

REPORT

Item No:

SUBJECT:	Internal Audit Report – Performance Management
TO:	Performance, Finance and Audit Committee
Lead Officer for Report:	Chief Officer
Author(s) of Report	Chief Financial Officer
DATE:	27 August 2019

1. PURPOSE OF REPORT

1.1 This paper is coming to the Performance, Finance and Audit (PFA) Committee:

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	For noting	<input type="checkbox"/>
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1.2 This report provides the details of one of the internal audit assignments undertaken as part of the 2018/2019 internal audit plan for the Integration Joint Board (IJB). The purpose of this audit was to review the IJB's performance management arrangements.

2. ROUTE TO THE PERFORMANCE, FINANCE AND AUDIT COMMITTEE:

2.1 This paper has been:

Prepared By; Audit and Risk Manager, North Lanarkshire Council and Chief Internal Auditor, NHS Lanarkshire Health Board	Reviewed By; Chief Financial Officer	Endorsed By; Chief Officer
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3. RECOMMENDATIONS

3.1 The PFA Committee is asked to agree the following recommendation:
(1) Note the contents of the report.

4. VARIATIONS TO DIRECTIONS

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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5. BACKGROUND/SUMMARY OF KEY ISSUES

5.1 This report presents the results of the recently completed internal audit work undertaken by North Lanarkshire Council (NLC) in line with the approved North Lanarkshire IJB Internal Audit Plan for 2018/2019. The purpose of this audit assignment was to review the IJB's performance management arrangements in order to ensure that they effectively:

- reflect the IJB's priorities and strategic objectives and are integrated into business planning arrangements;
- produce data which is analysed and monitored at an appropriate level;
- provide a basis for accountability;
- enable poor performance to be identified and challenged; and
- provide a focus for action and improvement; with improvement actions which are specific and measurable and where progress is monitored.

5. BACKGROUND/SUMMARY OF KEY ISSUES (CONT.)

5.2 The lead for this audit was the Audit and Risk Manager for North Lanarkshire Council. On conclusion of the internal audit fieldwork, the Chief Internal Auditor of NHS Lanarkshire was also consulted. The completed audit report is attached as an appendix.

6. CONCLUSIONS

6.1 The internal auditors concluded that the IJB's performance framework is generally adequate and effective and consistent with relevant requirements, guidance and good practice. It is noted that a formal review of Integration in North Lanarkshire and a self-assessment have both recently been undertaken by the IJB which generally highlighted positive results. Since the inception of the IJB, the performance management arrangements for the partnership have evolved significantly and the current system is described as being 'fit for purpose'. Very few improvement actions relating to performance management were therefore identified other than the need to continue to work across the partnership to establish a means by which areas of best practice and benchmark performance information can be shared where appropriate.

6.2 The outcome of this audit therefore offered 'adequate assurance'. This means that the systems for risk, control and governance are largely satisfactory, but there are some weaknesses and/or areas for improvement which could undermine the achievement of business and/or control objectives and/or leave them vulnerable to some risk of error/abuse.

6.3 No areas were identified which required urgent management attention. Five recommendations were proposed and agreed, three of which were categorised as amber and two as green. Amber recommendations reflect weaknesses which require prompt action to avoid exposure to risks in achieving objectives. Green recommendations reflect actions advised and/or areas for improvement to enhance control or improve efficiency. Three areas of good practice were noted during the audit.

7. IMPLICATIONS

7.1 NATIONAL OUTCOMES

This relates to all nine national outcomes.

7.2 ASSOCIATED MEASURE(S)

The internal audit arrangements for the IJB are an integral part of the overall governance arrangements and this service makes a key contribution to the ongoing development of health and social care integration.

7.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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7.4 PEOPLE

None.

7.5 INEQUALITIES

EQIA Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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7.6 CARBON MANAGEMENT IMPLICATIONS

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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8. BACKGROUND PAPERS

None.

9. APPENDICES

Performance Management Audit Report

Appendix

10. VARIATIONS TO DIRECTIONS

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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CHIEF OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Marie Moy on telephone number 01698 453709.

