



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: AUDIT SCOTLAND ANNUAL REPORT 2016/17 – PERFORMANCE MANAGEMENT IMPROVEMENTS UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC14-2018

1.0 PURPOSE OF REPORT

To update the Performance and Audit Committee regarding steps taken to address risks identified within the Audit Scotland Annual Report 2016/17 in relation to performance management improvements.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the contents of this report.
- 2.2 Notes the progress made in addressing outstanding improvements and tasks in relation to performance management and planned future actions (appendix 1).
- 2.3 Acknowledges the level of risk associated with staff resource for performance management improvements and mitigating actions (as described at section 6) and instructs the Chief Finance Officer to record this as a separate and specific risk within the high level risk register.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 In September 2017 the Performance and Audit Committee considered report PAC21-2017 (Audit Scotland Annual Report and Integration Joint Board Annual Accounts 2016/17) which included the draft external auditor's report for 2016/17. Appendix 1 of the external auditor's report highlighted issue/risk identified by Audit Scotland in relation to performance management improvements. Whilst it was recognised that a range of different mechanisms had been developed to scrutinise the performance and quality of services during 2016/17 it was also recognised that further work required to be undertaken in 2017/18 to ensure that the Integration Joint Board is fully effective in assessing its performance in delivering services. The external auditor recommended that an action plan should be prepared to deliver improvements identified for the performance management framework.
- 4.2 Work has been undertaken to identify outstanding improvements and recommendations agreed by the Performance and Audit Committee since its establishment in January 2017. An action plan has subsequently been developed and agreed with the internal auditor to provide an overview of progress achieved to date and planned future remedial actions (appendix 1).
- 4.3 The action plan sits within the wider context of resource pressures associated with the transition to the Mosaic IT system from the previous Social Work client database and records system. The need to support Mosaic transition to ensure that operational services can continue to be delivered and statutory reporting deadlines met has diverted available staff resource from planned development work. The general position in relation to staffing resources within support

functions been reflected in the recent internal audit of Health and Social Care Partnership Workforce.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

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| Risk 1 Description | Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work. |
| Risk Category | Governance, Political |
| Inherent Risk Level | Likelihood 5 x Impact 4 = Risk Scoring 20 (which is an extreme Risk Level) |
| Mitigating Actions (including timescales and resources) | <ul style="list-style-type: none"> - Head of Service, Finance and Strategic Planning currently considering identified resource issues. - Action plan agreed with internal auditor and will be implemented. - Workplan for existing staff resource is in place and regularly reviewed to ensure appropriate priority given to range of tasks. - Performance management improvement capacity is on the high level risk register as part of wider support services capacity. - Through the Tayside Analytical Network joint working with NHS Tayside Business Support Unit is continuing to develop and strengthen. - Internal Audit report on workforce issues has been completed and identified capacity as an issue. - |
| Residual Risk Level | Likelihood 5 x Impact 4 = Risk Scoring 20 (which is an extreme Risk Level) |
| Planned Risk Level | Likelihood 4 x Impact 4 = Risk Scoring 16 (which is an extreme Risk Level) |
| Approval recommendation | Given the extreme level of planned risk it is recommended that the Performance and Audit Committee acknowledges the level of risk and mitigating actions, the impact of which will be continuously reviewed by officers. It is also recommended that capacity within the information function is added as a separate and specific risk within the high level risk register. |

7.0 CONSULTATIONS

The Chief Officer, Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 27 February 2018

Kathryn Sharp
Senior Manager
Health & Social Care Partnership

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| Recommendation / Action | Date of IJB / PAC Meeting | Progress to Date | Proposed Remedial Actions | Timescale for Delivery |
|--|---------------------------------|---|---|-----------------------------------|
| <p>1. Full implementation of performance framework, including development of local indicators against strategic shifts and local experience survey</p> | <p>January 2017 / July 2017</p> | <p>Development of indicators has been progressed on a team / service basis with the support from the Health and Social Care Partnership Senior Officers (Information) / Strategy & Performance Assistant (Information). Draft scorecards which evidence progress towards strategic shifts have been developed in:</p> <ul style="list-style-type: none"> • Community Mental Health Older People community and inpatient teams • COPD team • Health Inequalities • Substance Misuse • Adult Support and Protection <p>Drafts are currently being progressed in:</p> <ul style="list-style-type: none"> • Palliative and End of Life Care • Medicine for the Elderly • Physical Disabilities • Discharge Management • Carers <p>Planned next steps are to develop scorecards within Learning Disabilities and other Mental Health services.</p> <p>Where draft scorecards have been agreed indicators are being uploaded onto Pentana and training is being provided to teams to enable them to use this system for continuous monitoring.</p> <p>No progress has been made regarding establishing a local experience survey.</p> | <p>Performance framework to be reviewed to identify any proposed amendments to reflect current/planned resources.</p> <p>Senior Officers (Information) / Strategy & Performance Assistant (Information) capacity currently being considered by Head of Service, Finance and Strategic Planning.</p> | <p>June 2018</p> <p>June 2018</p> |

