



Item No: 7

Meeting Date: Wednesday 6th September 2017

Glasgow City Integration Joint Board Finance and Audit Committee

Report By: Chief Internal Auditor for the Integration Joint Board

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REVIEW OF PERFORMANCE MANAGEMENT

Purpose of Report:	To present to the IJB Finance and Audit Committee the main findings of the review of performance, together with a summary of action taken.
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Recommendations:	The IJB Finance and Audit Committee is asked to: a) note the content of the reports, and b) instruct the Chief Internal Auditor to provide follow up reports showing progress towards achievement of the Action Plans arising from the audits undertaken.
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Relevance to Integration Joint Board Strategic Plan:

To provide assurance on various aspects of the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	None
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Personnel:	None
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Carers:	None
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Provider Organisations:	None
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Equalities:	None
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	The current internal auditors of the Council will continue to report to the Council on operational matters relating to Social Care services.
Implications for NHS Greater Glasgow & Clyde:	The current internal auditors of NHSGG&C will continue to report to the NHS Board on operational matters relating to NHS services.



Glasgow City Integration Joint Board

Review of Performance Management

Internal Audit
August 2017



**Glasgow City Integration Joint Board
Review of Performance Management**

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Glasgow City Integration Joint Board Review of Performance Management

performance information is verified for accuracy prior to being reported.

1. Introduction

- 1.1 As part of the 2016/17 Internal Audit plan, we have carried out an Internal Audit review of performance management within the Integration Joint Board (IJB).
- 1.2 The Integration Scheme between Glasgow City Council and NHS Greater Glasgow and Clyde sets out the arrangements adopted by both parties in relation to the Glasgow City Integration Joint Board. This Scheme outlines that both parties should develop a high level list of targets, measures and reporting arrangements. A full list of performance measures was required to be developed and approved by April 2016 and subject to a regular review process.
- 1.3 The scope of the audit was to ensure that there were appropriate controls in place covering the calculation and collation of performance information and for reporting to the IJB. The scope of the audit included:
- Ensuring documented performance targets, measures and reporting arrangements are in place.
 - Reviewing arrangements for monitoring performance against targets.
 - Reviewing the arrangements for reporting performance to Senior Management and the Integration Joint Board.
 - Ensuring that performance information is correct and is reported in a consistent manner.
 - Ensuring that supporting data for performance measures is accurate and robust and that

2. Audit Opinion

- 2.1 Based on the audit work carried out a reasonable level of assurance can be placed upon the control environment. The audit has identified some scope for improvement in the existing arrangements and three recommendations which management should address.

3. Main Findings

- 3.1 A sample of 13 indicators that were reported to the IJB Finance and Audit Committee (FAC) in February 2017 were selected for testing. The indicators reviewed were:
- Number of Community Services' led Anticipatory Care Plans (ACP) in place.
 - Referrals to Telecare.
 - Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI), Learning Disability and Mental Health patients).
 - Total number of Adult Mental Health patients breaching the 72 hour discharge target (Under and Over 65s including AWI patients).
 - Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).
 - Number of Carers who have completed an Assessment during the quarter.
 - Percentage of Health Plan Indicators (HPI) allocated by Health Visitor within 24 weeks.
 - Percentage of new Scottish Children's Reporter Administration (SCRA) reports submitted within 20

- days/on time.
- Percentage of open Occupational Therapy (OT) activities at assessment stage assigned to a worker.
- Percentage of Community Payback Order (CPO) three month reviews held within timescale.
- Mumps, Measles and Rubella (MMR) Vaccinations – percentage uptake in children aged 24 months.
- Percentage of those invited who undertake bowel screening.
- Percentage able to make an appointment with a doctor three or more working days in advance.

3.2 We are pleased to report that the key controls are in place and generally operating effectively. A series of documented performance targets have been identified and approved by the Board. Performance information is also regularly reported to senior management, FAC and the Board and this information is consistent with the information reported to other sources, such as the Information Services Division within the NHS.

3.3 However, our audit testing found that there are some areas of non-compliance. Written procedures detailing how to calculate the indicator were not available in 5 out of the 13 indicators we sampled. In four cases, documented procedures were available, however they did not cover how the information is extracted from source data and filtered to achieve the information required to perform the calculation.

3.4 In 6 out of the 13 indicators, we were unable to verify that the figures reported to the FAC were accurate as supporting documentation did not provide all relevant information or the recalculated figures did not match those reported to the FAC.

3.5 We identified two indicators where there had been significant movements between the most recent period reported and the previous periods and no explanation had been provided.

3.6 There is no formal check completed by the Performance Team between the figures being reported to the Board and FAC, and the supporting documentation to verify the accuracy of the information.

