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Aberdeen City Health & Social Care Partnership
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To: Members of the Risk, Audit and Performance Committee

Town House,
ABERDEEN 22 November 2023

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting** on **TUESDAY, 28 NOVEMBER 2023 at 10.00 am.**

JENNI LAWSON
INTERIM CHIEF OFFICER - GOVERNANCE

BUSINESS

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

- 1.1 Members are requested to intimate any declarations of interest transparency statements

DETERMINATION OF EXEMPT BUSINESS

- 2.1 Members are requested to determine that any exempt business be considered with the press and public excluded

STANDING ITEMS

- 3.1 Minute of Previous Meeting of 19 September 2023 (Pages 3 - 8)
- 3.2 Business Planner (Pages 9 - 12)

GOVERNANCE

- 4.1 Directions Tracker - HSCP.23.086 (Pages 13 - 28)

RISK

5.1 Strategic Risk Register - HSCP.23.083 (Pages 29 - 56)

AUDIT

6.1 Internal Audit Update Report - HSCP.23.081 (Pages 57 - 66)

6.2 Internal Audit Report – Care Management System - HSCP.23.082 (Pages 67 - 72)

6.3 Internal Audit Report - IJB Complaints Handling - HSCP.23.093 (Pages 73 - 78)

PERFORMANCE

7.1 Quarter 2 Delivery Plan Update - HSCP.23.084 (Pages 79 - 102)

7.2 Workforce Plan Annual Update Report - HSCP.23.080 (Pages 103 - 126)

7.3 Primary Care Improvement Plan Update Report - HSCP.23.079 (Pages 127 - 134)

7.4 Justice Social Work Performance Report - HSCP.23.085 (Pages 135 - 162)

EXEMPT / CONFIDENTIAL BUSINESS

8.1 None at the time of issuing the agenda

COMMITTEE DATES

9.1 Date of Next Meeting - 24 January 2024 at 2pm

Should you require any further information about this agenda, please contact Emma Robertson, emmrobertson@aberdeencity.gov.uk



Risk, Audit and Performance Committee

Minute of Meeting

**Tuesday, 19 September 2023
10.00 am Virtual - Remote Meeting**

ABERDEEN, 19 September 2023. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and Councillor John Cooke, June Brown (from article 8), Hussein Patwa, Jamie Dale, Anne MacDonald, Alison MacLeod and Paul Mitchell.

Also in attendance: Jess Anderson, Elizabeth Cameron, Kimberly Craik (from article 10), Calum Leask (from article 9), Jade Leyden, Judith McLenan (from article 10), Bukola Oyedele, Ally Palin, Amy Richert, Iain Robertson, Val Vertigans, Julie Warrender and Claire Wilson.

Apologies: Shona Omand-Smith.

The agenda and reports associated with this minute can be found [here](#).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

1. Members were requested to intimate any declarations of interest or connections in respect of items on the agenda.

The Committee resolved:-

to note that there were no Declarations of Interest or Transparency Statements.

EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 13 JUNE 2023

3. The Committee had before it the minute of its previous meeting of 13 June 2023, for approval.

The Committee resolved:-

to approve the minute as a correct record.

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BUSINESS PLANNER

4. The Committee had before it the planner of committee business, as prepared by the Chief Finance Officer.

The Committee resolved:-

- (i) to note the reasons outlined by the Chief Finance Officer for the deferral and confirmed dates in respect of items 20 and 28 (Quarterly Performance Reports against the Delivery Plan) and transfer of item 32 (Equalities and Equalities Outcomes) to the IJB in April 2024; and
- (ii) to otherwise note the Planner.

ADULT SUPPORT AND PROTECTION INSPECTION REPORT 2022 - UPDATE - HSCP.23.061

5. The Committee had before it an update prepared by the Lead Strategic Officer - Adult Public Protection, in respect of progress regarding Next Steps following the Joint Inspection of Adult Support and Protection in Aberdeen.

The report recommended:-

that the Committee note the update provided which gave assurance regarding the Next Steps following the inspection of ASP in Aberdeen published in June 2022.

The Committee resolved:-

to agree the recommendation.

