to risk.
- 4.4 The design of IJBs brings the potential for real or perceived conflicts of interest for board members. The NHS board and council nominate all voting members of the IJB. Their role is to represent the IJB's interests. Voting members will also continue in their role as an NHS board member or councillor. As a result, there is a risk that they may have a conflict of interest, particularly where there is a disagreement between the council and a health board with regard to IJB business, including the money and resources the council and health board are providing to the IJB. As an IJB member, you will have to manage any such conflicts of interest.
- 4.5 There is also a particular risk of conflict for councillor and NHS board members in that they may be acting as IJB board members while commissioning a service, but also for the Council or the NHS board which is then responsible for delivering and evaluating that service.
- 4.6 The purpose of the Codes of Conduct is to ensure that IJB board members adhere to the same standards of behaviour. You should ensure that you are familiar with the provisions in the Code and that you comply with them at all times when you are acting, or could be reasonably regarded as acting, as a member of the IJB.
- 4.7 In most cases your duty under the Code to act in the public interest will align with your duty to act in the best interests of the IJB. Where there is a conflict, however, you should assess whether you are required to declare an interest and whether you should withdraw from the discussion and decision-making (see Section 8 below).
- 4.8 You should be aware that, as a member of the IJB, you must act in its best interests when acting as such, regardless of whether you have been appointed or nominated to it from a council, health board or other organisation. While you can raise matters from the perspective of an outside organisation, you should not promote the interests of, or lobby on behalf of, an outside body when sitting as an IJB member. It is, therefore, essential that you have clear understanding of the roles and responsibilities of each body you are on and that you are required to act in the best interests of the one you are representing at any given time. In order to maintain public confidence, it is essential that IJB members both make decisions, and are seen to be making decisions, in the best interests of the IJB and based on the information provided by officers and matters discussed during any discussion at the IJB meeting in question (as opposed to the

interests of any other organisation or body of which they are a member or any political party or group).

For example, if an IJB is being asked to make a decision on service provision, for budget reasons, that could result in an increased demand on hospital services, any members who have been appointed to the IJB from a health board will be required to consider and decide the matters in the IJB's best interests and not of the health board.

- 4.9 If you are a councillor member of the IJB, you should be aware that the Councillors' Code of Conduct makes it clear that you still need to observe the rules in the Councillors' Code even while carrying out your duties as a member of an IJB. You will also be bound by the rules of conduct for the IJB and are also responsible to the IJB and are required to act in its best interests. This obligation is outlined in Paragraph 3.30 of the Councillors' Code, which states:

If I am appointed, or nominated by the Council as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

- 4.10 Similarly, if you are a health board member of the IJB, you should be aware that the Health Board's Code of Conduct makes it clear that you still need to observe the rules in that Code even while carrying out your duties as a member of an IJB. You will also be bound by the rules of conduct for the IJB and are also responsible to the IJB and are required to act in its best interests. This obligation is outlined in the provisions on 'Appointments to Outside Organisations' in Section 3 of the Model Code, which state:

If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

- 4.11 If you are a health board member of the IJB, you should be mindful that the requirement to act in the interests of the IJB while carrying out your duties as a member of it may require you to make decisions that could potentially be inconsistent with, or diverge from, the priorities or stated aims of the Health Board.
- 4.12 Similarly, if you are a councillor member of the IJB, you should be mindful that you are required to act in the interests of the IJB while carrying out your duties as a member. This may require you to make decisions that could potentially be inconsistent with, or diverge from, the priorities or stated aims of the Council or any political party or grouping you represent. You should not base or be seen to be basing your discussions or decisions, as an IJB member, on political considerations or along party lines (for example when presenting your opinions or the reasoning behind your decision).
- 4.13 You should make sure you are clear about the status of your appointment and whether you are on the IJB board as a voting or non-voting member. If you are a proxy or substitute member, you should be aware that you are only entitled to attend any meeting of the IJB if the member for whom you have the proxy or are a substitute for is unable to be present.
- 4.14 [Audit Scotland's 'Health and social care integration'](#) and ['Health and social care integration: Update on progress'](#) reports both recommend that IJB members should be provided with training and development to prepare them for their role. The reports recommend that the training should cover managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB. You should, therefore, ensure that you have undertaken this training after accepting any nomination to an IJB. You

may also wish to refer to the [Scottish Government's 'On Board: a guide for members of statutory boards'](#) and the ['Role, Responsibilities and Membership of the Integration Joint Board' guidance](#), which outline some helpful principles for roles on boards in general and for membership of an IJB. You should consider providing feedback on any training or induction you receive to help ensure it remains effective and relevant.

- 4.15 The table below summarises the information you should be aware of before accepting an appointment or nomination to sit on an IJB.

The composition of the IJB.
The IJB's purpose, structure, strategic aims and the activities it undertakes.
The IJB's funding, financial monitoring and reporting arrangements.
That you will be obliged to act in the best interests of the IJB while acting as a member of it.
The potential for conflicts of interest to arise.
The IJB's Code of Conduct.
Your status on the IJB.

5. Culture of Respect

- 5.1 You should behave in accordance with the IJB's Code in all situations where you act as an IJB member or are perceived as acting as such, including representing it on official business and when using social media.

- 5.2 You should ensure that you are familiar, and comply, with the terms of any policy your IJB has issued on dignity in the workplace.

- 5.3 You must treat all individuals with courtesy and respect when carrying out your duties as an IJB member. You should not participate in, or condone, acts of harassment, discrimination, victimisation or bullying. This can include, but is not limited to:

- unwelcome physical, verbal or non-verbal conduct;
- intimidatory behaviour including verbal abuse or the making of threats;
- making someone's working life difficult;
- disparaging, ridiculing or mocking comments and remarks;
- deliberately excluding an individual from conversations, work or social activities, in which they have a right or legitimate expectation to participate; and
- ignoring a fellow Member's contribution to a debate, talking over them or being dismissive of their views.

You may wish to have regard to the Standard's Commission's standalone [Advice Note on Bullying and Harassment](#).

- 5.4 You should be aware of the inherent influence your role brings and ensure that you are demonstrating respect for others and encouraging colleagues to do the same.

- 5.5 As noted above, you should ensure that you are aware of the composition of the IJB board and the value that having input and perspective from representatives of different bodies, organisations and sectors will bring to determining how local services can be improved. You can demonstrate this by ensuring that you listen to, and take account of, the views of other members.

- 5.6 You should also be aware of the role that officers play and ensure you are not compromising this by behaving in a manner that could result in them feeling threatened or intimidated, which in turn could prevent them from undertaking their duties properly and appropriately. You must not bring any undue influence to bear on an officer to take a certain action, particularly if it is contrary to the law or the IJB's policies and procedures.

- 5.7 In dealing with officers and members of the public, you should always consider both what you are expressing and the way you are expressing it. You should also consider how your conduct could be perceived. You should be able to undertake a scrutiny role and make contributions to discussions and debates in a constructive, respectful, courteous and appropriate manner without resorting to personal attacks, being offensive, abusive and / or unduly disruptive.
- 5.8 You have a right to high quality information and are entitled to seek further information to enable you to undertake your scrutiny role effectively. You are entitled to challenge officers and colleagues, but you must not do so in a personal or offensive manner.
- 5.9 As a member, your role is to determine policy and to participate in decisions on matters placed before you. It is not to engage in direct operational management of the IJB. You should bear in mind that any issues relating to behaviour, performance or conduct of an officer should be raised privately with the appropriate senior manager.
- 5.10 As someone in a position of trust, you may be made aware of incidents that are brought to your attention by victims of inappropriate behaviour, or other witnesses. You can assist by becoming familiar with what is meant by harassment, discrimination, victimisation and bullying and the impact these can have on individuals or groups.
- 5.11 If you are a witness to any acts of bullying, harassment, discrimination or victimisation, you should encourage the victim to seek support and assistance and make it clear that you will offer them assistance and provide evidence if they decide to make an informal or formal complaint.
- 5.12 Where you have witnessed bullying, harassment, discrimination or victimisation you have a responsibility to speak out. You should challenge inappropriate behaviour as it happens and consider making a complaint.
- 5.13 You should be mindful that there can be differences in culture between organisations. For example, behaviour that may be accepted as part and parcel of robust political debate on a council may be perceived as being unacceptably negative or unhelpful on an IJB.
- 5.14 You should also be mindful of how you could be perceived, as a member of an IJB, when using social media. The Standards Commission has produced an [Advice Note](#) for members of devolved public bodies (which includes IJBs) on the use of the use of social media.

6. Decision-Making

- 6.1 Unlike the Codes for members of other devolved public bodies, the Codes for members of IJBs do not contain a requirement to respect the principle of collective responsibility. IJBs may take decisions on difficult issues and, as such, members may have genuine and strongly held differences of opinion. Once issues are thoroughly debated, however, decisions should be taken, and the majority vote should prevail. As a member, you will have to decide whether to support the decision, and if not, whether you wish to have your dissent formally recorded. You should note that continuing with a conflict, when it has become apparent that other members will not change their minds, can waste time and be demotivating and futile.
- 6.2 You should bear in mind that while issues can and should be debated robustly, if you express division outside the boardroom by, for example, talking to the media or officers or posting on social media, stakeholders can lose confidence in the organisation. This is because confidence and trust can be eroded if a board is perceived as being divided, with its members criticising each other.

7. Registration of Interests

- 7.1 It is your personal responsibility to ensure your Register of Interests is accurate and up to date. You must ensure any changes are made within one month of your circumstances changing (see the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(Register of Interests\) Amendment \(No. 2\) Regulations 2021](#)).
- 7.2 The IJB's Code of Conduct will state the interests, financial and otherwise, that you are required to include in your Register of Interests. If you are unclear about how much information to include in your Register of Interests, you can also seek advice from the Standards Officer or the Standards Commission.
- 7.3 You should bear in mind that what you are required to register in the IJB's Register of Interests and what you are required to declare may be different. You should seek advice if you are unclear about what is required. You should note that you cannot remedy a failure to register a financial or non-financial interest by declaring it.
- 7.4 In particular, if you are a councillor, health board member or member of another devolved public body, you should register your interest on the IJB's Register of Interests under Category 1 (Remuneration) or 8 (Non-Financial Interests).
- 7.5 If you have been nominated or appointed to the IJB by a council you should also ensure that the membership is registered in your *Council* Register of Interests either under Category One: Remuneration (if the position is remunerated) or under Category Eight: Non-Financial Interests (if the position is not remunerated). Similarly, if you have been nominated or appointed to the IJB by a health board you should also ensure that the membership is registered in your *Health Board* Register of Interests either under Category One: Remuneration (if the position is remunerated) or under Category Eight: Non-Financial Interests (if the position is not remunerated).
- 8. Identifying Potential Conflicts of Interest and Making Declarations of Interest**
- 8.1 The public must have confidence that members of IJBs are taking decisions in the public interest and not for any other reason. It is essential, therefore, that you are transparent about any interests which could influence, or could be considered as being likely to influence, your discussion and decision-making as a member of the IJB.
- 8.2 You should ensure that you can identify potential conflicts of interest. These will include not just the potential for competing interests between the IJB and your council or health board (if applicable) and also any other organisation you are a member of, but also any personal interests you may have.
- 8.3 In considering whether to declare an interest in any item before your IJB, you must firstly decide whether you have a connection to the matter that is to be discussed or determined. A connection is any link between the matter being considered and you, or a person or body with whom you are associated. This could be a family relationship or a social or professional contact. It should be noted, however, that paragraph 5.4 of the Code provides that a connection does not include being a member of a public body, such as a health board or council, from which you have been appointed or nominated as a representative to another public body (such as an IJB). This is unless: a) the matter being considered by the IJB is quasi-judicial or regulatory in nature; or b) you have an additional personal conflict by reason of your actions, connections or legal obligations.
- 8.4 This means you do not automatically have a connection by virtue of being a councillor or health board member of an IJB. As such, you are not required to declare an interest and withdraw when discussions on matters that concern your council or health board arise. This includes decisions

about the budget and expenditure. As noted above this is unless a) the matter being considered by the IJB is quasi-judicial or regulatory in nature (such as a planning or licensing matter); or b) you have an *additional* personal conflict by reason of your actions, connections or legal obligations.

- 8.5 If you have a connection, you must apply the objective test at paragraph 5.5 of the Code which is whether:

a member of the public with knowledge of the relevant facts would reasonably regard your connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making

In applying the objective test, you should always err on the side of caution.

- 8.6 You must declare any interest if the objective test is met and withdraw from the room while the item is being considered, discussed, and voted upon. It is not sufficient for you to retire to the back of the room or any public gallery. If the meeting is being held online, you should retire to a separate breakout room or leave and re-join after the discussion on the matter has concluded. It is not sufficient for you to turn off your camera and / or microphone for the duration of the matter. This is to avoid giving rise to any perception that you are still in a position to influence the outcome of the deliberations on the item.

- 8.7 You should be aware that the categories of interest that can require a declaration include both your own personal financial and non-financial interests (including as a member of another body, or organisation, such as a society, club or charity).

An example of a declarable non-financial interest might be if you were a GP and the IJB was being asked to approve plans to implement the Scottish General Medical Services contract.

- 8.8 Categories of interest that can require a declaration can also include the financial and non-financial interests of other persons and bodies. Other persons and bodies can include your friends and family, employer and a body of which you are a member.

An example of a declarable interest concerning another person or body might be if the IJB was being asked to approve funding to an organisation and your partner was an employee of the organisation.

- 8.9 You should not rely on, or expect, officers to remind you to make declarations even if you think they are aware of your interests, including any membership of another organisation. It is solely your own personal responsibility to make declarations of interest as required. If you are in any doubt, you should ask for help from the Chair or Standards Officer.

- 8.10 You should consider whether agendas for meetings raise any issues of declaration of interest and, if so, you should make your declaration of interest as early as possible at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed, you must declare the interest as soon as you realise it is necessary.

- 8.11 You should begin your statement with the words “I declare an interest” and identify the item or items of business to which it relates. You do not need to give a detailed description of the interest, but your statement must contain sufficient information to enable those present to understand the nature of it.

- 8.12 The Standards Commission has produced an [Advice Note](#) for members on how and when to declare an interest at meetings. The Advice Note suggests wording that members may wish to consider using when declaring an interest.

- 8.13 If accepting an appointment on an IJB would mean you would have to declare interests frequently, you should carefully consider whether it is appropriate to accept the appointment.
- 8.14 The table below summarises the questions you should consider when identifying potential conflicts of interest and making declarations of interest.

Have I registered my interests as required by the Code? If my circumstances have changed, have I updated my register?
What are the potential conflicts between the IJB and any other body I am a member of or sit on?
Have I checked the meeting agenda to determine whether I will need to make any declarations of interest?
Do I have any personal interests, either financial or non-financial in the matters being discussed?
Does any individual, body or organisation I am connected to have any financial or non-financial interests in the matters being discussed?
Have I applied the objective test? Have I considered whether any interest I have could be perceived as being sufficiently significant that it could reasonably be taken to fall within the test?
Will I be making regular declarations of interest?

9. Confidentiality

- 9.1 If you are a member of an outside organisation, including a council or health board, you may have access to information that should not be disclosed to both the outside organisation and the IJB. As such, you should be aware of the following confidentiality requirements outlined at paragraphs 3.22 to 3.25 of the Model Code, which are as follows:

- 3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.
- 3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.
- 3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).
- 3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

- 9.2 This means that if you were provided with confidential information, such as information disclosed in a closed or private section of an IJB meeting or legal advice obtained by the IJB (either from officers or external legal advisers), you should not disclose or release it to the council or health board or to any other outside body or individual even if it concerns that body. If such a case were to arise, you should raise the matter with the IJB's Standards Officer.
- 9.3 If you are in any doubt about whether information is confidential, you should seek advice from the Standards Officer.

10. Training and Assistance

- 10.1 You should obtain training on your role from the IJB when appointed and should also attend any ongoing or refresher training in respect of your role as a member.

- 10.2 You can also contact the Standards Commission via email:
enquiries@standardscommission.org.uk.

11. Sources of Information

- 11.1 Further sources of information you may find to be of assistance are listed in the table below.

Publication	Issued By
Report: Health and social care integration: update on progress	Audit Scotland
On Board: a guide for members of statutory boards	Scottish Government
Advice for Members on How to Declare Interests	Standards Commission
Advice on the use of Social Media for Members of Devolved Public Bodies	Standards Commission
Role, Responsibilities and Membership of the Integration Joint Board guidance	Scottish Government
Report: Health and social care integration	Audit Scotland
The Role of Boards	Audit Scotland
Registration of Interests Regulations 2021	Scottish Statutory Instrument



ANNEX A: CASE EXAMPLES

Respect

You have noted that the Chair of your IJB routinely ignores the contribution of the carer representative and allows councillor members of the IJB to speak over him. At the last meeting of the IJB, a councillor member told the carer representative to “shut up” when he tried to object to a proposal being considered. The carer representative advised you that he considers he is being side-lined as the Chair has recently held meetings with the substitute carer representative about IJB business, but has not invited him. The carer representative is considering resigning as he feels unable to contribute properly. He considers there may have been a breach of the Code by the Chair and others. Could he be right?

Yes. The representative is on the IJB to provide input on local services from his perspective as a carer and he should be encouraged to do so. The Chair should be reminded of the inherent influence their role brings and should ensure that not only are they demonstrating respect for all members of the IJB, but that they are also encouraging colleagues to do the same. The Chair and councillor members are not demonstrating respect if they are not listening to, and taking account of, the views of the carer representative or if they are being rude to him. It should be noted that bullying can be a pattern of behaviour or can be a one-off incident that is objectionable or intimidating. It can include deliberately excluding an individual from conversations or meetings, in which they have a right or legitimate expectation to participate.