PERFORMANCE MANAGEMENT

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1. Executive Summary	2. Findings and Recommendations	3. Action Plan
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Issued to: Chief Accountable Officer (IJB) Copied to: Chief Financial Officer, Interim Head of Planning, Performance and Quality Assurance and Performance Manager		

Headlines

The purpose of this audit was to undertake a high level review of the performance information reported to and used by the Integrated Joint Board (IJB) in order to provide independent assurance that the IJB’s performance management arrangements reflect their priorities and strategic objectives, are integrated into business planning arrangements and are operating effectively.

The IJB’s performance framework includes the suite of core integration indicators developed by the Scottish Government which it supplements with additional locally defined indicators. The IJB and its sub-committee receive quarterly reports on performance, as well as six-monthly updates on the six agreed Measuring Performance Under Integration indicators which support the ambitions set out in the Scottish Government’s Health and Social Care Delivery Plan and are tracked across all of the Integration Authorities. In addition, an Annual Performance Report is prepared, in line with legislation setting out what has been achieved and where future efforts need to be focused.

We noted that the formal review of Integration in North Lanarkshire and the self-assessment recently undertaken by the IJB and reported to key stakeholders in May/June 2019 reported generally positive results and highlighted that, since the inception of the IJB, the performance management arrangements for the partnership have evolved significantly and described the current system as being ‘fit for purpose’. Very few improvement actions relating to performance management were identified other than the need to work with H&SC Partnerships to establish a means by areas of best practice and benchmark performance information can be shared where appropriate.

We have categorised this audit as offering ‘adequate assurance’ meaning that we consider the IJB’s performance framework to be generally adequate and effective and consistent with relevant requirements/guidance and good practice. We have, however, identified a number of areas where we consider that scope for improvement exists. In particular we have highlighted that we consider improvements are needed to the way in which performance information is reported to Committee to better enable Committee members’ to exercise effective oversight, scrutiny and challenge. We also concluded that the annual performance report whilst generally compliant does not meet all minimum requirements set out in the relevant Scottish Government guidance and could be further developed. We have also highlighted that there is no formal record of the setting and approval of targets and trajectories for indicators on the performance scorecard and consider that this should be shared with the IJB. A number of recommendations, including some specific issues in respect of the sample of social work measures which were selected for review, are detailed in the Action Plan at section 3.

Assurance Opinion (see definition at Appendix 1)	Adequate assurance
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Report status	DRAFT	Audit ref	0600/2019/004
Date issued	07/08/2019	Management response due by	21/08/2019
Audit Team	Lynn McCrum (01698 302182), Paula Hendry, Hugh Shevlin and Elizabeth Sweeney		

1. Executive Summary

Objectives

The purpose of this audit was to undertake a high level review of the performance information reported to and used by the Integrated Joint Board (IJB) in order to provide independent assurance that the IJB's performance management arrangements reflect their priorities and strategic objectives, are integrated into business planning arrangements and are operating effectively.

In carrying out our audit work, we considered the following:

- Do the Integrated Joint Board's performance management framework, and underlying individual performance indicators, reflect good practice principles?
- Is a well-defined methodology in place, and consistently applied, for producing accurate and reliable performance information?
- Is performance information produced relevant to the Integrated Joint Board's strategic plan objectives, timeously reported (to both senior management and the Board) and effective remedial action taken where performance information indicates that targets are not being achieved?
- Are the Integrated Joint Board's performance reporting arrangements consistent with relevant Scottish Government Guidance for Health and Social Care Integration Partnership Performance Reports and wider public performance reporting requirements?

Testing in respect of a sample of indicators was taken from the social work performance measures included on the performance scorecard which forms the basis of Health and Social Care North Lanarkshire's quarterly performance review. Health indicators were excluded from the sample on the basis that these are already independently validated by the Information Services Division. The indicators selected for testing were:

- Adult Protection – percentage of referrals with decisions within 5 days;
- IEAS (Integrated Equipment and Adaptations Service) – percentage of deliveries achieved within 7 working days quarterly;
- Children Looked After – proportion of children looked after in a community setting;
- Number of people with a direct payment; and
- Balance of Care – proportion of people age 65+ supported at home.

