

PERTH AND KINROSS INTEGRATION JOINT BOARD
INTERNAL AUDIT SERVICE



PERFORMANCE MANAGEMENT

REPORT NO. PK19-02

Issued To:

G Paterson, Chief Officer
J Smith, Chief Financial Officer
D Fraser, Head of Adult Social Work and Social Care
E Devine, Head of Health, Health & Social Care Partnership
H Dougall, Clinical Director, Perth & Kinross IJB

Audit & Performance Committee
External Audit

J Pepper, Depute Director, Education & Children's Services and Chief
Social Work Officer
A Taylor, North Locality Manager, NHS Tayside
K Sharp, North Locality Manager, PKC
L Bailie, South Locality Manager, NHS Tayside
A Fairlie, South Locality Manager, PKC
C Lamont, City Locality Manager, NHS Tayside
K Ogilvy, City Locality Manager, PKC
C Jolly, Service Manager (Business Planning and Performance)
S Strathearn, Business Improvement Manager, PKC

Date Final: 31 August 2020

Target Audit Committee Date: September 2020

INTRODUCTION & SCOPE

1. To comply with the Public Bodies (Joint Working) (Scotland) Act 2014 on Integration Authorities, Perth and Kinross Health & Social Care Partnership [PK-HSCP or 'Partnership'] is required to publish a performance report within 4 months of its reporting year end.

On 27 Sept 2019, the Partnership produced its 2018-2019 annual performance report at the Perth & Kinross Integrated Joint Board [PK-IJB or 'Board']. Supplementary reporting was also provided by Programmes of Care, such as the PK_HSCP performance report for Older People & Unscheduled Care presented on 16 Sept 2019. The Annual Performance Report reported on the core suite of indicators, with local measures to provide a broader picture of local performance.

2. Performance measurement and reporting are included as areas for improvement in the Partnership's Improvement Plan. Planned performance improvements are-
 - The Partnership's Performance Framework for performance (improvements and outcomes) measures and reporting using a '*measure what you value rather than value what you measure*' new approach, aligned to the refreshed strategic plan
 - The Core Performance Group to assist with review of performance measures so that data can be gathered and presented for a more consistent approach towards review of the Partnership's strategic needs assessment
 - Performance information to be provided to Clinical, Care Governance [CCG] Forum which will bring CCG into the HSCP performance framework
3. The Partnership Improvement Plan was outlined to the Board on February 2020. Progress on performance related activities was positive then moving forwards. In February 2020 all were marked as progressing on target for completion at the time except for the first action:
 - The simplified approach to '*measure what you value ...*' performance reporting was to focus on the 20 National Indicators
 - The Core Performance group of Health Services and Council Care Services staff started production of quarterly reporting, with the first Quarterly Performance Report to December 2019 produced for the Board in February 2020
 - Development of the over-arching corporate performance framework was underway.

There were verbal presentations and reports of operational planning and progress by two of the three Localities, North and South Localities.

4. Audit testing started on 20th February 2020, prior to emergency procedures from mid-March 2020 for COVID19. National and local lockdown with re-assignment of priorities paused 'business as usual' from 16 March 2020. This review records progress in performance management including plans in re-mobilisation for resumption of performance measurement and reporting forwards in recovery and renewal stages. Audit has not reviewed activity since the Partnership committed

resources to respond to the COVID19 pandemic and such activity has been paused.

5. The review was part of the Internal Audit Plan for 2019-20.

OBJECTIVE

6. This audit reviews arrangements in place for the adequacy and effectiveness of the measurement and reporting of performance.

RISKS

7. The following risks could prevent the achievement of the above objective and were identified to be within scope for this audit.

A -The Partnership is not working to ensure performance is adequately measured and

B - The Partnership is not working together to provide reports on performance outcomes

AUDIT OPINION AND FINDINGS

8. The audit opinion until the end of March 2020 is **Category B - Broadly Satisfactory**. There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.