You have a responsibility to speak out and challenge the inappropriate behaviour. You should also remind the Chair that the substitute member should only be invited to attend and participate at a meeting if the carer representative has been invited but is unable to attend. You should encourage the carer representative to remain on the board and seek to engage him in its discussions.

Respect

You are being asked to approve a strategic plan, drafted by officers, to redesign the learning disability services in your area. You are concerned that inadequate consideration has been given to transportation and that users and families may require to travel longer distances to access services under the changes proposed. Can you raise concerns about this?

Yes. You have a right to high quality information and to scrutinise and challenge recommendations and proposals. You are entitled to challenge the adequacy of the report and its conclusions, and to ask for further work to be undertaken or additional information to be provided, provided you do so in a respectful, courteous and appropriate manner. You are not entitled to be offensive, abusive and / or unduly disruptive, or to raise any matters concerning the conduct or capability of officers in public. You should be mindful of your tone and choice of language to ensure that you are being courteous and respectful when asking for further work to be undertaken or information provided.

Confidentiality

You are a councillor representative on an IJB. You have just been told that a proposal to close a significant number of care of the elderly beds within a hospital in your ward, in order to invest in alternative community-based models of care, is to be considered at the next meeting of the IJB. You are concerned that people using care, their families and staff at the hospital in question have not been consulted on the proposed changes. You want to draw the matter to their attention so that their views are sought before a decision is taken. You consider the best way to do that would be to contact the local media to alert them to the proposal. Can you do so?

No, if the proposal is not yet in the public domain and /or the intention is for it to remain confidential for the time-being. You could potentially be in breach of the confidentiality provisions in the Code by divulging anything about the proposal without having first checked whether information relating to it should be kept private. You should note that it may be that a plan to consult with those who could be directly affected by the proposal is to be discussed as part of the board's consideration of the matter.

Registration of Interests

You are aware that a councillor member of your IJB works for an MSP on a part-time basis. They have registered the employment with the Council and have openly discussed it on social media. The councillor member recently declared an interest in a proposal being considered by the IJB and took no part in the discussion and decision-making, as the MSP they work for has been vociferous in the media about their opposition to the proposal. You have noted, however, that they have not registered the employment on the IJB's register of interests. Does this matter?

Yes. If the employment is remunerated, it must be registered (within one month). The member does not need to state the amount of their salary, but must provide the name of the employer, nature of business and nature of the post they hold. The fact that the member has registered the employment with the Council and has been open about it on social media is not relevant to the question of whether they have complied with the provisions in the IJB's Code. This is because the purpose of having a register is to provide information to the public about the interests of members which might influence their judgement, decision making and actions, or which might be perceived by a reasonable member of the public as doing so. Members of the public might only check the IJB's register of interests, not the Council's one. They may not access or see any postings on social media, or the minute of the meeting in question. Declaring a registerable interest will not remedy any failure to register it, as the fact that a member has declared an interest in one particular item does not necessarily preclude the possibility that they should have done so in respect of another similar or even entirely unconnected matter.

Declarations of Interest

Your IJB is being asked to approve expenditure to support implementation of the area's Primary Care Improvement Plan. Your parents are patients of a GP Practice in the area. Are you obliged to declare this as an interest?

No. It is unlikely that a member of the public, with knowledge of your family's connection to the area and likelihood that they might be patients of a GP practice within it, would reasonably regard your interest as so significant that it would be likely to prejudice your discussion or decision-making. This is because the Primary Care Improvement Plan would cover all primary care services and would have an impact on all GP Practices in the area, not just the one in question.

Declarations of Interest

Your IJB is being asked to consider a report seeking approval for the implementation of a programme to support the further integration of learning disability services in the area. The report recommends that the IJB board approve the implementation of the proposed programme, including expenditure and the award of a contract to a preferred service provider. Your partner works for a similar service provider in the area and has advised you that the decision could potentially lead to some job losses within his organisation. His own role may be under threat of redundancy. Should you declare an interest?

Yes. You are obliged under the Code to declare both the financial and non-financial interests of partners, close relatives and close friends, if the interest is sufficiently significant that it could be taken to fall within the objective test. In this case, your partner would have a non-financial interest (that is likely to be considered significant), by virtue of his employment at a potential competitor. The fact that his

employment could be affected by the decision would make it also a financial interest. It is likely that a member of the public, with knowledge of your partner's job, would reasonably regard your interest as so significant that it would be likely to prejudice your discussion or decision-making. You should declare an interest and withdraw from the room while the matter is being discussed and any decisions are being made.

Conflict of Interest

You are a councillor member of an IJB. The IJB is to consider a plan to decommission respite services currently delivered at a unit in your constituency ward. You understand that the proposal will ensure best value and consider it to be appropriate in terms of modernising interventions and services in the overall region. You are aware, however, that there is support for retaining the unit amongst your constituents, who consider that it provides an essential local service for carers and the elderly. How do you reconcile your roles and the different considerations?

You are obliged under the IJB's Code to act in its best interests while carrying out your duties as a member of it. As such, when considering the plan, you must base your decision on the interests of the IJB, even if these are inconsistent with what you think may be the interests of your ward constituents.

Decision Making

You are a third sector representative on an IJB. At its last meeting, the IJB considered a proposal to direct the local Council to cut funding for a drug dependency support service. You are concerned about the scale of job losses, the short timescales for the closure of the service and the overall impact it will have on drug users in the area. Other members of the IJB are content with reassurances from officers that an impact assessment and subsequent risk mitigation plan will be put in place, and that the funding cut will result in savings that will help deliver efficiency and innovation in respect of other analogous services. You simply cannot accept that the funding cut is necessary or appropriate, however, as you have heard many accounts of the benefits that the service provides. What can you do?

You can ask for your dissent to be recorded in the minutes of the meeting, if you remain unhappy. Ultimately, however, if the decision is legal and was made in accordance with the IJB's standing orders, policies and procedures then it is legitimate, regardless of your opinion. You either need to accept that or consider whether you wish to remain as a member of the IJB. You could be in breach of the Code if, outside the boardroom, you publicly criticise officers or make disrespectful comments about other members. This would include when you are posting on social media.

East Lothian IJB Code of Conduct

IJB Code of Conduct - overview

- All IJBs, as Devolved Public Bodies, are required to adopt a Code of Conduct to comply with the Ethical Standards in Public Life etc. (Scotland) Act 2000.
- East Lothian IJB approved a revised Code of Conduct in June 2022.
- All members are required to sign the Code to indicate acceptance.
- The Code of Conduct was based on a Model Code, developed by the Standards Commission for Scotland. The Commission also provides a suite of briefings regarding all aspects of the Code and IJB member conduct (www.standardscommissionscotland.org.uk/education-and-resources/professional-briefings).
- The Code of Conduct reflects the nine key principles of public life in Scotland (listed below).
- The Code states how its requirements should be applied in practice and sets out provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied.

Standards Officer Role

- To ensure IJB members receive appropriate training (on induction and regularly thereafter) on the ethical standards framework, the Code of Conduct and the Standards Commission guidance.
- To contribute to the maintenance of high standards of conduct by promoting awareness of the Code and advising and supporting IJB members on its interpretation and application.
- To advise a member if concerns arise that the member may have breached the Code, or risks doing so.
- To make members aware that advice or support is available in private (although the Code treats any advice as confidential, in some circumstances the Standards Officer may need to share information with other parties).
- To ensure a Members' Register of Interests is maintained, with entries updated at least yearly, and to ensure each meeting of the IJB starts with a declaration of interest on any item/s on the agenda.
- To adopt an investigatory role in some cases, in respect of complaints made or concerns raised about a member's conduct.
- To report to the IJB on matters relating to the Ethical Standards Framework and compliance.

SECTION 1: INTRODUCTION

My Responsibilities

- Compliance with substantive sections
- Applicability
- Personal Responsibility
- Not to advocate or encourage any action contrary to the Code
- Advice



SECTION 1: INTRODUCTION cont.

Applicability

- Acting as a member
- Identified self as a member
- Reasonably be regarded as acting as a member (objective test)

Can include when using social media

Not prevented from expressing views, (including making political comment) provided do so in way that is compatible with Code

SECTION 2: KEY PRINCIPLES

Duty

Selflessness

Integrity

Objectivity

Accountability
and
Stewardship

Openness

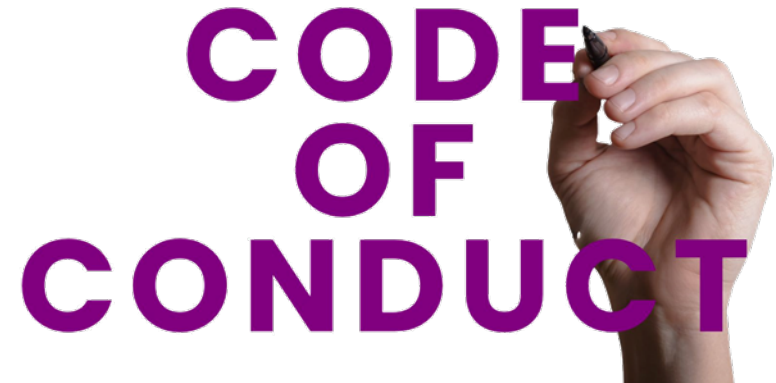
Honesty

Leadership

Respect

SECTION 3: GENERAL CONDUCT

- Respect – colleagues, employees, members of the public
- Social Media
- Bullying and Harassment
- Unlawful discrimination, requirement to advance equal opportunity



SECTION 3: GENERAL CONDUCT cont.

- Relations with Employees
 - Not to undermine employees or raise concerns about their performance, conduct or capability in public
 - Not to take or seek to take unfair advantage
 - Not to become inappropriately involved in operational management
- Collective Responsibility

SECTION 3: GENERAL CONDUCT cont.



- Confidentiality
- Gifts and Hospitality
 - Never ask for or seek gifts and hospitality
 - When offered, can only accept in very limited circumstances and need to consider objective test
 - Advise Standards Officer of significant or repeated offers
- Use of Public Body Facilities
- Preferential Treatment

SECTION 4: REGISTRATION OF INTERESTS

Entries must be updated within **one month** of circumstances changing

- Category 1: Remuneration
- Category 2: Other Roles
- Category 3: Contracts
- Category 4: Election Expenses
- Category 5: Houses, Land & Buildings

SECTION 4: REGISTRATION OF INTERESTS

cont.

- Category 6: Interest in Shares and Securities
- Category 7: Gifts and Hospitality
- Category 8: Non-Financial Interests
- Category 9: Close Family Members



SECTION 5: DECLARATIONS OF INTEREST

1. CONNECTION



2. INTEREST



3. PARTICIPATION

SECTION 5: DECLARATIONS OF INTEREST

1. **CONNECTION** – includes:

- Any link between the matter being considered and the member, or a person or body they are associated with
- Any registered interest

Does **not** include:

- Simply having previous knowledge or experience of a matter
- Having an advance view

SECTION 5: DECLARATIONS OF INTEREST



2. INTEREST

Application of **objective test**

Recording of declaration

3. PARTICIPATION

Leave room (or online meeting)

Transparency Statements

SECTION 6: LOBBYING & ACCESS

Distinguishes and explains what is allowed in respect of:

- A representative / assistance role in helping service users and dealing with their enquiries
- Community engagement
- Lobbying

ANNEXES

Annex A: Breaches of the Code

- Investigation and adjudication of complaints
- Sanctions and interim suspensions

Annex B: Definitions



GUIDANCE AND ADVICE NOTES

Advice Notes for Members on:

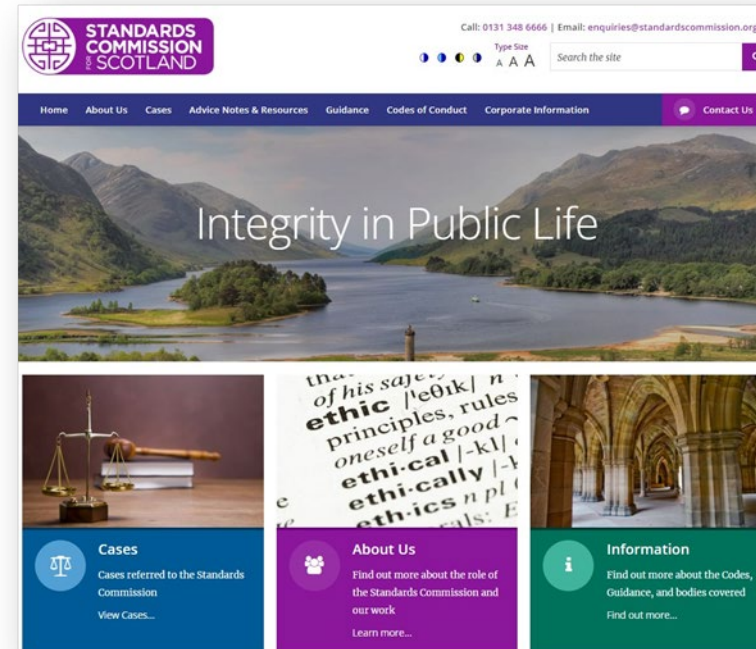
- Strategic vs Operational
- Bullying and Harassment
- Role of a Standards Officer
- Article 10 ECHR (Freedom of Expression)
- Social Media
- Gifts and Hospitality
- Conduct during online meetings
- How to Declare Interests
- Guide on the Model Code for the Public
- Relations between Members and Employees
- Guide for Chairs of Public Bodies

OTHER RESOURCES

Further information on website:

- Hearings Decisions
- 'No Action' Decisions
- Codes of Conduct
- Guidance and Advice Notes
- E-Learning Modules
- Quarterly Standards Updates

www.standardscommission.org.uk



www.linkedin.com/in/standards-commission-b81a52236/



facebook.com/StandardsCommission



enquiries@standardscommission.org.uk

Considerations for IJB Members

- All IJB members need to ensure their entries in the 'Register of Interests' are kept current and that they provide a declaration of interest at the beginning of all IJB meetings.
- Councillor or non-executive director IJB members should adopt an independent position in discharging their IJB role.
- Although the majority of IJB decisions are reached by consensus, there are occasions where a vote is required for specific items. In making a decision on how to vote, IJB members should ensure they are fully and objectively informed on all aspects of the matter under consideration and act in the interest of the IJB.
- Members should familiarise themselves with the Revised Joint Integration Scheme 2023 for East Lothian, which took effect from 15th May 2023, following approval by Scottish Ministers.

Case Studies



Declarations of Interest

Your IJB is considering a report seeking approval for a programme to support the further integration of learning disability services in the area. The report recommends that the IJB approve the award of a contract to a preferred service provider. Your partner works for a similar service provider in the area and has advised you that the decision could potentially lead to some job losses within his organisation, and his own role may be under threat. Should you declare an interest?

Yes. You are obliged under the Code to declare the financial and non-financial interests of partners, close relatives and close friends, if the interest is sufficiently significant that it could be taken to fall within the objective test.

In this case, your partner would have a non-financial interest (that is likely to be considered significant) by virtue of his employment by a potential competitor. There is also a financial interest, as his employment could be affected by the IJB decision. It is likely that a member of the public, with knowledge of your partner's job, would reasonably regard your interest as so significant that it would be likely to prejudice your decision-making.

You should declare an interest and withdraw from the room/close the MS Team link while the matter is being discussed and any decisions are being made. After ~~this~~ you may re-join the meeting.

Case Studies

Decision Making

You are an IJB third sector representative. At its last meeting, the IJB considered a proposal to direct the local Council to cut funding for a drug dependency support service. You are concerned about the scale of job losses, the short timescales for the closure of the service and the overall impact it will have on drug users in the area. Other members of the IJB are content with reassurances from officers that an impact assessment and risk mitigation plan will be put in place, and that the funding cut will result in savings to deliver efficiency and innovation in respect of other analogous services. You simply cannot accept that the funding cut is necessary or appropriate.

What can you do? You can ask for your dissent to be recorded in the minutes of the meeting, if you remain unhappy. Ultimately, however, if the decision is legal and was made in accordance with the IJB's standing orders, policies and procedures then it is legitimate, regardless of your opinion. You either need to accept that or consider whether you wish to remain as a member of the IJB.

You could be in breach of the Code if, outside the boardroom, you publicly criticise officers or make disrespectful comments about other members. This would include when you are posting on social media.

Case Studies

Confidentiality

You are a councillor representative on an IJB. You have been informed that the next meeting of the IJB will consider a proposal to close a significant number of care of the elderly beds within a hospital in your ward. This is to allow investment in alternative community-based models of care. You are concerned that people using care, their families and staff at the hospital in question have not been consulted on the proposed changes. You want to draw the matter to their attention so that their views are sought before a decision is taken. You consider the best way to do that would be to contact the local media to alert them to the proposal.

Can you do so?

No. If the proposal is not yet in the public domain and/or the intention is for it to remain confidential for the time-being, you could potentially be in breach of the Code's confidentiality provisions by divulging anything about the proposal without having first checked whether it should be kept private until considered. You should note that it may be that a plan to consult with those who could be directly affected by the proposal is to be discussed as part of the IJB's consideration of the matter.

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 October 2025

BY: Chief Officer

SUBJECT: Healthcare Governance Committee Report

5

1 PURPOSE

- 1.1 The report is to update the IJB on the HSCP annual report provided to the NHS Lothian Healthcare Governance Committee.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the content of this report which conforms with the standard reporting required to be presented to the IJB on an annual basis.