It should be noted that although we carried out substantive testing on the sample of five performance measures, we did so to review relevant management arrangements and assess whether the reported performance was consistent with the underlying management information. The review was not intended to provide assurance on the statistical accuracy of individual performance measures.

This engagement has been conducted in accordance with the '*Public Sector Internal Audit Standards*'. The Internal Audit section periodically reports formally on conformance with these standards to the Council's Audit and Scrutiny Panel.

2. Findings and Recommendations

Number and category of recommendations raised (see definition of priority at Appendix 1)	Red	Amber	Green
	0	3	2

Key areas requiring management action (Red)

There were no areas requiring urgent management attention identified.

Good practice identified

We noted the following areas of good practice during the audit:

- A performance management framework, consisting of a range of key statistics and performance measures across Health and Social Care, has been established and agreed by the Chief Executives in both North Lanarkshire Council and the NHS Lanarkshire.
- Quarterly performance reviews are undertaken in respect of the performance measures outlined in the framework, with performance reported 'by exception' to the IJB and the Performance, Finance and Audit Committee together with details of proposed remedial action.
- Reported performance was generally found to be consistent with underlying supporting information.

Other areas for improvement (Amber)

We noted the following other areas for improvement:

- Improvements are needed to the way in which performance information is reported to Committee to better enable Committee members' to exercise effective oversight, scrutiny and challenge;
- The annual performance report whilst generally compliant does not meet all minimum requirements set out in the relevant Scottish Government guidance and could be further developed; and
- There is no formal record of the setting and approval of targets and trajectories for indicators on the performance scorecard.

3. Action Plan

Performance Management

0600/2019/004

Ref	Finding	Implication	Recommendation	Priority	Management response	Implementation Month/Year
1	<p>Improvements are needed to the way in which performance information is reported to Committee to better enable Committee members' to exercise effective oversight, scrutiny and challenge.</p> <p>While performance reports are presented to Committee, we consider that there is scope for significant improvement in what and how this information is presented.</p> <p>In particular we identified that:</p> <ul style="list-style-type: none"> current practice is to report by exception only and Committee do not currently receive information on all indicators on the performance scorecard. Only those indicators assessed as 'Red' or 'Amber' are included in performance reports and when this status changes to 'Green' they are no longer referenced to provide full oversight of the position. A brief review of performance reports presented to other IJBs demonstrated that more comprehensive information and analysis of performance data is being given to them; whilst actions for improvement are listed these do not always provide sufficient information to determine whether the proposed actions are sufficient, whether they are being implemented as planned and/or whether they are effective; there is no benchmarking of performance measures with other IJBs. We noted that other IJBs are increasingly making use of benchmarking data and including this in their performance reports; and much of the data is collected and analysed at locality level but this level of detail is not included at all in reports to Committee. 	<p>The IJB may not provide adequate performance information to key stakeholders to enable them to make informed decisions and recommend remedial actions to address concerns arising.</p> <p>The IJB Performance, Finance and Audit Committee may not be in a position to fulfil its remit which includes the requirement to <i>'Review quarterly performance and recommend remedial action to address concerns'</i> and to <i>'Ensure effective arrangements are in place to register all performance and operational risks'</i>.</p>	<p>Management should undertake a formal review of the current arrangements for monitoring and reporting performance to reflect on whether reports are fit for purpose and contain relevant, comprehensive information useful to stakeholders. This could include comparison with other IJB published reports.</p> <p>Particular consideration should be given to the areas identified in the finding opposite, i.e.:</p> <ul style="list-style-type: none"> an overview of all indicators on the performance scorecard including a mechanism to provide an update on indicators previously reported but now considered satisfactory; areas for improvement listed should include proposed actions with timescales, progress with these and how effective they are; greater use of benchmarking with other IJBs and trend information; and incorporating reporting by locality. 	Amber	<p>Agree</p> <p>Responsible Officer: Graeme Cowan, Performance Manager</p>	January 2020