A description of all audit opinion categories is given in the final section of this report.

9. Our overall opinion is based on the arrangements and reporting at governance level during the time leading up to and including the emergency planning procedures for COVID19. We reviewed Board and Group documentation, minutes of meetings of stakeholders and groups and conversations with key Managers and Officers. Audit has not reviewed activity since the Partnership committed resources to respond to the COVID19 pandemic.
10. Findings in the review are detailed below in order of objectives.
11. Other relevant reports referred to for assurance and developments include
 - Scottish Social Services Council [SSSC] Integrated Working Research Learning Report Feb 2020¹
 - Health & Social Care Partnership May 2020 COVID19 Pandemic Response²

¹ <https://www.sssc.uk.com/knowledgebase/article/KA-02955/en-us>

² [COVID-19 Pandemic Response HSCP](#)

- Health & Social Care Partnership July 2020 C-19 Pandemic Re-mobilisation³

Joint Working to ensure performance is adequately measured:

12. Audit identified that processes for measuring performance was changing. In February 2020, improvements to managing performance of services were detailed at Integration Joint Board Audit & Performance Committee –

‘HSCP is drafting a performance framework which set out the relationships between planning and performance as well as providing a detailed overview of the audiences for performance reports, the reporting frequencies and the content to be provided....’

‘A simplified approach to performance reporting focussing on the 20 National Indicators has started. This will provide HSCP and Locality based performance information. An expansion to these indicators will then follow. This work is being taken forward with assistance from LIST and in close contact with PKC Strategic Performance Team and NHS Tayside Business Support Unit. The necessary Performance Framework will then be collated/produced which sets out "How we do performance". This will enable us to routinely consider performance reports and to give assurance at regular "Performance and Risk Meetings" of the EMT...’

Evidence of performance measurement was provided during the review by Local Intelligence Support Team analysts working for National Services of Scotland. Data is extracted from several different sources and utilised to provide statistics based on definitions and guidance in technical bulletins for both Ministerial Services Group indicators and for the national Core Suite of indicators. Dependent on availability, the two sets of indicators are used to monitor performance, monthly and annually. Data is collated to the required format for scrutiny by executive management. Prior to the COVID19 emergency, not all staff had enhanced IT facilities and access to the latest Microsoft Office 365, therefore there was no single site on which to hold and view this data.

Data is also extracted from the Perth and Kinross Council web-based database system holding social care records for adult clients, called AIS SWIFT. Business Systems Team staff offer support for running specialist and regular monthly and annual reports as required to support operational teams in their daily activities and to compliment the national indicators within the Annual Performance Report.

An example of performance reporting was provided for South Locality dated August 2019 as part of the Care and Professional Governance Annual Assurance Framework. This work came from the Scottish Social Services Council research which included South Locality as one of the national areas selected, reported in Feb 2020. Information in the South Locality Annual Report included statistics on 9 National Key performance Indicators, incidents and survey responses from Locality

³ [COVID-19 Pandemic Remobilisation HSCP](#)

staff and wider group of public stakeholders on how the services were doing and how to develop services in the future towards developing a mission statement.

During the virus pandemic, Business Analysts were re-directed to assist in the COVID19 service responses. Responses to the COVID19 pandemic are reported to the Board, as is re-mobilisation.

13. Complexities resulting from data being located across several IT systems affects not only performance measurement and reporting but also information sharing by operational staff. This is reported in the Integrated Working Research Learning SSSC report published in Feb 2020 with Perth and Kinross South Locality integrated services as one of three sites tested. This study described work-arounds used by operational staff for integrated service provision. For example, weekly meetings of a variety of health and care professionals were held at different sites across the Locality to overcome geographical boundaries that did not always match across Partnerships and specialties. Despite not having shared IT systems, specialist staff worked from a weekly agenda and shared information to provide cohesive and integrated care for clients and their support families. System issues were reported as creating problems, such as diaries not synchronising together and resulting risks of duplication occurring.