3 BACKGROUND

- 3.1 Our annual report provided at Appendix 1 was submitted to the NHS Lothian Healthcare Governance Committee for discussion on the 23 September. The aim of the report was to provide the committee with an assessment of the quality and safety of care provided across the ELHSCP services, and work being undertaken to address risks and improve quality and safety. The committee was recommended to accept moderate assurance that East Lothian HSCP has comprehensive systems in place to deliver safe, effective, and person-centred care. This was accepted by the committee. However, it was noted that due to ongoing improvement work across NHS Lothian from recent SPSO cases, limited assurance has been recognised across all the Partnerships for pressure ulcer wound care. Further detail of the improvement work that had already been commenced in East Lothian is described in the paper.
- 3.2 To note that assurance for care provided by our Social Work Service is reported through their Governance Framework and the ELHSCP Clinical

Care Governance Committee. This will be acknowledged in future Healthcare Governance reports.

4 ENGAGEMENT

4.1 N/A

5 POLICY IMPLICATIONS

5.1 N/A

6 INTEGRATED IMPACT ASSESSMENT

6.1 N/A

7 DIRECTIONS

7.1 There is no impact on Directions for this report

8 RESOURCE IMPLICATIONS

8.1 Governance is an integral part of clinical and professional roles. However, with increasing demands on our workforce, providing the data evidence for assurance through audits and visible leadership can be challenging at times. There may be a requirement for additional resource in the future.

9 BACKGROUND PAPERS

9.1 N/A

Appendix 1 - Healthcare Governance Committee Paper

AUTHOR'S NAME	Sarah Gossner
DESIGNATION	Chief Nurse and Head of Quality
CONTACT INFO	sarah.gossner@nhs.scot
DATE	26/09/2025

Meeting: Healthcare Governance Committee
Meeting date: 23rd September 2025
Title: East Lothian Health and Social Care Partnership
 Healthcare Governance Arrangements
Responsible Executive: Fiona Wilson, Director East Lothian HSCP
Report Author: Fiona Wilson, Director East Lothian HSCP
 Sarah Gossner, Chief Nurse and Head of Quality

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☐

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☒
Legal requirement	☐	Other [Clinical and Care Governance]	☒

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☒
Children & Young People	☒	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☒	Workforce (supply or wellbeing)	☐
Primary Care	☒	Digital	☐
Unscheduled Care	☒	Environmental Sustainability	☐

This aligns to the following NHS Scotland quality ambition(s):

Safe	☒	Effective	☒
Person-Centred	☒		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The purpose of this report is to provide the committee with an assessment of the quality and safety of care provided across East Lothian Health and Social Care Partnership (ELHSCP) services, and work being undertaken to address risks and improve quality and safety.

The committee is recommended to accept moderate assurance that East Lothian HSCP has comprehensive systems in place to deliver safe, effective, and person-centred care.

2.2 Background

East Lothian HSCP services continue to perform well, with performance against national indicators maintained or improved from the previous year and ahead of Scottish levels for most measures during 2024/25.

We continue to innovate and deliver change, focusing on what is important to people, and supporting them to be as active and independent as possible. Our ongoing Planning Older People's Services programme is an excellent example of how we have worked closely with communities to develop services that meet current need and are sustainable into the future.

Unscheduled Care

Towards the end of 2024, the Scottish Government committed additional investment to support initiatives aimed at reducing delayed discharge and easing pressure on acute hospital inpatient beds. East Lothian was successful in securing funding to support the recruitment of additional staff across Care at Home, Rehabilitation, and Social Work teams, providing additional capacity and allowing delivery over 7 days a week.

Recruitment to the new posts took place in the latter part of 2024/25, as did work to establish a new professional Single Point of Access (SPOA). The new SPOA simplifies referral routes for health and social care; reduces delays and duplication; and supports a timely, effective, multi-disciplinary response.

Referral volumes through the SPOA continue to rise, with 216 referrals recorded in July—approximately 50% of which were submitted via email. This method of referral enables clinicians to complete submissions more efficiently, supporting timely decision-making alongside their other clinical responsibilities.

(See 'Effective Care' section below for details of impact.)

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Mental Health Inpatient Bed Use

Work continued throughout 2024/25 to reduce the number of East Lothian mental health inpatient bed days, with the ongoing ambition to work within our commissioned bed base of 8 acute adult beds, 1 adult IPCU bed and 6 adult rehabilitation beds at the Royal Edinburgh Hospital. Whilst East Lothian inpatient bed use continues to vary throughout the year, the trend was towards gradual decrease in the average use of acute mental health beds.

Alongside the three times weekly local mental health “Activity Huddle”, East Lothian teams participate in daily flow huddles within ELHSCP and REAS, to support hospital flow by reducing unnecessary admission and ensuring timely hospital discharge. The key focus is upon PDD and collaboration across services (for example, ICAT, Housing and Adult Social Work).

East Lothian Mental Health Single Point of Contact

As part of our work to improve access and patient pathways, a new Mental Health Single Point of Contact (SPOC) was launched in May 2025.

The East Lothian SPOC model provides a clear approach to triage and referral decisions, helping to achieve the best possible outcomes for people asking for help from mental health services. It enables same day assessment, allowing a number of requests to be met at the point of referral through self-management approaches.

The model takes a whole system approach to patient flow beyond ‘bed-management’ and ‘risk assessment’. It efficiently manages patient flow and ensures patients receive the most appropriate level of care from the outset, reducing unnecessary escalation and hospital admission.

The position at end of August 2025 is that the pathway is working as planned and there have been over 600 calls received. The majority of people have been reassured, redirected and signposted to the Distress Brief Intervention (DBI) and CWIC Mental Health services. Monitoring and evaluation of performance and impact will be ongoing, informing further development and improvement activity.

ADHD and ASD Assessment Pathways

The ADHD pathway doubled its capacity for assessments during 2024/25 by assigning a full-time nurse in addition to the already established part time nurse assessors. It is anticipated that this additional capacity will result in an estimated 200 assessments being completed in the coming year. However, the current waiting list sits at around 1,200 patients, with 449 further patients added over the year. The pathway remains consultant led, with ongoing training to build a nurse led model over time. This service is continuously being reviewed through the Local and Pan Lothian working groups.

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A Provision of ASD assessment was incorporated into Adult Mental Health a number of years ago without any additional resources being identified. Assessment leading to diagnosis is completed by Consultant Psychiatrist. Due to an establishment gap in East Lothian General Adult Psychiatry over the last 2 years (50% workforce), internal ASD assessments were paused so that mental health consultants could focus resource on critical aspects of service such as Mental Health Act work including detentions.

The waiting list has grown to 552 patients however another Consultant has recently been appointed, and the team continue to review plans for increasing activity. In the meantime, we continue to accept referrals for ASD assessment and have maintained a SLA with No6 for drop-in support for East Lothian patients with ASD.

Substance Use Service

The latest Drug Misuse Deaths figures were published in September 2025 for the 2024 year. In total there were 21 Drug Misuse Deaths (DMD) an increase of 1 from the 2023 figure. The deaths involved 16 males and 5 females. Like the national rate the highest rate of deaths involved people aged 35-44 years. Most deaths involved poly-drug use with an average of 4 drugs being implicated in deaths. There has been the increasing presence of Nitazenes in DMD. These drugs, many times more potent than heroin are often hidden within other illicit drugs and counterfeit pills greatly increasing the risk of drug poisoning and overdose.

Midlothian and East Lothian Drug And Alcohol Partnership (MELDAP) and its partners continue to use a number of evidence led interventions including assertive outreach approaches to engage with people most at risk of harm, providing a range of harm reduction interventions, making it as easy as possible for people to access treatment services including same day start, choice of medication as part of the national 10 Medication Assisted Treatment (MAT) standards.

Services were assessed and awarded “Green” status by the MAT Implementation Support Team [MIST] on behalf of the Scottish Government. Improved access, choice in terms of prescribing and treatment along with rapid response to those experiencing a Near Fatal Overdoses is keeping more people safe and minimising risk. There has been real progress in delivering MAT 6 to 10, particularly around psychological, staff well-being and the strengthening of links between substance use and mental health services. The continuation of primary care work and advocacy is also key to the vital support of our group of vulnerable people.

Hosted Services

East Lothian HSCP took on management of a number of services on behalf of Lothian IJBs during 2023/24. Services now hosted by East Lothian include inpatient and outpatient rehabilitation services at Astley Ainslie Hospital; the Robert Ferguson Unit at REH; and Lothian Sexual and Reproductive Health Services (LSRHS) at the Chalmers Centre.

Taking on management responsibility for these services does bring additional work to the HSCP, including in terms of healthcare governance requirements. Issues in relation to gender identity services at Chalmers are highlighted below, and there is a more general

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issue in relation to waiting times for some Chalmers services. The teams have worked closely together, and it has been recognised over the last 12 months that additional senior leadership is required within Chalmers to support service delivery. A CSM post has now been advertised and will be appointed in the coming weeks

Lothian Sexual and Reproductive Health Services (LSRHS)

Gender Services

Lothian Sexual and Reproductive Health Service (LSRHS), hosted by ELHSCP, operates the Chalmers GIC which provides care for people with gender incongruence in Lothian. The service also provides care for people on behalf of Fife and Borders Health Boards. Concerns about the sign-off process for out-of-area gender reassignment surgery referrals were escalated to NHS Lothian PSEAG in April 2024. Referrals were paused from 2nd May 2024 and from 31st July 2024 the service stopped offering surgical assessments at Chalmers Gender Identity Clinic (GIC) to avoid creating a backlog of referrals.

In parallel it was also recognised that additional considerations apply to people with more complex needs, in particular those who enter services below the age of 18, and these are addressed in Scotland by the DCMO report.

A short-life working group (SLWG) was convened and led by the NHS Lothian Executive Medical Director (Gender Services Review against Cass and DCMO Report SLWG) first met on 1st November 2024 to consider the requirement for children and young peoples' gender identity services in Lothian and follow through services for young people aged 17 to 25 years. In supporting the work of this group, Chalmers GIC undertook to review and refine the holistic assessment and surgical referral pathways for people with more complex needs within the existing service and to identify and implement improvements to ensure that the requirements of the DCMO report and the new 2024 NHS Scotland Gender Identity Healthcare Protocol which was published in September 2024 were met.

The service undertook rapid review of current individual and multidisciplinary team assessments, information sharing, referral processes, referral authorisations and governance procedures to ensure that they are sufficiently robust to meet the essential requirements of the Protocol and Standards.

This review identified that a significant proportion of individuals accessing gender services, presenting at any age, have complex needs and other vulnerabilities, but particularly those who have transitioned from paediatric gender and other services. These individuals require more intensive assessment and support, extensive multidisciplinary input, careful liaison with clinicians in other services, and robust and clearly documented information provision combined with structured individualised discussion, to achieve holistic, person-centred, flexible, 'wrap-around' care that prioritises individual physical and mental well-being and balances risks with benefits. The review confirmed that Chalmers GIC provides this individualised 'wrap around' care and that this is well recorded in individual clinical records, but that improvements could be made in the formal documentation of patient pathways, the

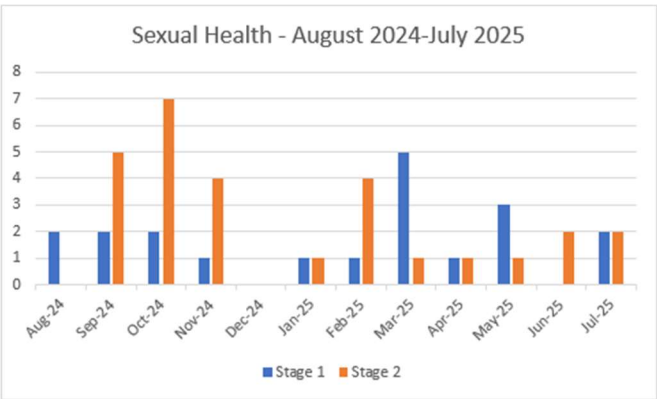
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recording of governance processes, including multi-disciplinary team meetings, and formalising the interaction and consultation with other clinical services in NHS Lothian and other Boards.

As a result of the review and SLWG, a paper detailing the Chalmers GIC clinical, and referrals sign-off pathways was approved by NHS Lothian CMT on 8th October 2024 and referrals for those aged 25 and over restarted from 17th October 2024 with Assessment appointments for those over aged 25 recommencing in November 2024.

The pause in Surgical referral lasted longer than initial anticipated and this undoubtedly added to concerns from patients, patient support groups and the clinical teams. As a result, a meeting was held with Gender Stakeholder organisations involving Senior Management Team from ELHSCP, NHS Lothian Equality and Diversity Lead and Clinical Lead from LSRHS to give them more background on the work and listen to their concerns. A further session with the Gender Clinical staff was held by the Chief Officer to seek their feedback, reflect on the pause and any learning.

The impact of the pause was seen through an increase in the number of complaints received as shown in the diagram below. In addition to this, staff were dealing with high volumes of calls from patients impacted by the pause.



Astley Ainslie Hospital

East Lothian Health and Social Care Partnership took over the hosting arrangements from Edinburgh HSCP in April 2024. Early assessment highlighted challenges around environment and condition of the buildings. In way of background AAH originally provided 65 rehabilitation beds across neuro, amputee, and orthopaedic specialties. In June 2022, the closure of the Charles Bell Pavilion due to fire safety issues reduced this number to 48. Further bed reductions occurred in November 2024, because of the failing heating system within the AAH coupled with extreme cold weather. This led to a temporary reduction to 35 beds to maintain patient comfort and safety. The service continues to operate with this reduced capacity, managing patient flow through the flexible allocation of beds based on demand.

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The ELHSCP Management Team have submitted several reports on AAH and their findings to CMT. At the meeting held on 25th February, it was agreed in principle that the inpatient beds would move to East Lothian, final approval would be granted on completion of the IIA.

A fire safety audit took place in May 2024 which raised significant concerns, adding to the existing identified risks to the long-term viability of the physical environment at AAH to deliver in-patient services. A further fire safety audit was carried out in early June, which identified ongoing risk.

The initial IIA session was held on 31 March; however, it could not be completed as many of the participants had arrived prepared to discuss topics outside the defined and communicated scope. While these issues fell outside the formal scope of the IIA, their relevance was acknowledged, and it was agreed that they should be considered and addressed as part of the ongoing planning and development. The main concerns raised included the reduction in bed capacity, Scottish Ambulance Service (SAS) transfer times between ELCH and the Royal Infirmary Edinburgh (RIE) for deteriorating patients or critically ill patients, as well as the cost, duration and limited transport options to access East Lothian Community Hospital. A further IIA was conducted on 11th June with many of the original concerns discussed and mitigated against this. The IIA was signed off with the group reaching a general agreement that the proposed relocation of inpatient rehabilitation beds currently accommodated at the Astley Ainslie Hospital to ELCH was a viable option.

A paper was taken to NHS Lothian's Corporate Management team on 17th June where the IIA and transfer to a 24 bedded ward in ELCH was agreed.

Since the sign off at CMT the ELHSCP team have worked with HSCPs, NHS Boards and Acute colleagues to reduce the bed base in line with demand to 24 beds to support the transfer on 10th September 2025. This has resulted in daily flow meetings, Day of Care Audits both in acute and AAH to ensure length of stay is optimised. It is clear that while we are looking at developing alternative pathways to a bed base for discharge, the tightening on flow management has delivered improvements.

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Delivery – Hosted Services – Astley Ainslie Hospital – Q4

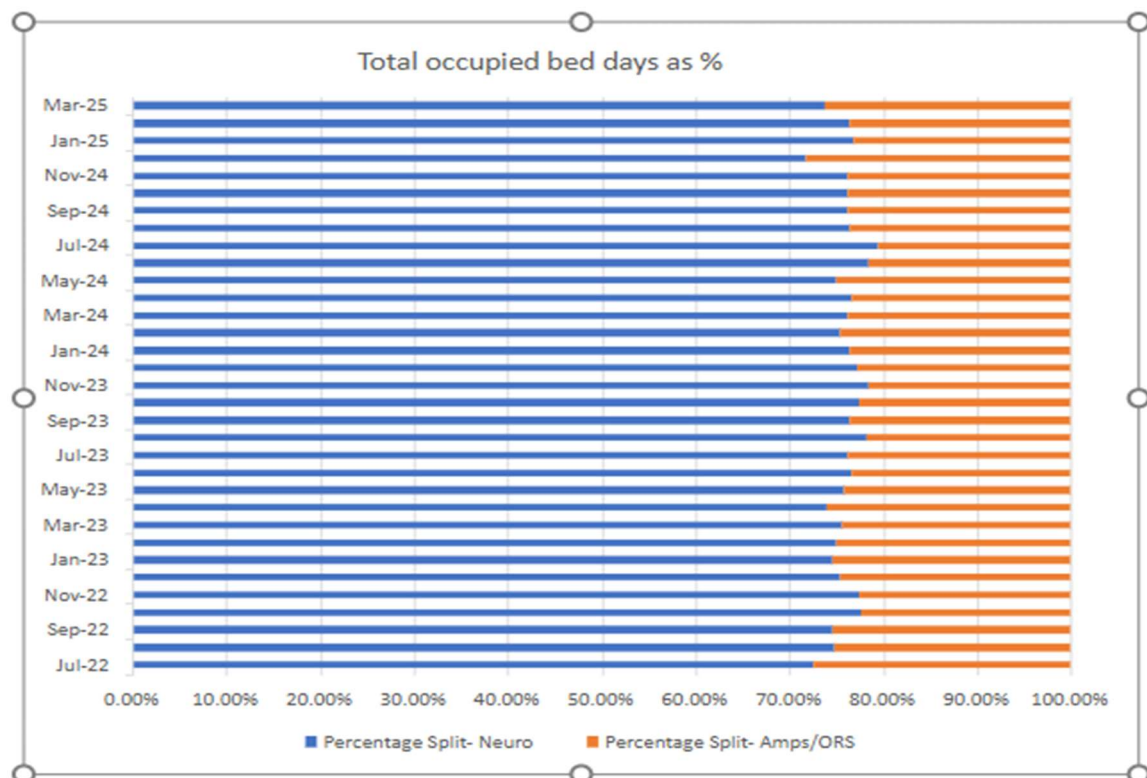
AAH – Average Length of Stay (Days) – All Wards – By Month



(The mean (average) number of days patients spent in the selected wards by month. Based on the date patient discharged from the ward)

[ACTIVITY TRENDS by WARD: OVERVIEW - Tableau Server \(scot.nhs.uk\)](#)

	Average LOS – AAH (all Wards)
March 24	52
April 24	28
May 24	42
June 24	34
July 24	42
Aug 24	45
Sept 24	42
Oct 24	29
Nov 24	36
Dec 24	49
Jan 25	33
Feb 25	54
March 25	32



Scope of Services

East Lothian HSCP delivers a range of health and social care services to an East Lothian population of around 112,300¹. Health services provided by the HSCP include acute inpatient / outpatient services, community services, and some elements of primary care. The HSCP continues to expand the range and capacity of services delivered at East Lothian Community Hospital (ELCH) in Haddington.