3. Action Plan (continued)

Performance Management

0600/2019/004

Ref	Finding	Implication	Recommendation	Priority	Management Response	Implementation Month/Year
2	<p>The annual performance report whilst generally compliant does not meet all minimum requirements set out in the relevant Scottish Government guidance and could be further developed.</p> <p>We reviewed the IJB’s annual performance management report for 2018/19 against Scottish Government guidance in relation to performance reports.</p> <p>Whilst the guidance provides flexibility in terms of the content and format of the report, it is our view that while the IJB report appears generally compliant that there were a number of areas where the report did not fully comply with the guidance and/or improvements could be made. Details of the issues identified are detailed in Appendix 3.</p> <p>In particular, we noted the guidance clearly sets out that consideration needs to be given by IJBs to ensure that reports are easily understood by a wide audience and presented in a way that is ‘clear for non-experts’. On reviewing the report and those of other IJBs, it is our opinion that North Lanarkshire Health and Social Care Partnership Annual Report 2018/19 does not meet this expectation.</p>	<p>The IJB may fail to ensure that it complies with the relevant guidance.</p> <p>Information may not be sufficient to support effective decision-making and/or effective scrutiny and oversight by key stakeholders.</p>	<p>Management should ensure that, going forward, consideration is given to the issues detailed at Appendix 3 to enhance and improve the current format of the Annual Performance Report.</p>	<p>Amber</p>	<p>Agree</p> <p>Responsible Officer: Graeme Cowan, Performance Manager</p>	<p>June 2020</p>
3	<p>There is no formal record of the setting and approval of targets and trajectories for indicators on the performance scorecard.</p> <p>We understand that targets and trajectories for underlying performance measures are discussed and agreed at the Chief Executives’ Performance Review meetings, but no formal record of this is retained.</p>	<p>There is no formal documented record or clear rationale for the targets and trajectories set.</p>	<p>Management should ensure that a formal record is retained detailing the rationale for and approval of the targets and trajectories set for the indicators on the performance scorecard and this information should be shared with the Performance, Finance and Audit Committee.</p>	<p>Amber</p>	<p>Agree/Disagree</p> <p>Responsible Officer: Graeme Cowan, Performance Manager</p>	<p>October 2019</p>

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3. Action Plan (continued)	Performance Management	0600/2019/004
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Ref	Finding	Implication	Recommendation	Priority	Management Response	Implementation Month/Year
4	<p>There were a number of issues identified with regards the methodology and calculation of the Social Work indicator ‘Integrated Equipment and Adaptations Service – percentage of deliveries achieved within 7 working days’.</p> <p>The guidance/definition sheet for this particular indicator is not clear or comprehensive. It does not detail where records should be included/excluded from the calculation. A number of amendments and/or exclusions are made by the IEAS Manager to the reports generated by the system for this indicator, however no record of, or explanation for, such amendments and/or exclusions is retained. We were therefore unable to verify the figures used in the calculation or the performance figure reported.</p> <p>A summary of all the issues arising in respect of the sample of performance indicators reviewed during the course of this audit are noted at Appendix 4.</p>	<p>If there are inadequately documented procedures for producing performance information, the expected methodology may not be clearly understood or consistently applied, which increases the risk that reported performance information may be inconsistently prepared, inaccurate and/or misleading.</p>	<p>Management should review current arrangements for recording, collating and calculating the Social Work indicator ‘<i>Integrated Equipment and Adaptations Service – percentage of deliveries achieved within 7 working days</i>’ to ensure that:</p> <ul style="list-style-type: none"> • a clear, detailed and unambiguous definition of the indicator is documented; • the guidance/definition sheet contains clear and detailed instructions on the methodology to be used in calculating the indicator, including details of where/when any adjustments should be made to the core data and/or where/when records should be excluded from the calculation; and • a full record of all adjustments/exclusions is retained along with the relevant source reports to support the reported figure. 	Green	<p>Agree</p> <p>Responsible Officer: Hugh Holt, Service Manager</p>	October 2019