INTERNAL AUDIT UPDATE REPORT - HSCP.23.065

6. The Committee had before it a report prepared by the Chief Internal Auditor providing an update on Internal Audit's work since the last update. Details were provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.

The report recommended:-

that the Committee:

- (a) note the contents of the RAPC - Internal Audit Update Report September 2023 ("the Internal Audit Update Report"), as appended at Appendix A, and the work of Internal Audit since the last update;
- (b) note the progress against the approved 2022/23 and 2023/24 Internal Audit plans as detailed in the Internal Audit Update Report; and
- (c) note the progress that had been made with implementing recommendations agreed in Internal Audit reports as outlined in the Internal Audit Update Report.

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The Committee resolved:-

to agree the recommendations.

INTERNAL AUDIT REPORT – ADULTS WITH INCAPACITY - HSCP.23.066

7. The Committee had before it a report prepared by the Chief Internal Auditor presenting the outcome from the planned audit of Adults with Incapacity that was included in the Internal Audit Plan.

The report recommended:-

that the Committee review, discuss and comment on the issues raised within the report.

The Committee resolved:-

to note the report.

QUARTER 1 (2023/24) FINANCIAL MONITORING UPDATE - PERIOD ENDED 30 JUNE 2023 - HSCP.23.063

8. The Committee had before it a report prepared by the Chief Finance Officer summarising the revenue budget performance to 30 June 2023 for the services within the remit of the Integration Joint Board (IJB), advising on any areas of risk and management mitigating action and seeking approval of the budget virements so that budgets more closely aligned to anticipated income and expenditure.

The report recommended:-

that the Committee:

- (a) note the report in relation to the IJB budget and the information on areas of risk and management action that were contained therein; and
- (b) approve the budget virements indicated in Appendix E of the report.

The Committee resolved:-

- (i) to instruct the Chief Finance Officer, in conjunction with the Primary Care Prescribing Group, to provide an analysis by way of a Service Update of the variation in respect of the forecast overspend for prescribing; and
- (ii) to otherwise agree the recommendations.

LOCALITY PLANNING ANNUAL REPORTS AND PRESENTATION - HSCP.23.060

9. The Committee had before it the 2022-23 Locality Plans in respect of the three locality areas in Central, North and South of the city, prepared by the Transformation

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Programme Manager and Community Development Manager who provided a summary presentation.

The report recommended:-

that the Committee:

- (a) approve the 2022-23 annual reports attached as Appendices 1,2 and 3 of the report;
- (b) instruct the Lead Officer to submit the 2023-24 Locality Planning Annual Reports to the Committee in September 2024;
- (c) note that new Locality Plans would be prepared during the refresh of the Local Outcome Improvement Plan during 2023-24 in a collaborative way with the Locality Empowerment Groups (LEGs) and Priority Neighbourhood Partnerships (PNPs); and
- (d) note the Committee would continue to receive regular updates on locality planning through its regular Performance Report.

The Committee resolved:-

to agree the recommendations.

QUARTERLY PERFORMANCE REPORTS AGAINST THE DELIVERY PLAN - HSCP.23.062

10. The Committee had before it a report prepared by the Senior Project Manager to provide assurance in respect of the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.

The report recommended:-

that the Committee note the Delivery Plan Quarter 1 Summary, the Tracker and Dashboard as appended to the report.

The Committee resolved:-

- (i) to note the information provided in the 'deeper dives' in respect of Mental Health and Learning Disabilities and the Frailty Pathway; and
- (ii) to otherwise agree the recommendation.

JUSTICE SOCIAL WORK DELIVERY PLAN UPDATE 2022-23 - HSCP.23.064

11. The Committee had before it a report prepared by the Service Manager presenting the updated Justice Social Work Delivery Plan at August 2023.

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The report recommended:-

that the Committee note the update provided in respect of the Delivery Plan 2022-23.

The Committee resolved:-

to agree the recommendation.

DATE OF NEXT MEETING - 28 NOVEMBER 2023

12. The Committee had before it the date of the next meeting: Tuesday 28 November 2023 at 10am.

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair**.