East Lothian also has responsibility for hosting a number of additional services on behalf of Lothian IJBs and also continues to make provision for an Orthopaedic Rehabilitation Ward at ELCH.

(A detailed outline of ELHSCP services is provided at **Appendix 1**.)

2.3 Assessment

Structures and Processes for Management and Oversight of Safe, Effective and Person-centred Care

Management and Governance Structures

The HSCP has robust management and governance structures in place to oversee the delivery of person-centred, safe, and effective health and social care. Appendix 3 describes the main groups and structures involved, with diagram 1 illustrating how these relate to each other including in terms of how issues are escalated, and actions progressed by individual parts of the structure.

There is a commitment from the Core Management Team (CMT) through strong visible leadership, for example chairing the Complaints / SAE meeting and Huddles. In addition to this, a triumvirate structure has been adopted to ensure that professional leads are working closely with CMT colleagues and fostering a culture of joint working.

Multi-disciplinary monitoring and review of safety via daily / weekly operational groups and huddles are chaired by members of the CMT. There is a clear escalation route from these meetings as needed, to enable decisions to be made and action taken rapidly as required. Teams have individual escalation plans and ready access to senior leaders to provide guidance, support and to help monitor care.

¹ Population figure based on the 2022 Census.

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Clinical and Care Governance Committee

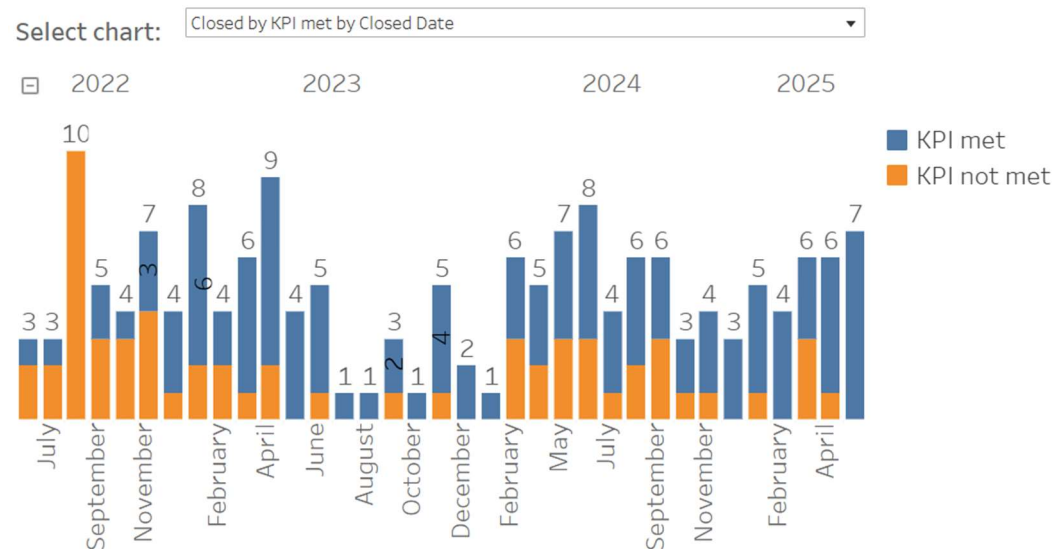
We have continued to review our Clinical and Care Governance Committee (CCGC) developing the format and engagement with the wider teams. New reporting templates have been introduced to improve consistency and support the use of data for monitoring and assurance. CCGC is chaired by the Chief Nurse and has responsibility for providing assurance on the safety and effectiveness of clinical care across the partnership. We have good representation from all health-based teams within the partnership. Social work has their own governance structure which also reports into the CCGC. The General Managers have established regular local clinical governance meetings for their teams, the output of which form the basis of reports required by the CCGC.

ELHSCP PSEAG

PSEAG is fortnightly and chaired by the Chief Nurse and Clinical Director and is key in the review of our Serious Adverse Events, associated risks and learning. Over the last year there has been a focus at PSEAG on culture and also engagement with teams to ensure that all teams are represented. Our approach to learning through PSEAG has been strengthened to ensure that this is shared with teams throughout the partnership via forums such as CCGC, Professional Governance and SMT. A review is in progress to look at how we log learning from complaints, ensuring that this learning is also shared in the relevant forums

A weekly PSEAG leads meeting brings together the Chief Nurse, Clinical Director and QI lead to provide an opportunity to discuss any issues requiring attention between the main meetings. In addition, this helps to ensure efficiency at the main meeting.

Our data, as shown below, demonstrates that there has been improvement over the last 6 months in meeting our compliance with the KPI for non-level 1 reviews. This has been due to the focus at PSEAG and the weekly oversight group but also expanding the capacity we have for staff to complete these reviews through education sessions and shadowing.



Our data shows that neither of our Level 1 reviews met the KPI of 140 days. This was due to the complexity of the situation but also impacted by the requirement for independent reviewers.

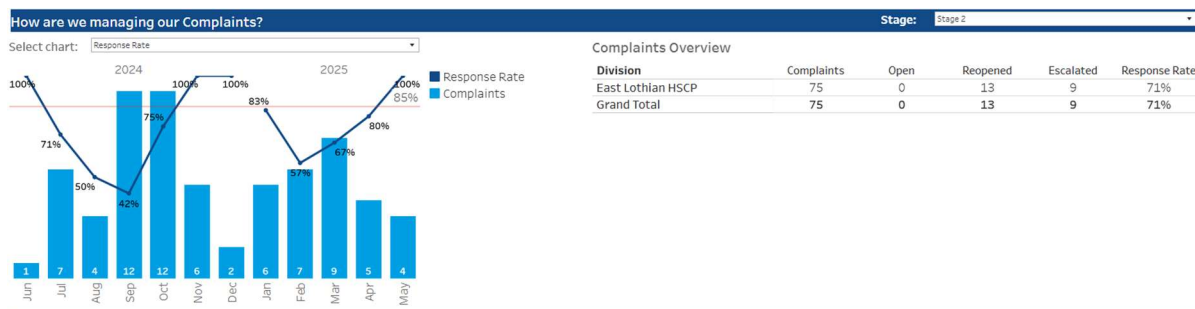


Weekly Complaints and SAE Oversight Group

The weekly Complaints and SAE Oversight Group is chaired by the Chief Officer / Head of Operations and attended by senior managers, as well representatives of the NHS Patient Experience Team and East Lothian Council Feedback Team. The purpose of the meeting is to provide weekly assurance that complaints and SAEs are being managed effectively within the HSCP. Complaints are reviewed and actions to ensure that complainants receive an appropriate and timely response. The meeting allows any investigation or remedial action to be agreed and ensures rapid escalation of any issues if required. Similarly, discussion of SAEs identifies action or investigation required, and allows for timely escalation as appropriate.

Our performance over the last 12 months for Stage 1 and Stage 2 complaints is shown below. The increase that can be seen in the number of Stage 2 complaints in September and November is attributable to the pause on gender referrals (see 2.2 above under ‘Gender Services’). To note that further reference to data on complaints is documented under ‘Safe Care’ and Appendix 4.





Allied Health Professions Governance and Assurance Framework

We have introduced the framework in East Lothian and make use of the assurance and governance App to enable the AHP Directorate to maintain oversight and to support professional governance. The App provides assurance on 4 areas – Safe, Effective, Person Centred, and Regulatory. East Lothian Rehabilitation Service (ELRS) completes this on a quarterly basis for both Physiotherapy and Occupational Therapy, providing evidence and enabling identification of any emergent themes or trends.

LACAS Review Meetings

These bi-monthly meetings are led by the Chief Nurse and bring together the senior nursing teams for the areas using LACAS to review our triangulated data and ongoing improvement work. The Lead Nurse for Quality Improvement and Standards also attends to provide that expertise. Chief Nurse LACAS Walk rounds have been introduced and will continue following each LACAS cycle. Walk rounds provide the SCN and nursing team with an opportunity to share their LACAS journey, and to highlight current improvement work and challenges with the Chief Nurse and Lead Nurses for quality.

Care at Home Huddle

The introduction of a new Care at Home Huddle in June 2024 supports the efficient use of care at home resources to meet new and existing demand. The Huddle is multidisciplinary and chaired by a member of CMT. This further strengthens day to day oversight and management of resources and is in addition to existing Activity and Care Home Huddles.

Care Home Huddle

This weekly huddle is chaired by the Chief Nurse and consists of a structured agenda, supporting a multiagency approach to monitor Care Home quality and supporting improvement work. Over the last year, a quarterly assurance review has also been introduced in conjunction with the Care Home Huddle, to review the PPU risk indicator for the care homes in East Lothian.

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Care Inspection grades across East Lothian care homes have improved over the course of 2024/25 with 8 out of 17 homes (47%) achieving grades of 5 or above in the Key Question - Wellbeing. Additionally, East Lothian now has 5 homes on the National Care Home Contract receiving the enhanced quality award where services not only receive grades of 5 in Wellbeing but also achieve at least one other 5 in any other area inspected. At present no homes are below a grade of 3 and there have been no large-scale investigations over the course of 2024/25.

Quality Improvement

We continue to embed a 'learning culture' whereby learning is captured and informs service delivery and development. Our approach to Quality Improvement ensures that issues identified are considered by colleagues with a strong grounding in Quality Improvement and that robust analysis of data and other evidence informs the development of improvement activity. Oversight of improvement activity by the appropriate QI group then enables impact to be monitored, feeding into a continuous improvement loop.

2.3.1 Service Quality and Safety Assessment

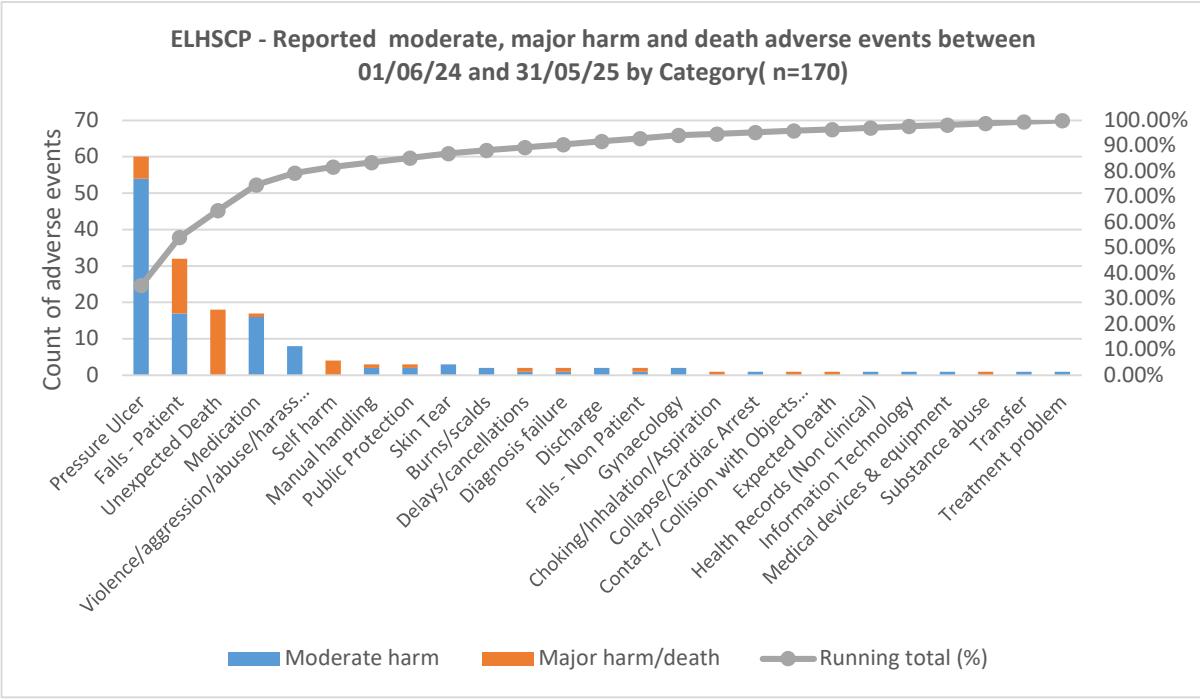
Safe Care

The ELHSCP PSEAG meets fortnightly and provides oversight of incidents resulting in major harm/death to monitor progress, improve compliance with KPIs and share the learning as required. In addition to this, moderate harm incidents requiring additional review will also be brought to PSEAG for discussion. Action plans for learning are discussed and updates provided on progress as required, including the presentation of audits.

Datix is used well by teams to document incidents and concerns about safety. As demonstrated in Appendix 2a, our main categories reported with Serious Harm (Moderate/Major/Death) are Pressure Ulcers, Falls and Unexpected Deaths, a trend that has remained unchanged from previous cycles. As highlighted within this report, improvement work is being supported within these areas.

To note that we have seen an increase in Violence and Aggression with moderate harm compared to last year. This can be attributed to specific patient admissions to the Robert Ferguson Unit.

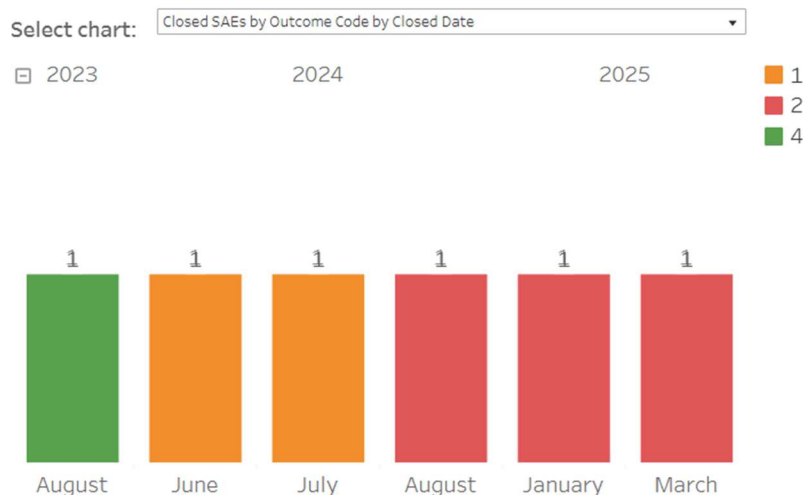
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The review outcomes for all Level 1 reviews closed each month are shown below. Both reviews identified learning with 1 review with an outcome of 3.



The chart below illustrates the review outcomes for all LAER’s closed each month with 1 which directly impacted on the outcome of the event.



Risk and learning identified from complaints is also discussed at PSEAG, CCGC and SMT. For the period of June 2024 to May 2025, we received 55 Stage 1 complaints (31% upheld; 18% partly upheld) and 75 Stage 2 complaints (34% upheld; 42% partly upheld). The main themes for complaints were around communication, access to appointments, treatment and delays. Appendix 4 shows the data in more detail.

As a partnership we are currently exploring where we record the learning outcomes on all complaints and how this information is collated and reviewed.

During this period, we have had two SPSO Decision Reports relating to complaints received in 2022 for our inpatient areas. Both cases involved learning around person centred care planning, the completion of risk assessments, including wound assessments and communication. Action plans were put in place and discussed at PSEAG, CCGC and our professional nursing meetings. There has been a focus on education for care planning and risk assessment and this is being monitored through our ELCH Education and Governance meeting. The Chief Nurse and CNM complete monthly PCATs together to review risk assessments and care planning and provide additional assurance.

The SPSO also advised that additional complaints training should be undertaken in the Partnership. As a result of this the Chief Nurse completed the SPSO training and PET have provided refresher training for our senior team down to band 7 level.

All of our inpatient wards and outpatient areas report hand hygiene and SICPS (Standard Infection Control Precautions) through MEG. These are discussed at relevant 1:1s and action plans monitored and updated. A quarterly infection control meeting has commenced within the Partnership, bringing together representatives from all teams with support from the infection control team. A focus of this group currently is the development of our peer infection control walk rounds.

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Additional infection control reporting is through the quarterly Health and Social Care Partnerships Infection Control meeting which then reports into the Pan Lothian Infection Control Committee.

Feedback from external inspection / audit processes also help to guide improvement activity around safe and effective care. Over the last 12 months there has been a visit from Scottish Government to review our Sexual Health and Blood Borne Virus work.

We maintain close links with the Care Inspectorate, and they are also represented at the Care Home Huddle. Care inspectorate reports relating to our Care Homes are discussed at the Care Home Huddle.