DRAFT

3. Action Plan (continued)	Performance Management	0600/2019/004
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Ref	Finding	Implication	Recommendation	Priority	Management Response	Implementation Month/Year
5	<p>Improvements should be made to the amount of detail contained in the definition sheets (including the calculation) for a number of the performance measures reviewed.</p> <p>We have provided details of the issues identified at Appendix 4.</p>	<p>If there are no or inadequately documented procedures for producing performance information, the expected methodology may not be clearly understood or consistently applied, which increases the risk that reported performance information may be inaccurate and/or misleading.</p>	<p>Management should review the indicator definition sheets and/or guidance documentation to ensure that these provide sufficient detailed information with respect to the calculation of each performance measure.</p> <p>The guidance should provide a clear and unambiguous definition of the indicator including:</p> <ul style="list-style-type: none"> • the source(s) of information required to prepare the indicator; • the methodology by which the indicator should be calculated; • details of the personnel involved in calculating and checking/reviewing the indicator; and • expectations regarding the retention of documentation to evidence that validation checks have been undertaken. 	Green	<p>Agree</p> <p>Responsible Officer: Graeme Cowan, Performance Manager</p>	October 2019

Appendix 1 - Audit Grading

Audit reports are graded with an overall assurance opinion, and any issues and associated recommendations are classified individually to denote their relative importance, in accordance with the definitions in the tables below.

Definition of audit assurance and recommendation categories

Assurance	Confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are being achieved.
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Assurance opinion

Level of Assurance	Definition
Substantial Assurance	Sound systems for risk, control and governance are in place and should be effective in mitigating risks to the achievement of business and control objectives. Some minor improvements to existing controls in a few areas may be required.
Adequate Assurance	The systems for risk, control and governance are largely satisfactory, but there are some weaknesses and/or areas for improvement which could undermine the achievement of business and/or control objectives and/or leave them vulnerable to some risk of error/abuse.
Limited Assurance	The systems for risk, control and governance have some satisfactory aspects, but contain a number of significant weaknesses that are likely to undermine the achievement of business and/or control objectives and leave them vulnerable to an unacceptable risk of error or abuse.

Recommendation priority

Red	Significant weaknesses which management needs to achieve objectives.
Amber	Weaknesses which require prompt action to avoid exposure to risks in achieving objectives.
Green	Action advised/area for improvement to enhance control or improve efficiency.

Appendix 2 – Good practice principles for consideration in designing performance measures

Performance Measures should be (FABRIC):

F - Focused on the organisation's aims and objectives

A - Appropriate to, and useful for, the stakeholders who are likely to use it

B - Balanced, giving a picture of what the organisation is doing, covering all significant areas of activity

R - Robust in order to withstand organisational changes or individuals leaving

I - Integrated into the organisation, being part of the business planning and management processes

C - Cost-effective, balancing the benefits of the information against the costs

What makes a good performance measure?

A performance measure should be:

- **Relevant** to what the organisation is aiming to achieve;
- Able to **avoid perverse incentives** - not encourage unwanted or wasteful behaviour;
- **Attributable** - the activity measured must be capable of being influenced by actions which can be attributed to the organisation. It should also be clear where accountability lies;
- **Well-defined**, with a clear, unambiguous definition so that data will be collected consistently, and the measure is easy to understand and use;
- **Timely**, producing data regularly enough to track progress and, and quickly enough for the data to still be useful;
- **Reliable** - accurate enough for its intended use and responsive to change;
- **Comparable** with either past periods or similar programmes elsewhere; and
- **Verifiable**, with clear documentation behind it, so that the processes which produce the measure can be validated.

Good practice based on guidance developed by the National Audit Office, the Cabinet Office, HM Treasury and the Office for National Statistics.