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	A	B	C	D	E	F	G	H	I	J
1	RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER									
2	The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
3	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
4	28 November 2023									
5	Standing Item	Directions Tracker	To present the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian (NHSG).	HSCP.23.086	Alison MacLeod	Strategy and Transformation Team	ACHSCP			
6		Quarter 2 Delivery Plan Update	To provide assurance and relates to the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.	HSCP.23.084	Alison Macleod	Strategy and Transformation Team	ACHSCP			
7	Standing Item	Internal Audit Update Report	To provide assurance that services are operating effectively and to note the update on the work of Internal Audit.	HSCP.23.081	Jamie Dale	Chief Internal Auditor	Governance			
8		Internal Audit Report – Care Management System	To present the outcome from the planned audit of the Care Management System that was included in the Internal Audit Plan.	HSCP.23.082	Jamie Dale	Chief Internal Auditor	Governance			
9	15.11.23	Internal Audit Report - IJB Complaints Handling	To present the outcome from the planned audit of the IJB Complaints Handling that was included in the Internal Audit Plan. At RAPC pre agenda on 15 November 2023, Andrew Johnston advised that this report would be ready for RAPC on 28 November 2023 and requested that it be added to the Planner.	HSCP.23.093	Jamie Dale	Chief Internal Auditor	Governance			
10		Workforce Plan Annual Update Report	To provide an overview of the current workforce and the progress made against the Workforce Plan Priorities - Members agreed at IJB in November 2022 to instruct the Chief Officer to report progress annually to the Risk, Audit, and Performance Committee.	HSCP23.080	Stuart Lamberton / Grace Milne	Chief Officer	ACHSCP			
11	02.05.23	Primary Care Improvement Plan (Update)	Six monthly update regarding progress implementing the Primary Care Improvement Plan . Last reported 2 May 2023.	HSCP23.079	Alison Penman	Susie Downie	ACHSCP			
12	01.08.22	Strategic Risk Register	To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register, following the deep dive undertaken in October on Risks 1 and 7.	HSCP23.083	Martin Allan	Business Manager	ACHSCP			
13	22.06.2021	Justice Social Work Performance report	On 22.06.21, from Justice Social Work Performance Management Framework - HSCP.21.053; (i)to approve the Justice Social Work Performance Management Framework as a first iteration of work in progress and agree to its implementation by the justice service; and (ii)to instruct the Chief Officer (ACHSCP) to use this framework as the basis for a report outlining the performance of the justice service and present this report to RAPC no later than the end of Q1 2022-2023 and then similarly on an annual basis thereafter.	HSCP23.085	Liz Cameron	Chief Social Work Officer	ACHSCP			