Service Improvement Work to Address Safety Issues

Pressure Ulcer Improvement Work

The ELHSCP Pressure Ulcer Working Group (PUWG) was established in December 2024 in response to Grade 4 pressure ulcer reviews for two patients being cared for by our District Nurse Team. A review of the pressure ulcer data for the Partnership was undertaken in collaboration with the TVN lead and a Steering Group was formed to provide oversight, assurance, and strategic direction across associated workstreams. These workstreams; community, inpatient, and care homes operate collectively under the umbrella of the PUWG, which has convened monthly since January 2025.

As a priority, work has been undertaken to ensure that the reporting of pressure ulcers is as accurate and comprehensive as possible. In addition to this, the community improvement focus has been around education, review of documentation and ongoing audit. A safety cross system has been introduced across all our District Nurse Teams and all new pressure ulcers are reviewed through this. All Grade 4 and complex pressure ulcers are now discussed at PSEAG.

Between 1st Sept 2024 and 1st Sept 2025, ELHSCP recorded a total of 142 Pressure Ulcers; 107 reported by Community teams (including 5 Care Homes) and 35 reported within our inpatient wards

Community teams saw consistent monthly reporting, with Grade 2 ulcers being the most frequent. Often pressure ulcers seen by the District Nurses are a first presentation, referred by GPs and families. A more in-depth review of this data is needed but does highlight the need for wider education of prevention in the community.

The Chair of the ELHSCP PUWG has joined the Pressure Ulcer Collaborative that was commissioned by the NHS Lothian Care Assurance Oversight Board to support system wide improvements to the prevention, recording and management of pressure ulcers within hospital and community settings.

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The need to establish a system wide response was further highlighted by the findings of recent SPSO reports within Lothian, where failings were found in the assessment and management of wounds and the assessment and prevention of pressure area damage.

The Pressure Ulcer Collaborative Board held a workshop with participants from across Lothian to identify key priorities and establish a driver diagram to guide improvement work. From this, local groups were asked to review their own process for the reporting and reviewing of pressure ulcers, to establish the understanding and knowledge of staff to recognise and accurately grade pressure ulcers and to establish the effectiveness of communication across teams particularly on transfer between Acute and Community settings.

Falls and Frailty Quality Improvement

The Falls and Frailty Improvement Project that was commenced in January 2024 continues to be supported by the multidisciplinary Falls Working Group. The aim of Cycle 1 was to reduce falls and falls with harm in ELCH wards by 25% by December 2024. This cycle focused on:

- Education for staff in Falls and Frailty.
- Fully completing Falls and Mobility Risk Assessments.
- Identifying Falls Champions and representation by each department at our monthly ELCH Falls Working Group.

By December 2024, a reduction of inpatient falls by 27% was achieved but although we saw a reduction in falls with harm, our overall aim for these was not achieved.

Cycle 2 was commenced with an aim to reduce our Falls and Falls with Harm by 10% by April 2025. This cycle continued to focus on education but with the additional aims of:

- Providing adequate footwear (slippers) for patients who required them.
- Design and provide Falls prompt cards for staff.
- 100% audits on Falls Risk assessments being completed with Person-centred at its core.

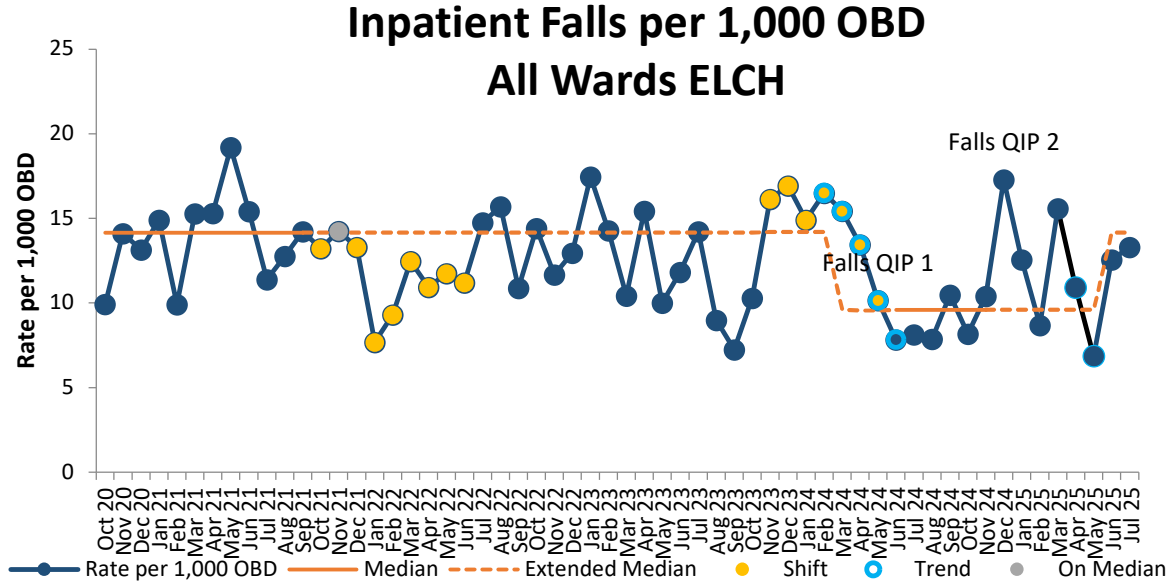
Despite achieving the prompt cards, and a significant improvement in the timely completion of the falls risk assessments and falls person centred care plan, we have not seen a reduction on falls with harm. It has also been challenging to release staff for education due to pressures on the wards.

The Falls Group continues to discuss all of the fall's reviews and has paused the next cycle of improvement to review the data. A review of frailty scores will be also completed to see if there is any correlation between this and our falls with harm. Anecdotally it is reported that the acuity in the wards is increasing.

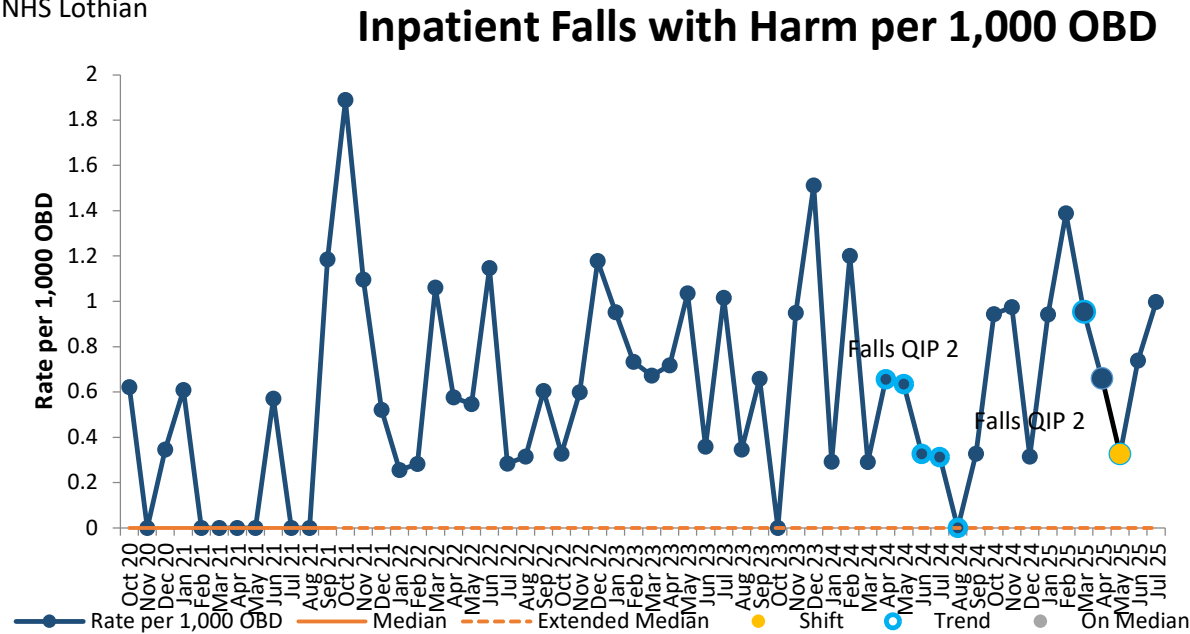
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The inpatient wards at AAH have been part of the falls group and will continue to be after the move to Ward 5. The data will be monitored closely to observe if moving from an open ward to side rooms will impact on the falls in this area.

NHS Lothian



NHS Lothian



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Lothian District Nurse Review

East Lothian HSCP continues to play an active role in the Pan Lothian District Nursing Review. A number of productivities workstreams have been progressed with the aim of releasing more time to care and to support the delivery of the most effective care on the principle of right person, right care, right time.

A new referral system has been implemented and is supporting the recording of decisions around referrals and a more robust system to ensure referrals are managed in a consistent way. A test of paper lite was started but paused due to some concerns about safety arising from the pull through of ward-based information into community care plans. Work continues with colleagues from IT to resolve these issues.

Considerable progress has been made in developing and delivering updated education for District Nursing staff, although releasing staff for this remains challenging at times. Work continues to reach a final recommendation around skill mix and workforce planning for future needs.

Effective Care

MDT Operational Oversight and Delivery

East Lothian HSCP's approach to ensuring the delivery of effective care includes multi-disciplinary monitoring and review of service delivery via daily / weekly operational groups and huddles. There is a clear escalation route from these meetings as needed to enable decisions to be made and action taken rapidly as required.

An example of this is in relation to the management of bed occupancy and patient flow to ensure that, as far as possible, patients are discharged when clinically ready. We closely monitor and manage East Lothian patients in hospitals via our daily Activity Huddle supported by FlowMap, a live patient tracking and communication platform that facilitates real-time updates and supports timely decision-making. The Activity Huddle brings together staff from HSCP services, along with HSCP managers, and colleagues from acute hospital sites. Meetings are held online and provide a daily opportunity to review East Lothian patients across all Lothian hospitals, helping to deliver a pro-active, multidisciplinary approach to tracking and monitoring patients and planning their discharge home.

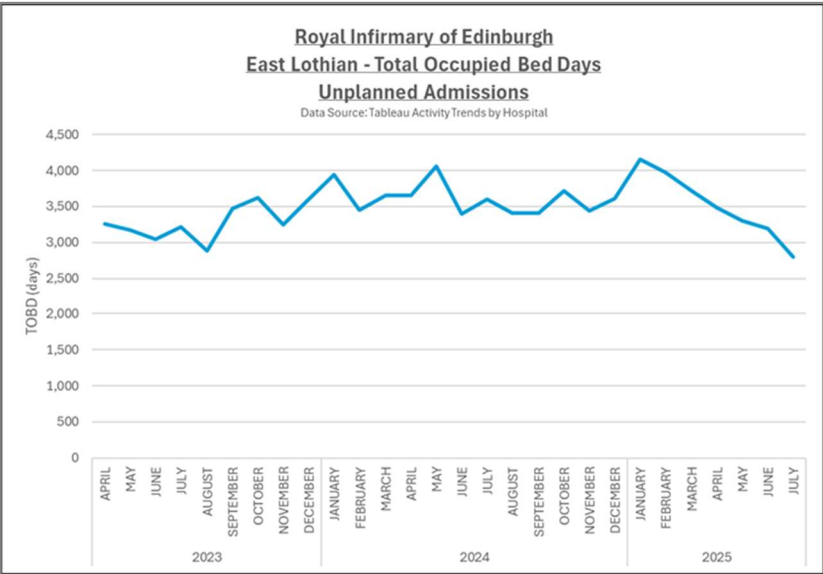
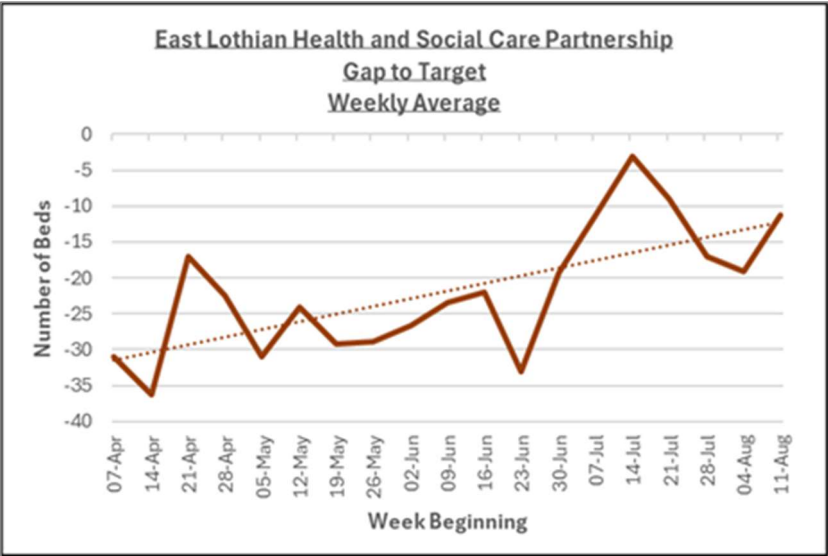
We also continued to deliver our Care Home Huddle and introduced a new Care at Home Huddle to ensure efficient use of available Care at Home resources. All of our Huddles are chaired by members of the Core Management Team on a rotational basis, providing strong leadership and supporting rapid decision making and escalation when required.

The use of additional Scottish Government USC funding to secure additional staffing and introduce a Single Point of Access (see 'Background' section above) further strengthened

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our MDT approach. Following the phased implementation of the East Lothian USC improvement initiatives there has been a steady reduction in our gap to target for acute bed usage and achievement of the target in July. Furthermore, there has been a steady downward trend in Total Occupied Beds for unplanned admissions on the RIE site (as shown in the graphs below).

This has been supported by an increase in the number of new patients supported home under the Discharge to Assess pathway with reablement care where required. The reablement care is reviewed live during every interaction with a patient and the pathway has been able to successfully reduce daily care visits and hours of care delivered to allow these care hours to be recycled supporting more discharges. The carer workforce has doubled and the Internal Combined Care at Home team is now able to provide around 3,300 weekly hours of care.



CWIC

The Care When it Counts (CWIC) service supports GP practices by offering same-day appointments with a team of clinical professionals.

With a growing population and increasing demand for healthcare in East Lothian, improving patient access to services is a key priority. A new model, CWIC Direct, offering direct telephone access to the CWIC service, was initially piloted at Inveresk Medical Practice (IMP), and expanded in December 2024 to include Harbours Medical Practice (HMP), Tranent Medical Practice (TMP), and Riverside Medical Practice (RMP). Early data from the 12-week pilot suggest this model can improve access, reduce strain on GP practices, and enhance patient experience.

Over the 56-day pilot period a total number of 6,161 calls were received and 70% of these were answered in less than 5 minutes (44% answered in less than 1 minute). This resulted in 7631 appointments with 87% being carried out face to face and 13% by photo submissions or over the telephone. 26% of patients who called were signposted to other services (e.g. MSK, Mental Health, Pharmacy First, etc).

Practices raised concerns that patients in higher deprivation areas might face barriers travelling to Musselburgh. However, demographic data showed similar usage rates across deprivation quintiles, matching practice population profiles. This suggests CWIC Direct is accessible across socioeconomic group.

The overall sentiment of patient feedback was Positive (78%) with neutral/mixed (14%), and the main themes identified as speed of contact, staff care, and reliability driving strong endorsement.

The CWIC Direct pilot showed promising results. The service managed a significant call volume, with the majority of patients receiving timely responses and face-to-face appointments. Patient satisfaction was high, with strong support for the model to continue. The pilot suggested that CWIC Direct could be a sustainable and scalable model to improve patient access across East Lothian and may be used as a case study for wider implementation across NHS regions.

LACAS

We have also further developed our use of LACAS to help deliver improvements in relation to safety, effectiveness, and person-centred care. Regular LACAS meetings drive activity and monitor progress, and the LACAS ward walk rounds provides a further impetus to this area of activity.

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At July 2025, ELCH had Gold LACAS accreditation for three of its In-Patient wards as well as for Endoscopy (4 Gold in total). One of the In-Patient Wards at ELCH achieved Silver accreditation, with Ward 4 achieving bronze.

Two wards at AAH achieved Gold LACAS accreditation and a further ward achieved Silver. The Robert Ferguson Unit achieved Gold compared to their bronze at the last cycle.

Our outpatients' areas, OPD1 ELCH and Chalmers both achieved Silver Accreditation during the last cycle in March 2025. The Infection Control and Prevention Standard had decreased for both areas, with only limited assurance being provided. Ongoing improvement work on the completion of IPC audits correctly is underway.

Additional data on LACAS is included in Appendix 4 and this shows the achievements within each Standard. It should be noted that there has been an improvement overall for Standard 1, Leading, Managing and Developing the Performance of a Team. However, it remains the lowest performing standard with limited assurance, therefore demonstrating the continued support that is needed by the SCN teams for further improvement.

As part of the work being led by the NHSL Nursing & Midwifery Care Assurance Oversight Board and in partnership with the Chief Nurses in the other HSCPs, the provision of assurance in areas not using LACAS is being explored, with a focus on community nursing.

Scottish Government Sexual Health and Blood Borne Virus Visit

On the 28th August 2025 the Scottish Government undertook a planned visit to NHS Lothian to discuss our Sexual Health and Blood Borne Virus Services. The visit was hosted by LSRHS at Chalmers Centre with teams across from across NHS Lothian and our Partners including Third Sector sharing information on Sexual Health, HIV care and Viral Hepatitis services.

The visit was an opportunity for the teams to share many of their successes in improving access and care on background of rising demand for many services, including:

- Long Acting Reversible Contraception (LARC) provision in LSRHS now exceeds pre-pandemic levels and establishment of LARC+ Drop in Services at Chalmers (2024) and Howden in West Lothian (2025) providing up to 55 appointments per week for same day LARC procedures all within existing resources.
- Choices Service – recognition of the ongoing significant pressures on Choices (abortion) service across NHS Lothian with demand increasing year on year and now 36% higher than in 2018. A pattern that is reflected nationally and leading to pressure on services that has been managed, to date, by simplification of the pathway including home use medical abortion and prioritisation of resources.