Appendix 3 – Identified improvements for annual reporting

	Non-compliance with guidance/area for improvement
1	The Core Integration/National indicators were contained in the body of the report and not in a separate annex (not fully compliant).
2	The Scottish average for the Core Integration/National indicators was not stated, the report simply showed whether performance is better, worse or on a par with the Scottish average (area for improvement).
3	Narrative on page 17 refers to advice received from ISD regarding performance information for 2018/19 but we consider this narrative is superseded by the narrative added on page 18 regarding National Indicators 11-20 (area for improvement).
4	There is a focus on core/national indicators but little or information provided with regards to the wider performance management framework (i.e. key indicators on the performance scorecard) (not fully compliant).
5	Although not mandatory, there is no reported performance for each locality (only financial information reported) (not fully compliant).
6	Financial information is only included for 2017/18 and 2018/19. No financial information is provided for 2016/17 (not fully compliant).
7	Information regarding over/under spends and expenditure per locality is provided for the current year (2018/19) only (not fully compliant).
8	There does not appear to be any assessment of whether best value has been achieved (not fully compliant).
9	There does not appear to be any reference made with regards to arrangements for consulting and involving the localities (not fully compliant).
10	The report only includes detail regarding inspections undertaken by the Care Inspectorate during the year. It would perhaps be beneficial to the reader to refer to the other bodies even if only to state that there had been no such inspections during the year (area for improvement).
11	The report does not include detail of any requirements or recommendations made by the Care Inspectorate or the action taken to address these (not fully compliant).
12	There is no key on Appendix 1 of the report (re Care Inspectorate inspections) as to what the grading's mean or whether they have improved or declined (area for improvement).
13	The report references the Strategic Commissioning Plan for 2019/20 but does not include a statement as to why the review was undertaken (not fully compliant).
14	The report would benefit from a glossary of terms for non-experts (area for improvement).
15	The report does not include any benchmarking data (area for improvement).
16	Approval was sought, and granted, to delegate authority to the Chief Accountable Officer to publish the annual report before the end of July 2019. This was published on the Council's website in draft form on 31 July 2019 and is subject to final approval by the Board at its next meeting (area for improvement).

Appendix 4 – Issues arising from review of sample of Social Work indicators

Indicator	Definition sheet issues	Calculation/verification issues
Adult Protection – percentage of referrals with decisions within 5 days	<p>The indicator definition provided for this does not include:</p> <ul style="list-style-type: none"> information on the management checks required to confirm the accuracy of the indicator. 	<ul style="list-style-type: none"> No documentation to substantiate that checking/verification of data and/or calculation had been undertaken.
Integrated Equipment and Adaptions Service – percentage of deliveries within 7 working days quarterly	<p>The indicator definition provided for this is not clear or comprehensive and does not include:</p> <ul style="list-style-type: none"> sufficient detail on what information is included/excluded from the monthly report. This meant we were unable to verify the figures used in the calculation or the figure reported; accurate information regarding the officer responsible for collating information and calculating the indicator; and information on the management checks required to confirm the accuracy of the indicator. 	<ul style="list-style-type: none"> Instances where some deliveries/items were excluded from the figures used in the calculation but no explanation for this. The report generated from the system is reviewed by the IEAS Service Manager who removes cases where there have been special orders issued to external contractors, issues to the adaptation service and cases where there has been a failed delivery due to there being no reply at the delivery address. Detail of the adjustments/items excluded were not recorded for the period reviewed and are not easily identifiable. No other officers within either the IEAS or HQ perform any checks on the calculations provided by the Service Manager.
Children Looked After – proportion of children looked after in a community setting	<p>The indicator definition provided for this does not include:</p> <ul style="list-style-type: none"> details of the verification officer; and information on the management checks required to confirm the accuracy of the indicator. 	<ul style="list-style-type: none"> No documentation to substantiate that checking/verification of data and/or calculation had been undertaken.
Number of people with a direct payment	<p>The indicator definition provided for this does not include:</p> <ul style="list-style-type: none"> reference to the Research Officers reviewing the reports and removing duplicates and those where the start date is post the quarter end or end date is pre the quarter end; and information on the management checks required to confirm the accuracy of the indicator. 	<ul style="list-style-type: none"> No documentation to substantiate that checking/verification of data and/or calculation had been undertaken.
Balance of Care – proportion of people aged 65+ supported at home	<p>The indicator definition provided for this does not include:</p> <ul style="list-style-type: none"> reference to the Research Officers reviewing the report and filtering it to identify those persons 65+ who are receiving 10+ hours of home care per week, in the period under review; and information on the management checks required to confirm the accuracy of the indicator. 	<ul style="list-style-type: none"> No documentation to substantiate that checking/verification of data and/or calculation had been undertaken.