This theme was reported by Locality Managers interviewed during this audit in 2020. They confirmed the importance of regular meetings with service professionals. Delays in updated information on clients being provided to them could delay support. This was being overcome with manual use of whiteboards out in Locality sites for reference. A need for improved local information and up to date information was expressed by Locality Managers as this would enable them to respond faster in providing the best support to suit clients' needs. Co-location of staff at hubs assisted in closer data sharing, integrated working and improved performance.

14. The Health and Social Care Partnership Executive Management Team have approved the draft performance framework.
15. Health services data is split into two sets of indicators to monitor performance monthly and annually as it is available. National Ministerial Steering Group [MSG] targets set at the start of each year for six main key indicators include –

- Emergency hospital admissions (all ages)
- Unscheduled hospital bed days; acute specialties (all ages)
- A&E Attendances (all ages)
- Delayed Discharge bed days (18+)
- Proportion of population who's last six months of life is spent at home or in a community setting (all ages)
- Balance of care: Percentage of population in community or institutional settings - at home (unsupported) (65+)

These six can be further subdivided into further indicator details

16. Technical documentation is provided to ensure consistency and reliability of these measurements and was provided as evidence.

17. In addition to MSG data, a national Core Suite of Integration Indicators at partnership level is required to be reported in the Partnership's Annual Performance Report. Again, technical documentation is provided for these national standards; they are calculated at rates (usually per capita i.e. per population), so that they are comparable across other partnerships and across years. There are two types of Core Integration indicators -
- Qualitative Health and Care Experience Survey outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality. These are primarily from 2-yearly surveys and may be supplemented annually with related information from local surveys. Ten of these are defined.
 - Quantitative Indicators derived from organisational/system data that is primarily collected for other reasons, available annually or more often. Thirteen of these indicators are either defined or being in development.

As above, for the twenty-three indicators, collation of data is not always annual. The Health and Care Experience Survey [HACE] carried out for GP practices for example is only required to be updated every two years as it involves a large amount of work, with a postal survey sent to a random sample of patients registered with a GP in Scotland.

18. A new performance reporting process was presented to the PK-IJB in February 2020. The Chief Officer asked for feedback to understand whether the performance overview reports matched the needs of the management /audiences.
19. Changes with new Strategic Groups and Locality delivery processes are referred to in improvement actions. New Strategic Groups are to replace the previous Programme Boards from the previous Strategic Commissioning Plan structure to 2019. Locality reporting is in place through the CCG but this has still to be embedded in the performance framework. Similarly, Service level reporting exists but has still to be incorporated into the performance framework.
20. The three geographic areas – Perth City, North and South Locality areas provide integrated health and social care on the ground, in some cases working together across different geographic boundary areas and sharing resources to provide an integrated solution for clients and families. The geographic boundaries for health and social care specialties do not all match up across specialties and Partners. These differences were explained to the Board during Localities presentations in February 2020. Locality Managers for North and South Localities explained how non-matching boundaries were overcome by operational staff working in these areas.
21. Performance measurements in the new draft framework identified national key indicators. Locality Managers interviewed expressed interest in having real-time localised data to manage operational work towards providing adequate care and support. This is a different type of data, however they reported it would assist in improving their performance which is to be measured.
22. The new performance framework has been validated by the Executive Management Team [EMT] and was being populated with data. The Core Performance Group was working to provide improved performance

measurements for management purposes up until the COVID19 emergency began in March 20.

23. In May and June 2020, the Board was advised of changes related to the COVID19 emergency. HSCP was revisiting plans and strategies 'through a COVID19 lens', and reviewing whether they remain valid, relevant, achievable and affordable, in the context of the response to COVID19.
24. The Partnership is currently working on Re-Mobilisation Plans to take us through to the end of the financial year.

Joint Working to ensure performance is adequately reported.