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- Pre-exposure Prophylaxis (Prep), the team are now supporting in excess of 2000 patients on Prep with the number of new patients per annum almost double the number pre-pandemic. Throughout that time the team have managed to maintain waiting times on back on both increasing number of patients but also increasing complexity.
- Overall acknowledgement about increasing number of attendances through LSRSH which have almost doubled in the last 10 years and supported through series of redesigns, provision of enhanced and local services throughout NHS Lothian.

Feedback from the visit and recommendations are expected to be received by end of September 2025

Person Centred Care

Patient Feedback

The education sessions provided by PET also provided the opportunity to review how we approach obtaining patient feedback. Care Opinion is not freely available for use in the Partnership and although some teams have already set up feedback boards and questionnaires, these are not widely used. PET and our Partnership Communications Officer are now working with teams to explore how to obtain patient feedback for their specific service.

Getting to Know Me

Ward 2 (Oak Tree Ward) is an older peoples mental health ward, and they continue to successfully use the 'Getting to Know Me' Tree to promote person centred care. The 'Tree' is in sticker format within the patient's room. A 'Getting to Know Me' sheet is given to the patient and relatives and from this, information is written onto the leaves of the Tree. Photos and pictures can be added to the Tree and blank leaves are left for families / friends to add to during the hospital stay. The Tree helps staff as a point of conversation and helps build on positive relationships and trust.

On admission some patients do not want to engage with the Tree and therefore it is taken down from the wall but can be put up again if they so wish.

Development of the 'Tea and a Blether' Dementia Café

To promote Alzheimer's Scotland Dementia awareness week, 5 drop in cafes were held at ELCH with around 10-12 people attending every day. Those attending came from different areas, including inpatients, people with lived experience of dementia from the community, family members and staff from the hospital. There was positive feedback from all with some lovely examples on how this had a positive impact on patients. As a result of this, the 'Tea and a Blether' sessions are now being run twice weekly for our inpatient areas, with ongoing review of their impact. Some relatives are now starting to visit at the time of the session so that they can attend with the patient.

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Provision of Inclusion Health Services

LSRH includes a variety of locality based, outreach and specialist clinics, allowing increased geographical access of clinics and targeted outreach of vulnerable groups.

LSRH offers inclusion health services for those living with severe and multiple social disadvantage. These include WISHES, a women inclusive sexual health extended service aimed at homeless women, those with addictions, those involved with the criminal justice system and those involved in prostitution. Third sector organisations attend the clinic to support women with other areas of their lives which may be their current priority. Over 300 women are seen annually, nearly all of whom are victims of gender-based violence, many involved in commercial sexual exploitation.

Outreach Inclusion Health is provided by a nurse who attends hostels, youth justice services, links with care experienced young people and visits saunas and sex entertainment venues in Lothian. Over the last year, additional inclusion health initiatives have commenced including a consultant gynaecologist holding a gynae/complex sexual health clinic within primary care facilities in areas of high demand e.g., Wester Hailes, Craigmillar and also Lothian and Edinburgh Abstinence Project. These clinics avoid patients having to travel to attend acute services and have a high attendance rate. Women who have been waiting some time to be seen at gynae or sexual health with complex issues are managed within a service which is familiar to them. An additional joint clinic has started with consultant staff from the Regional Infectious Diseases Unit and Sexual health providing sexual health screening, contraception, gynae assessment and infection screening for asylum seeking and refugee populations.

2.3.2 Workforce

Although we have been in an improved position over the last 12 months regarding the filling of nursing vacancies, there are still a number of areas where staffing shortfalls have been an issue.

Recruitment to mental health posts in East Lothian continues to be challenging. We have seen an improvement in the General Adult Psychiatry establishment so that we are currently operating with 3 of 4 posts permanently filled; work is ongoing to recruit to the remaining post. Similarly, whilst challenging we have successfully recruited to a number of CPN posts over the last year so that the capacity gap has reduced and waiting times are minimised. Older Adult Care Home provision has decreased over last 2 years due to vacancy. Current provision is supplied by Community Nurses and Consultant, but the stress and distress element require attention. A review of the model of delivery is currently underway and this will link closely with the Care Home Team.

Ensuring sufficient senior nursing and medical cover out of hours at ELCH and AAH has been identified as a key risk, particularly considering increasing workloads and case

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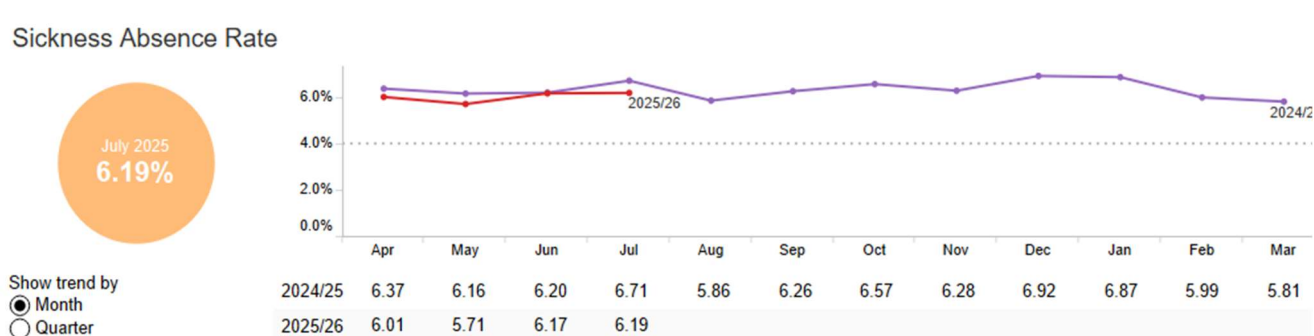
complexity. Following the move of AAH to ELCH, the NP/ANP model has been reviewed and is being further developed at ELCH to strengthen NP/ANP cover, with a particular focus on overnight and weekend periods. Additional funding has been approved for a second clinical fellow, and the medical staffing model is currently under priority review.

Staffing levels across services are closely monitored through discussion at a number of levels, both operationally on a day-to-day basis at huddles, as well as at a more strategic level via the Workforce Planning and Operational Steering Group. Safe Care is used by our inpatient areas, with community teams using a 'RAG' rating status as we wait for Safe Care to be adapted for their use.

As part of the nursing thematic work, a full health check was completed for our inpatient areas apart from Robert Fergusson Unit (RFU). It was agreed that RFU would focus on the establishment and skill mix review that has been commissioned as part of the 'Reset' process.

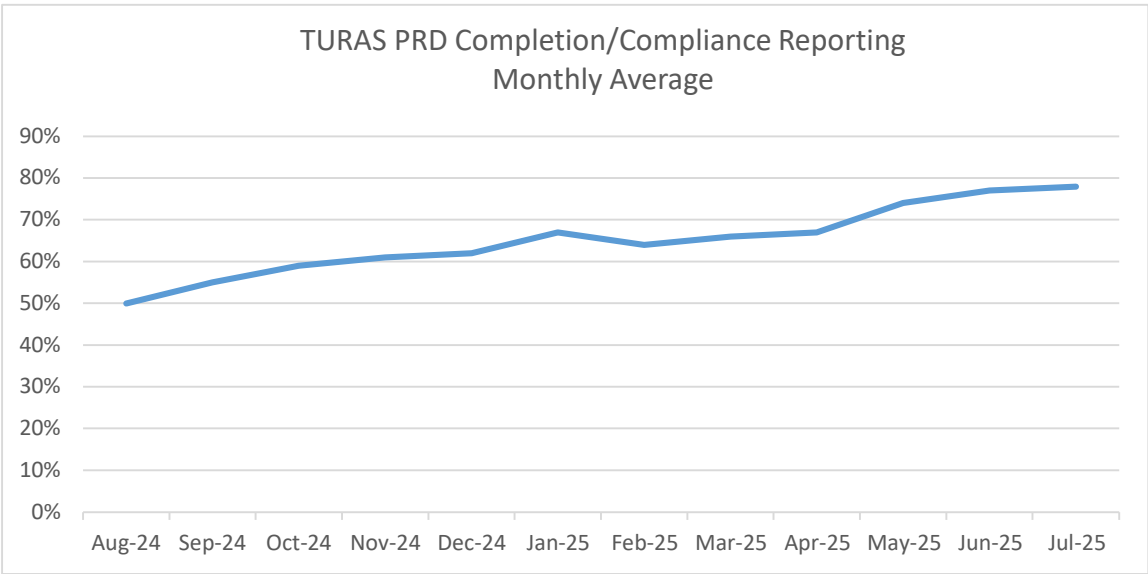
Robust Clinical Supervision arrangements are in place in relevant teams, for example, in Mental Health and Substance Use services. We are aware of the need to ensure that there are adequate Clinical Leaderships posts to provide the level of supervision required, and whilst challenging in some service areas, we continue to prioritise this.

Monthly Attendance Management Clinics continue to assist managers with supporting staff back to work. Managers are required to submit monthly report and teams with highest absences will attend clinics. Clinics involve Chief Officer, Employee Relations and Lothian Work Support Service and Partnership which aim to provide support and advice to managers re managing attendance and explore barriers in the return to and retaining people at work. East Lothian has led the way in this approach, with Directorates across Lothian coming to shadow the clinic and replicate in their areas. Our sickness data below shows some improvement and our senior staff report feeling more confident in managing attendance



A focus of the Clinics has also been ensuring that all staff have a meaningful conversation through their annual appraisal to support their development and wellbeing. We have seen

a gradual increase in the number of appraisals being completed, 50% in August 2024 to 78% in July 2025.



2.3.3 Financial

East Lothian IJB, in common with IJBs across the country, faces considerable challenges as a result of reductions in budgets and growing demand pressures. Significant time and effort were committed to developing financial recovery plans during 2023/24.

Good progress has been made in 2024/25 in terms of delivering these financial recovery plans, alongside further planning activity to deliver additional savings in the next financial year. Whilst East Lothian is currently managing to maintain performance levels, the cumulative effect of year on year budget reductions and ongoing growth in costs and service demand will make this increasingly challenging.

In December 2024, the Professional Leads – Clinical Director, Chief Nurse, Chief AHP and Chief Social Worker produced a joint paper highlighting the risks of budget reductions and the impact of care. This professional engagement influenced Partner budget offers going into 2025 due to the risks presented when making decisions to meet the budget gap.

2.3.4 Risk Assessment/Management

All ELHS CP services have their own individual Risk Register. Where a risk effects multiple services or has a high risk score, it is escalated and managed via the overall ELHS CP Risk Register. The overall risk register is reviewed quarterly by the CMT. Current very high / high risks are listed below.

Very High Risks

- Delivering financial balance

High Risks

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- Commissioned transport
- Disruption of equipment supply to Community Equipment Loan Store (CELS)
- Drug related deaths
- Duty of Care
- ELHSCP Workforce Risk
- Gender surgery pause – staff welfare
- Lone Working
- PCIA
- Public Protection – risk of harm
- Safe storage of controlled drugs
- Service activity pressures
- Violence and Aggression Training

2.3.5 Equality and Diversity, including health inequalities

East Lothian Integration Joint Board (IJB) and Health and Social Care Partnership (ELHSCP) uses an Integrated Impact Assessment (IIA) system based on the Public Sector Equality and Fairer Scotland Duties. Children's Rights Assessments (CRAs) are used when applicable to the change or policy.

Completed IIAs/CRAs are published on our webpages in line with statutory requirements: https://www.eastlothian.gov.uk/info/210558/social_care_and_health/12776/elhscp_integrated_impact_assessments

Where the decision has been taken that an IIA is not necessary, a record is kept (IIA Screener). These are available on request.

IIA forms a key part of our project, service change and policy development, having direct impacts on final decisions, directions and wording.

Drafts and proposals undergo IIA to ensure we have all identified positive equality and fairness impacts (and maximised them) and negative impacts (and minimised/mitigated them) before making a decision or moving towards implementation.

We carried out an IIA on the transfer of patients from Astley Anslie Hospital to East Lothian Community Hospital. The IIA helped identify areas where we could improve this process and ensure a safe and successful transfer of patients and staff.'

2.3.6 Other impacts

Not applicable

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2.3.7 Communication, involvement, engagement, and consultation

The purpose of this report is to provide assurance on healthcare governance processes and practice by East Lothian HSCP. In carrying out healthcare governance activities, the HSCP ensures statutory duties under the Public Sector Equality Duty / Fairer Scotland Duty are reflected. The subject of the report does not require an Integrated Impact Assessment to be completed.

The Board has carried out its duties to involve and engage external stakeholders, including patients and members of the public, where appropriate:

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- East Lothian Clinical Care Governance Committee 31st July 2025
- LSRH SMT 19th August 2025

2.4 Recommendation

- **Assurance** – The Board/Committee is asked to agree and accept a moderate level of assurance on the matter, based on the evidence presented evidenced.

3 List of appendices

The following appendices are included with this report:

- Appendix 2 - Assurance Mapping Table
- Appendix 3 – East Lothian HSCP Groups and Structures

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Appendix 2: Assurance Mapping Appendix Table – HSCP Services (East Lothian HSCP)

Please note this is a generic template, to be used as guidance and modified as considered appropriate by the service/group of services or acute site.

It is helpful to include 1 or 2 sentences that succinctly summarise what the measures tell you. For any any 'outliers', highlight the data and actions to address improvement in the main report.

Adverse Events						
	Frequency and location of routine reporting & review					
Evidence	HCG	PSEAG	Complaints / SAE Review Meeting	CCGC	CMT	Comments
Outcome measures						
1.1 Number of reported major harm and death adverse events excluding mental health and substance use	Annual	2 weekly	Weekly	Quarterly	Fortnightly	SAEs are case managed through the PSEAG process (via 2-weekly meetings, as well as PSEAG Leads weekly meetings). They are also reviewed weekly at the Complaints / SAE Review Meeting. Issues are routinely discussed at fortnightly Core Management Team (CMT) meetings and may also go to the Senior Management Team (SMT) for discussion. In addition, the regular East Lothian Professional Governance meeting provides oversight and review. Reporting to the CCGC provides overview of SAEs and supports identification of any patterns / trends as well as assurance re the efficacy of SAE related processes. Review and identification of learning also takes place via the HSCP / REAS / SUS joint partnership meeting on a 6 monthly basis. Further assurance is provided in the form of reporting to quarterly NHS Lothian Performance Review Meetings where patient experience, quality, and safety are standing items.
1.2 Number of all mental health reported major harm and death adverse events	Annual	2 weekly	Weekly	Quarterly	Fortnightly	
1.3 Number of all substance use reported major harm and death adverse events	Annual	2 weekly	Weekly	Quarterly	Fortnightly	
1.4 Number of adverse events with an outcome 3 or 4 reported	Annual	2 weekly	-	Quarterly	Fortnightly	
1.5 Categories Reported with Serious Harm (Mod/Major/Death)	Annual	2 weekly	Weekly	Quarterly	Fortnightly	

Process measures						
Evidence	HCG	PSEAG	Complaints / SAE Review Meeting	CCGC	CMT	Comments
Number of overdue adverse events reported with major harm and death	Annual	2 weekly	Weekly	Quarterly	Fortnightly	See 1.1 to 1.5 above.
Number of closed major harm and death adverse events excluding mental health and substance use	Annual	2 weekly	-	Quarterly	Fortnightly	
Outcomes from LACAS cycles	-	-	-	Quarterly	Fortnightly	* Other * - Reviewed at monthly LACAS meeting and LACAS 6-monthly walk rounds. Presented at Professional Forums
Staffing related measures – vacancies, absence, mandatory training compliance, etc.	-	-	-	Quarterly	Fortnightly	*Other*- the Workforce Planning and Organisational Development Steering Group reviews workforce issues in terms of risk, absences, vacancies, etc. The Group meets every 6 weeks. Discussion of workforce issues may also be escalated to CMT meetings as required, or to Senior Management Team (SMT) meetings. The Joint Partnership Forum also provides an opportunity for discussion. Reporting to the CCGC provides overview / assurance in relation to staffing. Further assurance is provided in the form of reporting to quarterly NHS Lothian Performance Review Meetings where workforce is a standing item.