3.7 An action plan is provided at section four outlining our observations, risks and recommendations. We have made three recommendations for improvement. The priority of each recommendation is:

Priority	Definition	Total
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	0
Medium	Less critically important controls absent, not being operated as designed or could be improved.	3
Low	Lower level controls absent, not being operated as designed or could be improved.	0

3.8 The audit has been undertaken in accordance with the Public Sector Internal Audit Standards.

3.9 We would like to thank officers involved in this audit for their cooperation and assistance.

3.10 It is recommended that the Head of Audit and Inspection submits a further report to Committee on the implementation of the actions contained in the attached Action Plan.

4. Action Plan

Title of the Audit: Glasgow City Integration Joint Board - Review of Performance Management

No.	Observation and Risk	Recommendation	Priority	Management Response (if appropriate)
Key Control: Documented procedures are in place detailing the indicator calculation methodology				
1	<p>The following indicators were found to have no documented procedures in place detailing the processes to be followed for calculating the indicators:</p> <ul style="list-style-type: none"> • Number of Community Services' led ACPs in place. • Referrals to Telecare. • Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+). • Number of Carers who have completed an Assessment during the quarter. • Percentage of CPOs three month reviews held within timescale. <p>The following indicators were found to have documented procedures in place, however, the procedures did not cover how the information was extracted from the systems to perform the calculation:</p> <ul style="list-style-type: none"> • Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI), Learning Disability and Mental Health patients). • Total number of Adult Mental Health patients breaching the 72 hour 	<p>IJB management should ensure that in the cases where no documented procedures were found to be in place, these should be created as soon as possible. These should include details of the systems to be used to extract information, the types of reports to be run and any adjustments required to this information to calculate the indicator.</p> <p>Once created and agreed, these should be issued to all staff involved in the calculation of the indicators.</p> <p>IJB management should undertake a review to ensure there are adequate and suitably comprehensive procedures in place for all indicators.</p>	Medium	<p>Given the large number of indicators in our performance report and the complexity of the task the timescale for implementation is March 2018.</p> <p>Officer Responsible for Implementation: Head of Business Development and Performance Planning Manager Business Development</p> <p>Timescale for Implementation: March 2018</p>

No.	Observation and Risk	Recommendation	Priority	Management Response (if appropriate)
Key Control: Documented procedures are in place detailing the indicator calculation methodology				
	<p>discharge target (Under and Over 65s including AWI patients).</p> <ul style="list-style-type: none"> • Number of open OT activities at assessment stage assigned to worker or team. • Percentage of those invited who undertake bowel screening. <p>This increases the risk that the indicator is not calculated consistently or accurately.</p>			

No.	Observation and Risk	Recommendation	Priority	Management Response (if appropriate)
Key Control: Arrangements for collecting and calculating the indicators reported in the IJB FAC and Board reports are reliable				
2	<p>We were unable to recalculate the following indicators and confirm the accuracy of the figures that were reported to the FAC as supporting documentation did not include all required information or the recalculation did not match the figures reported to the FAC:</p> <ul style="list-style-type: none"> • Number of Community Services' led ACPs in place. • Referrals to Telecare. • Number of Carers who have completed an Assessment during the quarter. • Percentage of HPIs allocated by Health Visitor within 24 weeks. • Number of open OT activities at assessment stage assigned to worker or team. • Percentage of CPO three month reviews held within timescale. <p>We also found that the figures presented to the Performance Team were accepted as being correct and no sense check was carried out to ensure what was being reported is accurate.</p> <p>This increases the risk that figures are presented to the IJB and FAC are incorrect.</p>	IJB management should put arrangements in place to verify the accuracy of the performance figures prior to inclusion within IJB FAC and Board reports to ensure that they are satisfied the information being submitted is accurate.	Medium	<p>March 2018 to develop the documented procedures discussed in relation to Key Control 1.</p> <p>The Performance team also undertake routine sense checks and will continue to follow up apparent anomalies when producing all quarterly performance reports.</p> <p>Officer Responsible for Implementation: Head of Business Development and Performance Planning Manager Business Development</p> <p>Timescale for Implementation: March 2018</p>

No.	Observation and Risk	Recommendation	Priority	Management Response (if appropriate)
Key Control: Arrangements for collecting and calculating the indicators reported in the IJB FAC and Board reports are reliable				

No.	Observation and Risk	Recommendation	Priority	Management Response (if appropriate)
Key Control: Significant variances in performance information can be explained.				
3	<p>We found that in two of the indicators examined, there had been significant movements between the most recent period reported and the previous periods.</p> <p>Explanations were not provided for the movements in these indicators. This increases the risk that errors in the calculation are not identified or that action to address movement is not taken.</p>	<p>IJB management should consider implementing a procedure to document the level of variance that requires further investigation to ensure that significant variances between reporting periods are highlighted and explained as part of the monthly monitoring process.</p>	Medium	<p>We will investigate all variances of 10% or more at a city wide level from the 2017/18 Q2 report, which we will produce in October 2017.</p> <p>Officer Responsible for Implementation: Head of Business Development and Performance Planning Manager Business Development</p> <p>Timescale for Implementation: October 2017</p>