25. The audit review found evidence of improved performance reporting in the papers presented to February 2020 Board meetings. The Audit & Performance Committee of the Board was provided with new reporting frequencies with new quarterly reports planned -

As an initial step, in relation to the implementation of the Strategic Commissioning Plan, the HSCP will provide the Committee with an Annual Performance Report followed by individual performance update reports produced on a quarterly basis.

The initial report of this type covered the period March to December 2019 i.e. three quarters of the year. This is to provide the Committee with an appropriate update since the last partnership wide report...

However, in June 2020 the Board was notified of delays to standard performance reporting targets. Due to emergency work to manage COVID19 pandemic, the Annual Performance Report would not be ready for the standard reporting date of 31 July. It was proposed instead that the Annual Performance Report would be presented for approval at the meeting scheduled for 14 September 2020 and, subject to approval, be published before the end of September 2020.

26. In addition to the Chief Officer's Annual Performance Report, the Board was notified in July 2020 of further delays in forward planning for other reports including -

- Annual report of Chief Social Work Officer
- Annual Report of the Chair for Adult Support and Protection

Therefore, performance management is one of several areas experiencing delays whilst focus in services moved towards protecting and saving people's lives during the pandemic.

27. Prior to the COVID-19 emergency, two of the three Locality areas presented a view of their Locality work to the Board. North Locality and South Locality reported to the Board in February 2020 providing great insight into the integrated processes in their areas. The City Locality has still to report to the Board. However, management of this Locality confirmed there was an integrated management meeting monthly co-chaired by Partnership Managers, with a Locality Action Plan and Locality Performance Framework in place. An integrated Locality Governance group reports on performance with integrated dashboard information provided by NHS MIS system data.

28. The Board's Audit & Performance Committee planned to meet in the North Locality at Breadalbane in May 2020, then Covid-19 emergency measures superseded this.
29. All three Localities provided a Locality Newsletter in January 2020. South Perthshire & Kinross-shire Locality also provided an example of its annual report in summer 2019 as part of its Annual Assurance Framework.
30. In summary, although a clear way forward identified in the HSCP Strategic Commissioning Plan for 2020-2025 in Dec 2019 started moving forwards in the beginning of 2020, the COVID19 pandemic and emergency response processes from March 2020 have resulted in delayed progress in some areas. Re-mobilisation planning was taking precedence in managing the risk to health and social care services and future potential outbreaks ahead.

This is to be expected given severity of risk and resource management. The improvement planning process for performance related areas are inter-dependent on other factors.

ACTION

31. An action plan has been agreed with management to address the identified findings. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

32. We would like to thank all members of staff for the exceptional help and co-operation received during this audit.

Chief Internal Auditor

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	<p>Performance national indicators are available at Locality level and work is underway as part of the performance framework to report on this regularly.</p> <p>Locality health and social care staff reported a need for more current operational data at Locality level. Clients' health data and service provision were not available to view within one system. To compensate for this, information was updated manually in Locality offices at GP practices where co-located integrated Teams were based.</p> <p>Locality Managers' operational work included daily work-arounds to manage case-loads across different boundary areas of Council care and Tayside Health specialities as boundaries do not always match up</p>	<p>Planned expansion of performance measurement and reporting at Locality level would be beneficial to local teams and operational management.</p> <p>There is a difference between operational information need requested by Localities and performance reporting, however the link between these information strands is noted. Locality planning may document key challenges and risks to delivery</p>	3	<p>The Executive Management Team have approved the Performance Framework. This document sets out the need for Locality reporting and this is already established with the Clinical Care and Professional Governance Forum.</p> <p>Work is continuing to implement the performance framework. Embedding Locality reporting within core performance management and reporting is an integral part of that process</p>	31/12 /2020

DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

Categories of Assurance:

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

The priorities relating to Internal Audit recommendations are defined as follows:

Priority 1 recommendations relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

Priority 2 recommendations relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings

Priority 3 recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

Priority 4 recommendations are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.