Morbidity Indicators						
	Frequency and location of routine reporting & review					
Evidence	HCG	ELICM	PLICC	CCGC		Comments
Outcome measures						
Total number of patients over 15 with C. Difficile toxin positive stool sample (CDI) in community hospitals	-	As required	As required	As required		Reporting and review of any Hospital Acquired Infection would take place at the local East Lothian Infection Control Meeting as well as at a Lothian level via the Pan Lothian Committee. Healthcare and Social Care Partnerships also meet to review.
Total number of patients over 15 with C. Difficile toxin positive stool sample (CDI)/100k OBD in community hospitals	-	As required	As required	As required		Further discussion takes place at CMT and SMT where appropriate. Monitoring and review also takes place in relation to the LACAS standard on infection control.
Total number of SAB patient episodes in community hospitals	-	As required	As required	As required		
Total number of SAB patient episodes/100k OBD in community hospitals	-	As required	As required	As required		
Number of Grade 2 or above pressure ulcers per 1,000 OBD in community hospitals	-	As required	As required	As required		Pressure Ulcers are reviewed at PSEAG if a related SAE has been submitted. They are also covered at LACAS meetings in relation to the relevant LACAS standard. Trends, learning and audit are discussed at PSEAG Pressure Ulcer Working Group will review data when it meets monthly

Process measures						
Evidence	HCG	Operational Groups / Huddles / etc.	East Lothian IJB	CCGC	CMT	Comments
Inpatient falls per 1,000 OBD in community hospitals	-	Weekly	Annually	Quarterly	Fortnightly	Inpatient falls reviewed through the East Lothian Falls Group / Lothian Community Falls Group / Strategic Falls Meeting as well as being looked at as part of regular operational meetings. SAEs in relation to falls are reviewed at PSEAG meetings and potentially at the CMT and Professional Governance meetings. Reporting of SAEs to the CCGC provides opportunity for further review. Data on fall is reported as part of the IJB Annual Performance Report and to East Lothian Council’s performance review meeting.
Rate of readmissions to community hospitals	-	Weekly	Annually	-	Fortnightly	Discussed via regular operational meetings / huddles (daily / weekly) and at the GMs meeting as required.
Occupied bed rate	-	Daily	Annually	-	Fortnightly	Review and oversight also comes via pan Lothian and national fora, for example, through the Lothian Unscheduled Care Board and CRAG.
Rate of delayed discharges over 50 days	-	Weekly	Annually	-	Fortnightly	

Internal reports, external reports, inspections, national audits						
	Frequency and location of routine reporting & review					
Evidence	HCG	CCGC	CMT			Comments
Mental Welfare Commission inspection reports	-	Ad hoc	Ad hoc			Findings / recommendation from inspection reports are reviewed and actioned by an appropriate group / meeting if one is in place, or else a short life group is established to take forward any activity required. Inspection outputs will also be discussed at CMTs meetings and potentially the Professional Governance meeting and at SMT. Discussion also takes place via Professional Networks, for example, the Chief Nurse Network. Care Inspectorate reports will be discussed when relevant at the Care Home Huddle
Care Inspectorate inspection reports	-	Ad hoc	Ad hoc			

Measures of effectiveness of partnership						
	Frequency and location of routine reporting & review					
Evidence	HCG	PSEAG	Site CMG	Complaints / SAE Review Meeting	CMT	Comments
<i>List the Standards/Indicators/Targets/National clinical audits you currently use to measure to measure service effectiveness, e.g., internal, external (including college standards), local/national comparators. NB: measures reported elsewhere e.g., under safe care that are also used to monitor effective care, do not need to be duplicated, however it should be noted in the 'comments' section where the reports are first detailed that they are used to monitor both. e.g., MAT Standards</i>						
Patient Reported Outcome Measures (PROMS)						

Person Centred Care Measures						
	Frequency and location of routine reporting & review					
Evidence	HCG	PSEAG	Complaints / SAE Review Meeting	CCGC	CMT	Comments
Number of stage 1 complaints	Annual	-	Weekly	Quarterly	Fortnightly	Available from Patient Experience Team Stage 1 complaint (early resolution) Complaints are managed through the weekly Complaints / SAE Review Meeting chaired by the Chief Officer. Issues are routinely discussed at the CMT meetings and may also go to SMT meetings for discussion. In addition, the regular East Lothian Professional Governance meeting provides oversight and review.
Number of stage 2 complaints	Annual	-	Weekly	Quarterly	Fortnightly	Available from Patient Experience Team Stage 2 complaint (investigation) As above
% Complaints closed within 20 working days			Weekly	Quarterly	Fortnightly	As above.
Themes identified from complaints	Annual		Weekly	Quarterly		Themes for learning are presented at the Professional Governance and SMT. Discussed at our professional forums and CNM meetings
Outcomes of complaints	Annual		Weekly	Quarterly		Data provided by PET and Partnership business team and presented at SMT and CCGC for learning Discussed at our professional forums and CNM meetings
Scottish Public Services Ombudsman (SPSO) Cases Not Taken Forward (NTF) Numbers	Annual		Weekly	Quarterly	Fortnightly	
SPSO Outcome reports	Annual	Fortnightly	Weekly	Quarterly	Fortnightly	Discussed at all governance meetings and local SCN/CNM/huddles for learning.

Acronyms

CCGC – Clinical and Care Governance Committee

CRAG – Collaborative Response & Assurance Group

ELICM – East Lothian Infection Control Meeting

CMT – Core Management Team (East Lothian HSCP)

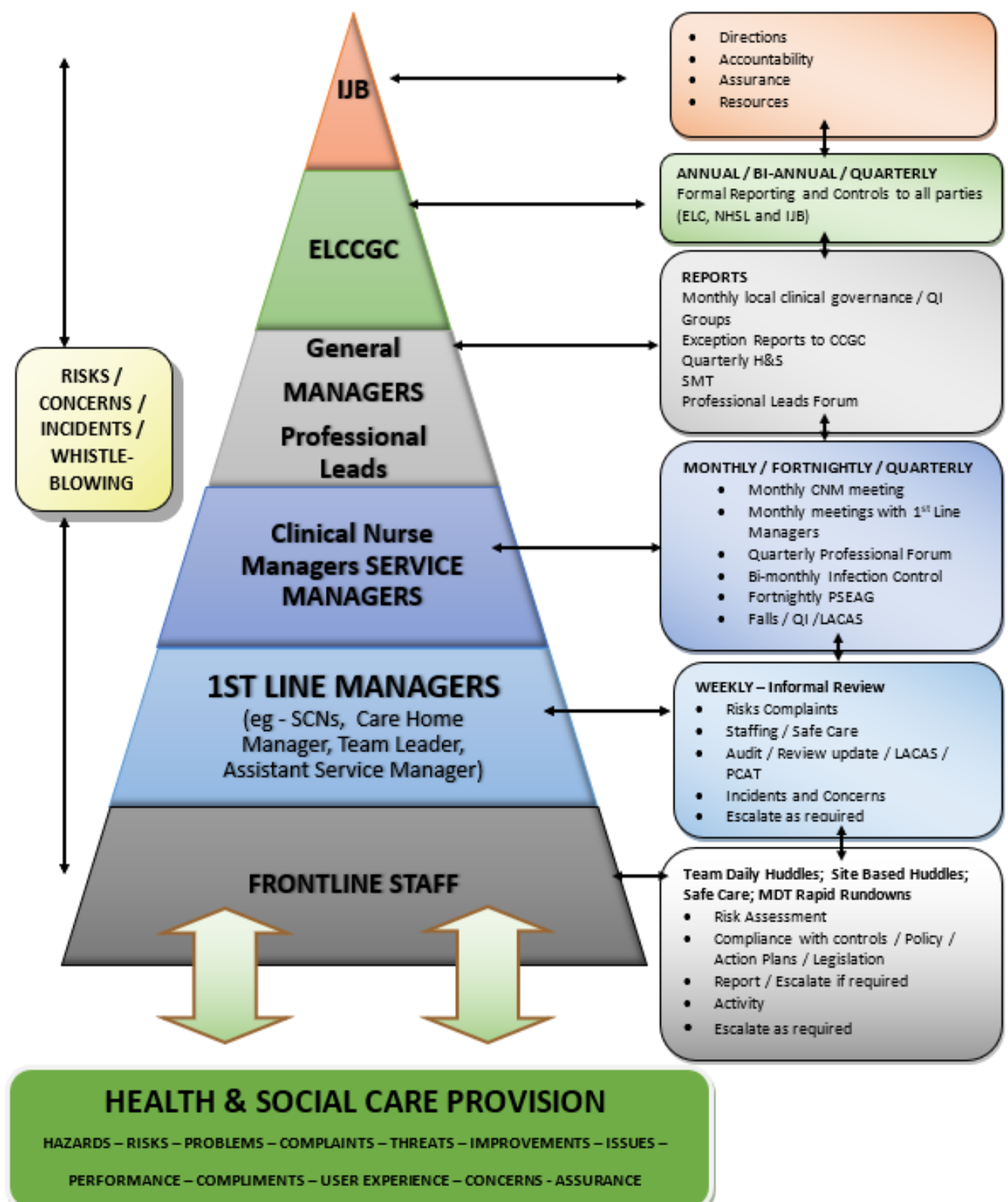
HCG – Healthcare Governance Committee

PLICC – Pan Lothian Infection Control Committee

PSEAG – Patient Safety & Experience Action Group

SMT Meeting – Senior Management Team Meeting (East Lothian HSCP)

Diagram 1 - East Lothian HSCP Structure & Escalation



East Lothian HSCP Groups and Structures – Summaries

- **Operational Groups and Huddles** – daily / weekly operational groups and huddles form the bedrock of the Partnerships overall management and governance structure. These are generally multi-disciplinary and chaired by a member of the CMT. They allow for early identification of any risks or issues and allow these to be actioned or escalated to other parts of the structure as appropriate. Examples include the Activity Huddle, Care at Home Huddle and Care Home Huddle.
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- **East Lothian IJB Clinical and Care Governance Committee (CCGC)** – chaired by ELHSCP Chief Nurse with membership including Chief AHP, Clinical Director and Chief Social Worker. The CCGC meets quarterly and receives reports from General Managers on the quality and safety of services in their areas.

Work has been ongoing over the last year to further develop the format and approach to CCGC meetings (see main report).

- **Patient Safety and Experience Action Group (PSEAG)** – meets fortnightly with a focus on the management of clinical safety and risk across all services. PSEAG is chaired by the Chief Nurse / Clinical Director and key staff from services attend to discuss SAEs and LCRs. A number of improvements have been made to the PSEAG approach over the last year (see main report). PSEAG Leads also meet weekly to ensure any issues requiring attention are addressed.
- **Professional Governance Meeting** – our Professional Leads (Chief Nurse, Chief AHP, Clinical Director, and Chief Social Work Officer), along with the Chief Officer and Head of Operations meet quarterly. Agenda items at this meeting include SAEs, Complaints, Compliments, DATIX, and LSIs.
- **Weekly Complaints and SAE Oversight Group** – this meeting is chaired by the Chief Officer / Head of Operations and attended by senior managers, as well as representatives of the NHS Patient Experience Team and East Lothian Council Feedback Team. The purpose of the meeting is to provide weekly assurance that complaints and SAEs are being managed effectively within the HSCP. Complaints are reviewed and actions to ensure that complainants receive an appropriate and

timely response. The meeting allows any investigation or remedial action to be agreed and ensures rapid escalation of any issues if required. Similarly, discussion of SAEs identifies action or investigation required, and allows for escalation as appropriate.

- **LACAS Meetings / Walk Rounds** – In addition to regular LACAS meetings, Chief Nurse LACAS walk rounds have been introduced in ELCH and will continue following each LACAS cycle. The walk round model already existed in AAH / RFU and this will continue on a 6 monthly basis. Walk rounds provide the SCN and nursing team with an opportunity to share their LACAS journey, and to highlight current improvement work and challenges with the Chief Nurse and Lead Nurses for quality. The regular LACAS meetings for each site (ELCH / AAH / RFU) will be combined going forward to support the sharing of data and learning between teams.
- **Mortality and Morbidity Meetings** – these meetings take place quarterly at ELCH for the Medical and Nurse Practitioner teams, including H@H as appropriate. There is a focus on shared learning.
- **Daily staffing resource management huddles** – our hospital based teams have daily huddles to ensure safe and effective staffing levels. These have been strengthened over the last year.
- **Workforce Planning and Operational Steering Group** - meets 6-weekly and provides oversight in relation to learning and development; recruitment; management of vacancies; and any other relevant workforce matters. The Group plays a key role in managing risk in relation to workforce and organisational development.
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along with falls data. Group members provide falls support and advice in relation to individual patients and also feedback to the NHS Inpatient Falls Working Group and the East Lothian HSCP Falls Working Group (which covers falls across all services, including community). In addition, the group reviews and shapes the Inpatient Falls and Frailty Quality Improvement Project.

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- **East Lothian Infection Control Meeting** – these meetings will begin to take place bi-monthly from September 2024 and will provide an opportunity for discussion of infection control issues / risks and identify and action any learning.
- **Pan Lothian Groups & Networks** – the HSCP is also involved in a number of Pan-Lothian groups which have a focus on safe and effective patient care. Examples include the HSCP / REAS / SUS Joint Partnership Group, the Pan-Lothian Infection Control Committee, and the Chief Nurses Network.
- **East Lothian Professional Networks** – there are a number of East Lothian Professional Forums and Networks in place, including those for Nursing, Occupational Therapy and Physiotherapy.

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 October 2025

BY: Chief Officer

SUBJECT: East Lothian HSCP Clinical and Care Governance Committee

6

1 PURPOSE

- 1.1 The report is to update the IJB on the HSCP Clinical and Care Governance Committee (CCGC)

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the content of this report

3 BACKGROUND

- 3.1 The efficiency and impact of the CCGC, within service and wider was measured as part of the overall clinical risk and governance review completed in 2023.

As part of the action plan from the review, a short life working group was established to focus on key areas of improvement. The SLWG included representation from all services.

3.1.2 Overarching **Governance Structure**

All teams were asked to update their CCGC service profiles, incorporating the mapping of meetings and reporting structure. The overarching structure can be seen on Appendix 1.

3.1.3 CCGC **TOR, Meeting Structure and Reporting Templates**

Reporting structure to mirror NHS Lothian Health Care Governance, providing assurance on safe, effective and person-centred care. There is ongoing work to review the data that is provided for assurance.

Frequency of meetings have been increased with services providing a detailed report twice a year.

Further work is needed to confirm reports and policies that are cited at CCGC for sign off and approval

3.1.4 Wider Staff Engagement and Awareness

Ongoing work to ensure all staff groups are aware of our governance processes and reporting structures and their responsibilities within this.

All services have developed local governance meetings to provide assurance to CCGC.

Attendance at CCGC has been widened to ensure all services are represented together with the professional leads and clinical experts.

4 ENGAGEMENT

4.1 Patient feedback through compliments and complaints are reported into CCGC. Patient stories are used to demonstrate the care we deliver and any associated learning.

4.2 Specific improvement projects will ensure patient engagement as required to ensure the voice of the adult and child are included.

5 POLICY IMPLICATIONS

5.1 The CCGC provides assurance that relevant policies are being complied with and identifies any risk associated with these. Any risk and learning identified may require a review of policies and further development.

6 INTEGRATED IMPACT ASSESSMENT

6.1 Impact assessments are completed as indicated

7 DIRECTIONS

7.1 There is no impact on Directions for this report

8 RESOURCE IMPLICATIONS

8.1 Governance is an integral part of clinical and professional roles. However, with increasing demands on our workforce, providing the data evidence for assurance through audits and visible leadership can be challenging at times. There may be a requirement for additional resource in the future.

9 BACKGROUND PAPERS

9.1 None.

APPENDICES:

Appendix 1 Assurance Mapping

Appendix 2 ELHSCP Governance Groups

AUTHOR'S NAME	Sarah Gossner
DESIGNATION	Chief Nurse and Head of Quality
CONTACT INFO	sarah.gossner@nhs.scot
DATE	26/09/2025

Appendix 1: Assurance Mapping Appendix Table – HSCP Services (East Lothian HSCP)

Please note this is a generic template, to be used as guidance and modified as considered appropriate by the service/group of services or acute site.

It is helpful to include 1 or 2 sentences that succinctly summarise what the measures tell you. For any any 'outliers', highlight the data and actions to address improvement in the main report.

			Adverse Events			
	Frequency and location of routine reporting & review					
Evidence	HCG	PSEAG	Complaints / SAE Review Meeting	CCGC	CMT	Comments
Outcome measures						
1.1 Number of reported major harm and death adverse events excluding mental health and substance use	Annual	2 weekly	Weekly	Quarterly	Fortnightly	SAEs are case managed through the PSEAG process (via 2-weekly meetings, as well as PSEAG Leads weekly meetings). They are also reviewed weekly at the Complaints / SAE Review Meeting.
1.2 Number of all mental health reported major harm and death adverse events	Annual	2 weekly	Weekly	Quarterly	Fortnightly	Issues are routinely discussed at fortnightly Core Management Team (CMT) meetings and may also go to the Senior Management Team (SMT) for discussion. In addition, the regular East Lothian Professional Governance meeting provides oversight and review.
1.3 Number of all substance use reported major harm and death adverse events	Annual	2 weekly	Weekly	Quarterly	Fortnightly	Reporting to the CCGC provides overview of SAEs and supports identification of any patterns / trends as well as assurance re the efficacy of SAE related processes.
1.4 Number of adverse events with an outcome 3 or 4 reported	Annual	2 weekly	-	Quarterly	Fortnightly	Review and identification of learning also takes place via the HSCP / REAS / SUS joint partnership meeting on a 6 monthly basis.
1.5 Categories Reported with Serious Harm (Mod/Major/Death)	Annual	2 weekly	Weekly	Quarterly	Fortnightly	Further assurance is provided in the form of reporting to quarterly NHS Lothian Performance Review Meetings where patient experience, quality, and safety are standing items.

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Process measures						
Evidence	HCG	PSEAG	Complaints / SAE Review Meeting	CCGC	CMT	Comments
Number of overdue adverse events reported with major harm and death	Annual	2 weekly	Weekly	Quarterly	Fortnightly	See 1.1 to 1.5 above.
Number of closed major harm and death adverse events excluding mental health and substance use	Annual	2 weekly	-	Quarterly	Fortnightly	
Outcomes from LACAS cycles	-	-	-	Quarterly	Fortnightly	* Other * - Reviewed at monthly LACAS meeting and LACAS 6-monthly walk rounds. Presented at Professional Forums
Staffing related measures – vacancies, absence, mandatory training compliance, etc.	-	-	-	Quarterly	Fortnightly	*Other*- the Workforce Planning and Organisational Development Steering Group reviews workforce issues in terms of risk, absences, vacancies, etc. The Group meets every 6 weeks. Discussion of workforce issues may also be escalated to CMT meetings as required, or to Senior Management Team (SMT) meetings. The Joint Partnership Forum also provides an opportunity for discussion. Reporting to the CCGC provides overview / assurance in relation to staffing. Further assurance is provided in the form of reporting to quarterly NHS Lothian Performance Review Meetings where workforce is a standing item.

