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Agenda Item: 7.

Integration Joint Board – Audit Committee

Date of Meeting: 13 March 2019.

Subject: Partnership Working Review.

1. Summary

1.1. As part of the Internal Audit Plan for 2018 to 2019 one of the following audits identified was in relation to Partnership Working – Health and Social Care Integration.

2. Purpose

2.1. To present the findings of the internal audit report relating to partnership working.

3. Recommendations

The Audit Committee is invited to note:

- 3.1. That Scott-Moncrieff has undertaken an audit of the Partnership Working Health and Social Care Integration.
- 3.2. The findings of the Partnership Working Review Health and Social Care Integration, attached as Appendix 1, to this report.

4. Background

- 4.1. Over a 3 year period, it was planned to review the links between NHS Orkney and the Integration Joint Board in the areas of:
- Governance
- Performance management and reporting.
- Risk management.
- Partnership working.
- Financial planning.
- 4.2. These audits were planned and performed in conjunction with the Integration Joint Board's internal audit function.

4.3. For 2018 to 2019, the review was the approach to the delivery of the joint commissioning plan including consideration of strategic reporting provided to the relevant stakeholder Boards.

5. Audit Findings

5.1. The audit findings provide reasonable assurance that the procedures reflect good practice in a number of areas. Areas of good practice are highlighted within the key findings of the internal audit report, attached as Appendix 1 to this report. It was noted that there are two areas for improvement identified, which if implemented, would strengthen NHS Orkney and the Integration Joint Board control framework.

6. Contribution to quality

The table below indicates which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report:

Promoting survival: To support our communities.	No.
Promoting sustainability : To make sure economic, environmental and social factors are balanced.	No.
Promoting equality : To encourage services to provide equal opportunities for everyone.	
Working together : To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	No.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe : Avoiding injuries to patients from healthcare that is intended to help them.	No.
Effective: Providing services based on scientific knowledge.	No.
Efficient : Avoiding waste, including waste of equipment, supplies, ideas, and energy.	No.

7. Resource implications and identified source of funding

7.1. There are no resource implications associated directly with the recommendations to this report.

8. Risk and Equality assessment

8.1. There are no risk or equality implications associated with this report.

9. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

11. Author

11.1. Pat Robinson (Chief Finance Officer), Integration Joint Board.

12. Contact details

12.1. Email: pat.robinson@orkney.gov.uk, telephone: 01856873535 extension 2603.

13. Supporting documents

12.1. Appendix 1: NHS Orkney Partnership Working.



NHS Orkney

Internal Audit Report 2018/19

Partnership Working – Health and Social Care Integration

Executive Summary	1
Management Action Plan	4
Appendix A – Definitions	7

Audit Sponsor	Key Contacts	Audit team
Chief Executive, Gerry O'Brien	Pat Robinson, Chief Finance Officer Integration Joint Board	Chris Brown, Partner Matthew Swann, Audit Senior Manager Catriona Biggs, Internal Auditor

Executive Summary

Conclusion

We have noted that the development of the commissioning plan has been delayed and will not be finalised in advance of the new plan period commencing. There has not been a formal interim extension of the 2016-19 commissioning plan approved by the Board of the IJB. This may result in the strategic directon of the IJB being unclear until this has been agreed by key stakeholders.

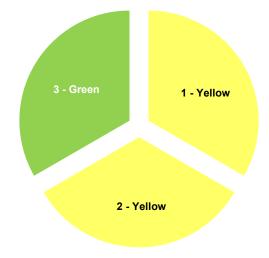
Background and scope

Over a three year period we have planned to review the links between NHS Orkney and the IJB in the areas of governance, performance management and reporting, risk management, partnership working, and financial planning. These audits will be planned and performed in conjunction with the IJB internal audit function, which is provided by the Orkney Islands Council Internal Audit Team.

For 2018/19 we have reviewed the approach to the delivery of the joint commissioning plan including consideration of strategic reporting provided to the relevant stakeholder Boards.

Control assessment

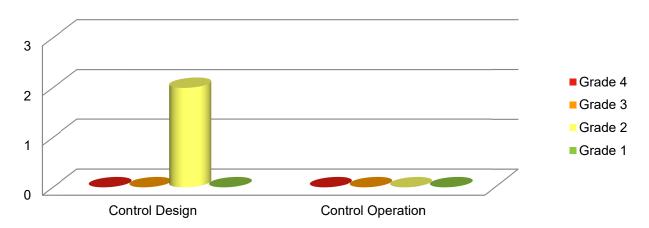
1. The commissioning plan for future years (2019-2020 onwards) has been developed in line with guidance, considers the local context and is agreed by key stakeholders;



2. The commissioning plan includes key delivery targets that are measurable;

■3. Regular reporting is undertaken to key strategic groups within the IJB and partner organisations

Improvement actions by type and priority



Two improvement actions have been identified from this review, both of which relate to the design of controls themselves rather than compliance with existing procedures. See Appendix A for definitions of colour coding.

Key findings

Good practice

We have gained assurance that the NHS Orkney and the IJB procedures reflect good practice in a number of areas:

There is a culture of review and reflection in place at the IJB where key members of staff have identified where improvements in processes can be made and have taken steps to enact changes. In areas such as the setting of key delivery targets, new approaches are being developed which take into account what the organisation has learnt since developing the Commissioning Plan 2016-2019.