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| 2. Establish Outcomes and Performance Co-ordination Group | January 2017 | COMPLETE - a joint Performance Meeting between operational and support services, chaired by the Head of Service, Health and Community Care, has been established and has met over the second half of 2017. A meeting scheduled has been agreed for 2018 and terms of reference are currently being developed. | Formal terms of reference to be finalised. | February 2018 |
| 3. Establish appropriate links between performance framework and risk register | January 2017 | COMPLETE – Performance and Audit Committee reports have been updated to include an enhanced risk section. All performance reports are therefore actively screened to identify risks and appropriate remedial actions. | | |
| 4. Analysis of management data on unscheduled care admissions | January 2017 | Task has been allocated within Strategy and Performance Team with view to report being submitted to May 2018 Performance and Audit Committee. | Report to be submitted to Performance and Audit Committee | May 2018 |
| 5. Agree approach to submission of respite data to SOURCE | January 2017 | Scottish Government have recently revised content of SOURCE dataset, including respite requirements. Based on current information regarding proposed content of the revised dataset DHSCP will be able to provide full submissions following the completion of Mosaic implementation. | Continue to progress planned implementation of Mosaic. | July 2018 |
| 6. Complete version 2 of HSCP Needs Assessment, including locality profiles | January 2017 / July 2017 | COMPLETE - Version 2 of the HSCP Needs Assessment and 8 supporting locality profiles have been completed. | Documents to be formatted in Partnership corporate style. | April 2018 |

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| 7. Develop Tayside HSCP benchmarking data set | January 2017 / July 2017 | A draft framework has been progressed by Dundee HSCP which has been agreed in principle at the Tayside Analytical Network. Associate Medical Director and Locality Manager have indicated that they support this draft. | Formal approvals of dataset to be sought from each Partnership / IJB in line with local governance arrangements. | March 2018 |
| 8. Establish process for submission of IJB quarterly performance reports to DCC | January 2017 / July 2017 | Chief Officer and Chief Finance Officer have agreed in principle a proposed set of arrangements for sharing of performance reports with both DCC and NHS Tayside. Chief Officer is progressing discussions with DCC and NHS Tayside Chief Executives with a view to having a system in place for the beginning of 2018/19. Annual Performance Report 2016/17 had been considered by Dundee City Council Policy and Resources Committee (February 2018). | Formal reporting arrangements to be agreed with NHS Tayside and DCC. | April 2018 |
| 9. Agree data pack requirements with NHS Tayside BSU to support quarterly performance reports | January 2017 | COMPLETE - BSU now providing local data to support quarterly performance reports. | | |
| 10. Refresh CHI seeding | March 2017 | COMPLETE | | |

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| 11. Consider options for expansion of access to Tableau for purposes of viewing SOURCE, including any information governance requirements | March 2017 | Discussion has been held at operational Performance Group to begin process of identifying desired levels of access to Tableau. Further assessment of access requirements for specific workforce groups is ongoing. | Scope IT, licence and information governance implications of desired access levels. | April 2018 |
| 12. Develop approach to costing of social care data within SOURCE | March 2017 | Graduate Trainee, Finance is currently undertaking one year project which includes costing of key areas of social care data. Information Officer contribution has been completed in relation to care homes, meals and non-residential day care, with home care currently being progressed. | Continue to support the work of Graduate Trainee. | September 2018 |
| 13. Complete care home admissions analysis | March 2017 | Task has been allocated within Strategy and Performance Team with view to report being submitted to May 2018 Performance and Audit Committee. | Report to be submitted to Performance and Audit Committee | May 2018 |
| 14. Produce and publish Annual Performance Report | March 2017 | COMPLETE | | |

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| 15. Produce HSCP Delivery Plan for 2017/18 | July 2017 / September 2017 | A draft document has been developed, including a public facing version. Anticipated that this will be available for submission to PAC in April 2018. | Key deliverables to be further refined by operational staff. Outstanding targets to be set in collaboration with operational staff. Shared understanding to be reached amongst senior management team regarding purpose and format of local delivery plan. | January 2018 March 2018 March 2018 |
| 16. Develop health and social care scorecard for inclusion in DCC performance reporting arrangements (information only) | July 2017 | COMPLETE - scorecard included in current DCC 5 year plan. Will be reported on for information purposes only. | | |
| 17. Produce summary version of the Annual Performance Report | July 2017 | COMPLETE | | |
| 18. Complete further analysis of falls data, specifically | September 2017 | Task has been allocated within Strategy and Performance Team with view to report being submitted to May 2018 Performance and Audit Committee. | Report to be submitted to Performance and Audit Committee | May 2018 |

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| including benchmarking information | | | | |
| 19. Complete full readmissions analysis and detailed improvement plan for submission by January 2018 | September 2017 | No progress to date as resource originally identified has not been made available. | Home and Hospital Transition Board to identify alternative resource. | To be set following identification of resource. |
| 20. Develop MSG targets for 2018/19 | September 2017 | COMPLETE - Draft submissions made to Scottish Government TO MEET 31 January 2018 deadline. Integration Joint Board approved submission on 27 March 2018. | | |