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Morbidity Indicators						
	Frequency and location of routine reporting & review					
Evidence	HCG	ELICM	PLICC	CCGC		Comments
Outcome measures						
Total number of patients over 15 with C. Difficile toxin positive stool sample (CDI) in community hospitals	-	As required	As required	As required		Reporting and review of any Hospital Acquired Infection would take place at the local East Lothian Infection Control Meeting as well as at a Lothian level via the Pan Lothian Committee. Healthcare and Social Care Partnerships also meet to review.
Total number of patients over 15 with C. Difficile toxin positive stool sample (CDI)/100k OBD in community hospitals	-	As required	As required	As required		Further discussion takes place at CMT and SMT where appropriate.
Total number of SAB patient episodes in community hospitals	-	As required	As required	As required		Monitoring and review also takes place in relation to the LACAS standard on infection control.
Total number of SAB patient episodes/100k OBD in community hospitals	-	As required	As required	As required		
Number of Grade 2 or above pressure ulcers per 1,000 OBD in community hospitals	-	As required	As required	As required		Pressure Ulcers are reviewed at PSEAG if a related SAE has been submitted. They are also covered at LACAS meetings in relation to the relevant LACAS standard.
						Trends, learning and audit are discussed at PSEAG
						Pressure Ulcer Working Group will review data when it meets monthly

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Process measures						
Evidence	HCG	Operational Groups / Huddles / etc.	East Lothian IJB	CCGC	CMT	Comments
Inpatient falls per 1,000 OBD in community hospitals	-	Weekly	Annually	Quarterly	Fortnightly	Inpatient falls reviewed through the East Lothian Falls Group / Lothian Community Falls Group / Strategic Falls Meeting as well as being looked at as part of regular operational meetings. SAEs in relation to falls are reviewed at PSEAG meetings and potentially at the CMT and Professional Governance meetings. Reporting of SAEs to the CCGC provides opportunity for further review. Data on fall is reported as part of the IJB Annual Performance Report and to East Lothian Council's performance review meeting.
Rate of readmissions to community hospitals	-	Weekly	Annually	-	Fortnightly	Discussed via regular operational meetings / huddles (daily / weekly) and at the GMs meeting as required.
Occupied bed rate	-	Daily	Annually	-	Fortnightly	Review and oversight also comes via pan Lothian and national fora, for example, through the Lothian Unscheduled Care Board and CRAG. Performance in relation to a number of these measures is included in the reporting to the HSCP's NHS Lothian Quarterly Performance Review meeting and as part of the IJB Annual Performance Report.
Rate of delayed discharges over 50 days	-	Weekly	Annually	-	Fortnightly	

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Internal reports, external reports, inspections, national audits						
Frequency and location of routine reporting & review						
Evidence	HCG	CCGC	CMT			Comments
Mental Welfare Commission inspection reports	-	Ad hoc	Ad hoc			Findings / recommendation from inspection reports are reviewed and actioned by an appropriate group / meeting if one is in place, or else a short life group is established to take forward any activity required. Inspection outputs will also be discussed at CMTs meetings and potentially the Professional Governance meeting and at SMT. Discussion also takes place via Professional Networks, for example, the Chief Nurse Network. Care Inspectorate reports will be discussed when relevant at the Care Home Huddle
Care Inspectorate inspection reports	-	Ad hoc	Ad hoc			

Measures of effectiveness of partnership						
	Frequency and location of routine reporting & review					
Evidence	HCG	PSEAG	Site CMG	Complaints / SAE Review Meeting	CMT	Comments
<i>List the Standards/Indicators/Targets/National clinical audits you currently use to measure to measure service effectiveness, e.g., internal, external (including college standards), local/national comparators. NB: measures reported elsewhere e.g., under safe care that are also used to monitor effective care, do not need to be duplicated, however it should be noted in the 'comments' section where the reports are first detailed that they are used to monitor both. e.g., MAT Standards</i>						
Patient Reported Outcome Measures (PROMS)						

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Person Centred Care Measures						
	Frequency and location of routine reporting & review					
Evidence	HCG	PSEAG	Complaints / SAE Review Meeting	CCGC	CMT	Comments
Number of stage 1 complaints	Annual	-	Weekly	Quarterly	Fortnightly	Available from Patient Experience Team Stage 1 complaint (early resolution) Complaints are managed through the weekly Complaints / SAE Review Meeting chaired by the Chief Officer. Issues are routinely discussed at the CMT meetings and may also go to SMT meetings for discussion. In addition, the regular East Lothian Professional Governance meeting provides oversight and review.
Number of stage 2 complaints	Annual	-	Weekly	Quarterly	Fortnightly	Available from Patient Experience Team Stage 2 complaint (investigation) As above
% Complaints closed within 20 working days			Weekly	Quarterly	Fortnightly	As above.
Themes identified from complaints	Annual		Weekly	Quarterly		Themes for learning are presented at the Professional Governance and SMT. Discussed at our professional forums and CNM meetings
Outcomes of complaints	Annual		Weekly	Quarterly		Data provided by PET and Partnership business team and presented at SMT and CCGC for learning Discussed at our professional forums and CNM meetings

File Name: Assurance mapping appendix table HSCP East Lothian	Version: 1.0	Date: 16 May 2025
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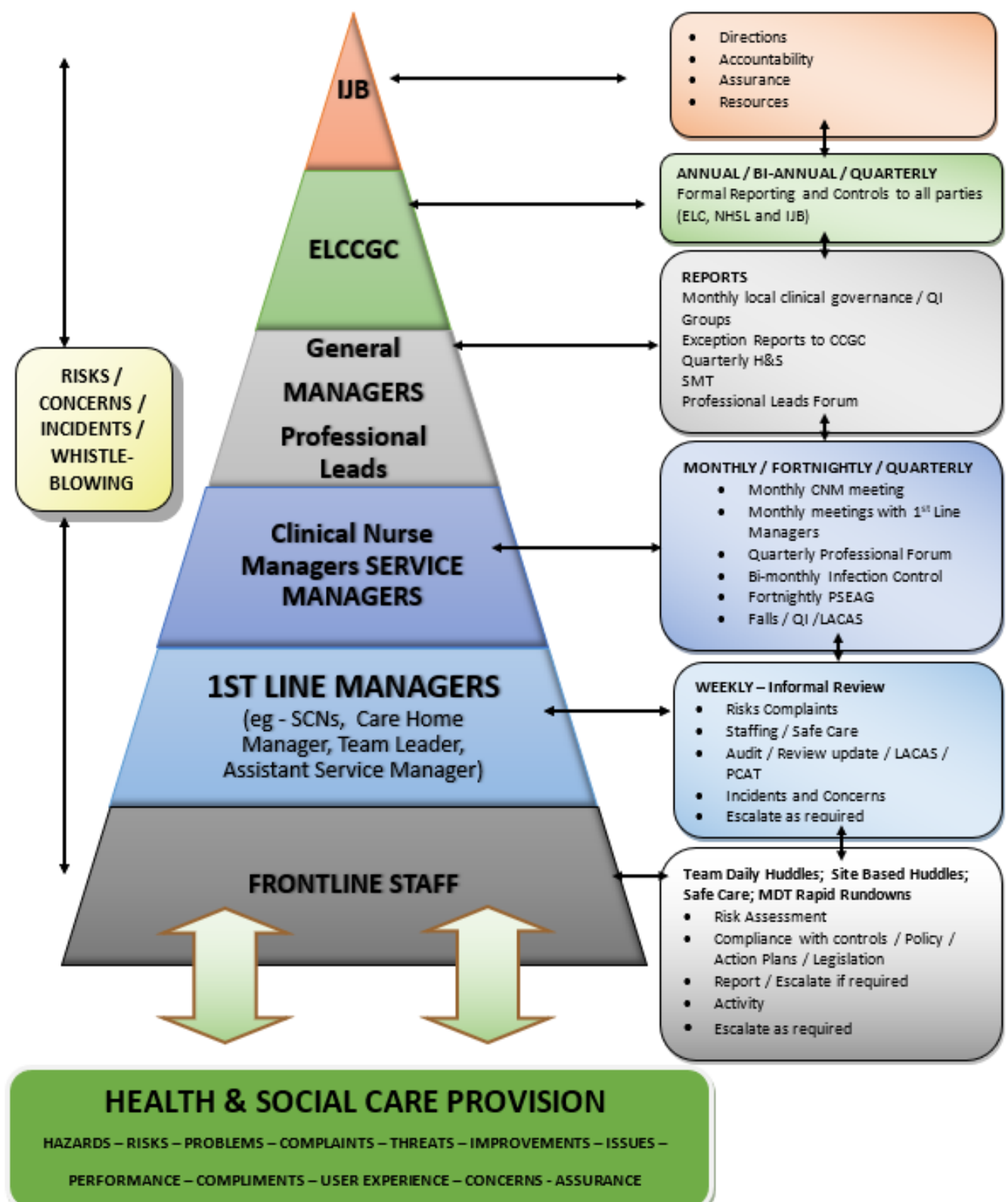
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Diagram 1 - East Lothian HSCP Structure & Escalation



East Lothian HSCP Groups and Structures – Summaries

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REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 October 2025

BY: Chief Finance Officer

SUBJECT: Finance Update and Forecast for 2025/26 and 2026/27
Financial Plan update

7

1 PURPOSE

- 1.1 This report lays out the Quarter 2 (Q2) financial position and updates the forecast position for 2025/26. It also provides an update on the Financial Plan for 2026/27 and the financial planning process to the year end.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the Q2 financial position and the updated forecast position for 2025/26.
 - ii. Note the updated Financial Plan position for 2026/27.
 - iii. Note the proposed Financial Planning Process for the remainder of the year.

3 BACKGROUND

- 3.1 The Q1 financial review position for the IJB was an overspend of (£0.272m) and a forecast overspend of (£0.155m) for Health delegated services and forecast break even for Council delegated services. The Q1 review was acknowledged as an early indicator of the IJB's financial position, and it was recognised that the position and forecast was likely to change as the year progressed and more information was available.

Quarter 2 Financial Position and Forecast

- 3.2 The Q2 financial position is based on the financial information for the year to 30th September 2025. The IJB is reporting an overspend of (£0.262m) for the first 6 months of the financial year. The table below

summarises the position and presents a forecast for the year end.

East Lothian IJB Q2 Financial Position and Forecast 2025/26					
	Budget £m	YTD Budget £m	YTD Actual £m	Variance £m	Forecast £m
Core	104.777	51.881	51.746	0.135	0.512
Hosted	21.933	9.568	9.649	(0.081)	(0.188)
Set Aside	24.353	12.248	12.741	(0.493)	(0.975)
Total	151.064	73.697	74.137	(0.440)	(0.651)
Social Care	81.530	36.545	36.368	0.177	0.000
Overall Total	232.594	110.242	110.505	(0.262)	(0.651)

- 3.3 The reported year to date position is an overspend of (£0.440m) in Health delegated services and an underspend of £0.177 in Council delegated services, giving an overall overspend of (£0.262m). The forecast position has moved from an overspend of (£0.155m) at Q1 to an overspend of (£0.651m) at Q2. This adverse movement is primarily driven by a significant increase in the forecast Prescribing position.
- 3.4 The Core health services position largely relates to the underspends within Hospital services as a result of the efficiency programme, offset by a significant increase in the Prescribing overspend.
- 3.5 The Hosted services overspend primarily falls within the Mental Health services where significant demand pressures exists.
- 3.6 The rate of overspend has significantly reduced within the Set Aside position from Q1 to Q2 largely as a result of additional funding support across Acute services. However, material pressures remain within Medical Supplies and Nursing, particularly within the RIE front door services and across General Medicine and Medicine of the Elderly services at all sites.
- 3.7 The Social Care Q2 position shows an increased underspend from Q1, with the main movements in Older People – additional income recognised – and Rehabilitation – ongoing vacancies as a service review is concluded.
- 3.8 Whilst the Council delegated services are forecasting an underspend at month 6 there are a number of uncertainties around some of the elements of that underspend which have led me to present a break even forecast for the year end for these services.
- 3.9 The forecast position for the IJB is an overspend of (£0.651m) for the year. Whilst this is an increase on the year to date position it should be noted that the Prescribing forecast remains changeable due to the multifactored nature of spend, and there are proposals being progressed to address the pressures within Mental Health services and reduce the

forecast overspend. In addition, service leads continue to manage activity demands and explore efficiency opportunities in their services. Further updates will be brought to the IJB at future meetings.

Efficiencies

- 3.10 As part of its budget setting process the IJB identified a range of efficiencies across Health and Council delegated services that were required to deliver a break even position in 2025/26. As the year has progressed a few schemes have underdelivered or failed to deliver at all, and several additional schemes have been identified, particularly within Health delegated services.
- 3.11 The table below provides a high level summary of the year to date and forecast delivery for 2025/26.

Q2 Efficiency Delivery Summary 2025/26				
	Original Schemes £m	Updated Schemes £m	YTD Over / (Under) Delivery £m	Forecast Delivery £m
Health	3.369	3.744	(0.267)	3.477
Social Care	0.801	0.801	0.000	0.801
Overall Total	4.170	4.545	(0.267)	4.278

- 3.12 The year to date and forecast position within Health schemes reflects shortfalls in delivery, particularly within Hosted services. Work is ongoing to identify and deliver alternative schemes to close the gap. Further updates will be included in future IJB reports.

Medium Term Financial Plan 2026/27 – 2030/31

- 3.13 The IJB has a forward looking financial plan which projects the financial position over future years and highlights the financial challenges we are facing.
- 3.14 Both Partners have updated their respective financial plans to reflect changes in the assumptions underpinning the projections in their plans and these changes are reflected in the revised IJB Medium Term Financial Plan below. The key assumptions are summarised by Partner.
- 3.15 The NHS plan assumes
- a General non pay uplift of 2%
 - all pay awards will be fully funded at their agreed rates.
 - that funding received for NHS Reforms will be matched by costs
 - a 10% increase in GP Prescribing spend
 - a 10% increase in Hospital Drugs costs

3.16 The Council plan reflects the following changes

- the updated Plan incorporates the implications of the agreed 2 year pay agreement for specific Local Authority staff groups. The Scottish Government (SG) have indicated they will fund the additional 0.5% of the 3.5% agreement and the plan allocates a relevant share to the IJB.
- it assumes they will receive funding for any policy changes related to the Real Living Wage (RLW). This has been the case in recent years and the plan indicates the IJB would receive its share of that funding.
- updated growth and inflation assumptions have also been incorporated in the revised Plan

3.17 NHS Lothian has only made the changes to their 2026/27 plan so future years assumptions remain unchanged. The table below sets out the updated projections for East Lothian IJB for 2026/27 only.

Medium Term Financial Plan - 2026/27			
	Health	Council	Total IJB
	£m	£m	£m
Recurring Pressures	(6.090)	(3.914)	(10.004)
Recurring Uplifts	2.698	1.719	4.417
Total Efficiencies	(3.392)	(2.195)	(5.587)

3.18 The previous version of the IJB Financial Plan presented a gap of (£7.530m) for 2026/27. The updated 2026/27 plan highlights a gap of (£5.587m) with (£3.392m) relating to NHS delegated services and (£2.195m) relating to Council delegated services. The NHS figures do not contain any additional non pay funding for the IJB at this stage. However, in previous years when NHS Lothian has received full uplift on its base funding from the SG it has passed through a share to the IJB. The SG Budget announcement in January will clarify the different elements of funding allocated to NHS Lothian and subsequently what the IJB will receive.

3.19 At this stage the plan does not include any efficiencies to close that gap. Work is ongoing with service leads to identify schemes as part of the Financial Planning Process. Future versions of the Financial Plan will include proposed efficiencies once these have been approved.

3.20 There are however a number of risks relating to the content of the Medium Term Financial Plan. These are summarised below

- There remain risks around the funding for Pays in 2026/27 and beyond. The Council settlement will provide clarity on the level of funding they receive and subsequently the level of any funding

allocated to the IJB. The SG has confirmed funding for 0.5% of the 3.5% increase in 2026/27.

- In addition, many elements of public sector pay agreements have an inflation guarantee attached which may apply depending on the average level of CPI from January to December 2026. There is a risk that funding for this element is not received in full or at all if it applies.
- There is a risk that outcomes of NHS Reform changes exceed funding and that no further funding is received.
- There is a risk that demographic and demand growth exceed the levels provided for in the plan and no additional funding is received from Partners.

Financial Planning Process

- 3.21 Further updates to Partner Financial Plans are expected in the coming months with a focus on the Scottish Government Budget announcement on 13th January. As we approach the latter part of this financial year there is an increased focus on the 2026/27 financial position and how we manage any gaps in our financial projections. With this in mind the upcoming IJB development sessions will be utilised to focus on how we address the financial gap in the 2026/27 Financial Plan and beyond.
- 3.22 Updates of the Medium Term Financial Plan will be presented when available.

4 ENGAGEMENT

- 4.1 The IJB holds its meetings in public and makes its papers available to the public.

5 POLICY IMPLICATIONS

- 5.1 There are no new policy implications in the above paper.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

7 DIRECTIONS

- 7.1 This report does not require any new directions or amendments to those directions currently extant.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – Discussed above.
- 8.2 Personnel – None.
- 8.3 Other – None.

9 BACKGROUND PAPERS

- 9.1 IJB Finance Report – presented to the IJB at its September 2025 meeting.

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