Areas for improvement

We have identified two areas for improvement which, if addressed, would strengthen NHS Orkney and the IJB control framework. These are further discussed in the Management Action Plan below.

Impact on risk register

The NHS Orkney corporate risk register included the following risks relevant to this review:

 Risk 126: NHSO may suffer reputational damage due to inadequate planning associated with proposed organisational change / redesign

This appears to be an accurate risk based on our findings. We have identified improvements which would significantly reduce this risk if enacted.

Acknowledgements

We would like to thank all staff consulted during this review for their assistance and co-operation.

Management Action Plan

Control Objective 1: The commissioning plan for future years (2019-2020 onwards) has been developed in line with guidance, considers the local context and is agreed by key stakeholders



1.1 Delay in producing the Strategic Commissioning Plan for future years

The Chief Officer is developing the commissioning plan for 2019-2021. The Chief Officer has been in post since late 2018, and is working to create a plan that is reflective of the needs of the local community. The draft Commissioning Plan is scheduled to be considered by the IJB in March 2019. However, we confirmed through discussion with the Chief Officer that the earliest this plan will be finalised is July 2019 to allow for 12 weeks of stakeholder consultation. Consequently, there will be a delay of at least three months after the date we would expect a plan to be in place before the new Commissioning Plan has been finalised. We recognise that the reason for this delay has been to allow time for the Chief Officer to develop a commissioning plan in line with the shared vision of key stakeholders.

Risk

There is a risk that the commissioning plan for future years will not be developed in a timely basis leading to services being commissioned which are not reflective of the current need, inefficiently utilising resources, and potentially failing to meet statutory objectives. This could result in financial and reputational damage to the IJB and partner organisations.

Recommendation

The Commissioning Plan for future years should be developed and finalised in a timely manner. An outline timetable should be agreed formally documenting the process by which the plan is developed to ensure that the process is comprehensive and involves appropriate consultation with key stakeholders. Delivery against this timetable should be monitored by the IJB as part of the IJB's own annual workplan.

An interim measure, such as extending the current Commissioning Plan until the summer of 2019, should be agreed by the Boards of the IJB, NHS Orkney and Orkney Islands Council.

Management Action

The fact that the IJB had a significant period of time without a Chief Officer, and other key senior staff is worthy of note. The priority at this time was the continuation of safe service provision.

Grade 2 (Operation)

The commitment is to develop a plan in full consultation with our stakeholders. To do this and to take the right approach has meant that we will not have our plan published before the summer of 2019. Once this plan is published we will have a full timeline identified to ensure the next cycle of refresh is completed in a timely manner.

Action owner: Chief Officer Due date: Summer 2019

Control Objective 2: The commissioning plan includes key delivery targets that are measurable



2.1 Delay in setting Key Delivery Targets for future years

As a consequence of the delay in developing the commissioning plan for future years, key delivery targets have not yet been set.

There is not currently a policy or procedure in place that provides guidance on setting, updating or reporting key delivery targets in a SMART manner.

The previous Chief Officer, while in post, started to update the key delivery targets as part of a larger refresh of the Commissioning Plan for 2018/19. The update was partly to address the fact that the plan's original objectives were difficult to measure. However, due to the timing of the previous Chief Officer's departure, this was never fully implemented. We have not been able to confirm whether the objectives included as part of the commissioning plan for future years will address this issue, but we are aware the issue is being considered.

Risk

There is a risk that the Commissioning Plan for future years does not include key delivery targets that are SMART. This could lead to the organisation failing to meet statutory requirements or utilise its resources effectively resulting in reputational harm for the IJB and partner organisations.

Recommendation

Key measurable delivery targets should be included as part of the commissioning plan. The process of setting, updating, and reporting on key delivery targets should be agreed. This should ensure that staff have sufficient guidance to report on progress against the plan.

Management Action

Grade 2 (Design)

We will endeavour to ensure that all targets can be measured in a way that is meaningful in an Orkney context. As we develop new models of support, what we measure and how we measure will be tailored to these new models and agreed with our stakeholders. This will be reported on at each IJB.

Action owner: Chief Officer Due date: Summer 2019

Control Objective 3: Regular reporting is undertaken to key strategic groups within the IJB and partner organisations



No weaknesses identified

We have not identified any further weaknesses in the controls relating to reporting. We have confirmed that both quarterly and annual reporting has been undertaken.

An annual performance report has been considered by the Board of the IJB, the Audit Committee and Board of NHS Orkney, and the Orkney Islands Council's Health and Care Committee. Additionally, quarterly performance reports have been considered by the Board of the IJB which includes representatives from NHS Orkney and Orkney Islands Council. All reports are also available online for members of the public to access.

Appendix A – Definitions

Control assessments

R Fundamental absence or failure of key controls.

Control objective not achieved - controls are inadequate or ineffective.

Υ Control objective achieved - no major weaknesses but scope for improvement.

Control objective achieved - controls are adequate, effective and efficient.

Management action grades

Very high risk exposure - major concerns requiring immediate senior attention that create fundamental risks within the organisation.

•High risk exposure - absence / failure of key controls that create significant risks within the organisation.

 Moderate risk exposure - controls are not working effectively and efficiently and may create moderate risks within the organisation.

•Limited risk exposure - controls are working effectively, but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.

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