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3										
14	24.08.21	Navigator project evaluation	IJB 24.08.21 - NAVIGATOR REPORT - HSCP.21.086 - to instruct the Chief Officer, ACHSCP to present an evaluation and update report to the RAPC prior to conclusion of Year 2 funding. (First two years October 21 to October 23)	HSCP23.088	Simon Rayner	ADP Strategic Lead	ACHSCP	Simon Rayner advised: The Navigator service only went live in August 2022 due to the service getting set up and recruitment etc. We have 6 months of initial data but not the qualitative work yet or feedback from service users or HSCP staff. This will be issued as a Service Update. Members agreed on 13 June 2023 to defer report to November 2023.	D	Further deferral requested.
15	Standing Item	Financial Regulations Review	To approve the revised Financial Regulations. Last reviewed 17 November 2022.		Paul Mitchell	Chief Finance Officer	ACHSCP		T	The CFO has been tasked to merge all Governance papers into one report. The Financial Regulations have been reviewed and no changes are required. It is therefore suggested that these be added and merged with the Review of Financial Governance report due in June 2024.
16	24 January 2024 (NOTE change of date from 23rd to 24th)									
17	Standing Item	Whistleblowing Updates	Quarterly update		Martin Allan	Business Manager	ACHSCP			
18	Standing Item	Board Assurance and Escalation Framework (BAEF)	To note the Framework (reviewed by the Committee on an annual basis as per resolution on 26.08.2020)		Martin Allan	Business Manager	ACHSCP			
19		Internal Audit Plan 2023-26	To seek approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2023-26		Jamie Dale	Chief Internal Auditor	Governance			
20	2 April 2024									
21		Annual Review of RAPC			Paul Mitchell / Amy Richert	Chief Finance Officer	ACHSCP		T	As 2023
22		Approval of Unaudited Accounts			Paul Mitchell	Chief Finance Officer	ACHSCP		T	As 2023
23	30.11.22	Quarterly Performance Reports against the Delivery Plan	To note the position.		Alison Macleod	Strategy and Transformation Team				
24	Standing Item	External Audit Strategy 2023/24	To provide a summary of the work plan for Audit Scotland's 2022/23 external audit of Aberdeen City Integration Joint Board (IJB).		Anne MacDonald	Audit Scotland	Audit Scotland	2022/23 Strategy considered at April 2023 RAPC.		
25	07.09.23	Strategic Risk Register			Martin Allan	Business and Resilience Manager	ACHSCP			
26	4 June 2024									
27	Standing Item	Internal Audit Reports - Annual Report & IJB Performance Management Reporting	Assurance that services are operating effectively		Jamie Dale	Chief Internal Auditor	Governance	Reports presented to RAPC on 13 June 2023 - this is an annual requirement so a date in June 2024 should be identified.		
28	13.06.2023	Local update on the full Mental Welfare Commission report.	Members agreed on 13 June 2023 to instruct the Lead for Mental Health and Learning Disability Inpatient Services, Specialist Services and CAMHS to bring a report back to Committee in 12 months' time in order to provide a local update on the full Mental Welfare Commission report.		Judith McLenan / Amanda Farquharson	CAMHS	NHSG	Expected June 2024		

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3										
29	30.11.22	Quarterly Performance Reports against the Delivery Plan	To note the position.		Alison Macleod	Strategy and Transformation Team		May or June 2024		
30	Standing Item	Directions Tracker	6 monthly reporting		Alison MacLeod	Strategy and Transformation Team				
31	Standing Item	Review of Financial Governance	To provide assurance on Governance Environment annual report. Last RAPC was 13 June 2023.		Paul Mitchell	Chief Finance Officer	ACHSCP			
32	10 September 2024									
33	19.09.2023	Locality Planning Annual Reports	To note the update - At IJB on 19 September 2023, members instructed the Lead Officer to submit the 2023-24 Locality Planning Annual Reports to the Committee in September 2024.	HSCP23.060	Alison Macleod / Iain Robertson	Lead Strategy and Performance Manager	ACHSCP	Sep-24		
34		Quarter 4 (2023/24) Financial Monitoring Update	To summarise the 2023/2024 revenue budget performance for the services within the remit of the IJB for quarter 4 ; To advise on any areas of risk and management action relating to the revenue budget performance of the IJB services; and approve the budget virements.		Paul Mitchell	Chief Finance Officer	ACHSCP			
35		Review of Duties and Year End Report - Annual Review of RAPC	To present a review of reporting for 2023/24 and an early draft intended schedule of reporting for 2024/25 to provide assurance that the Committee is fulfilling all the duties as set out in its terms of reference.		Alison Macleod	Strategy and Transformation Team	ACHSCP			
36	3 December 2024									
37	07.09.23	Strategic Risk Register			Martin Allan	Business and Resilience Manager	ACHSCP	Expected approx. November 2024		
38	19.09.2023	Justice Social Work Delivery Plan update 2023-24	On 22.06.21, from Justice Social Work Performance Management Framework - HSCP.21.053; (i)to approve the Justice Social Work Performance Management Framework as a first iteration of work in progress and agree to its implementation by the justice service; and (ii)to instruct the Chief Officer (ACHSCP) to use this framework as the basis for a report outlining the performance of the justice service and present this report to RAPC no later than the end of Q1 2022-2023 and then similarly on an annual basis thereafter. reported on 19.09.2023.		Kevin Toshney/ Claire Wilson / Lesley Simpson / Liz Cameron	Chief Social Work Officer	ACHSCP			
39	TBC									

	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
3										
40	04.09.2023	Staff sickness/absence rates at Royal Cornhill Hospital'	Referred from CCG on 15 August 2023 - that with reference to the decision at the previous meeting in April, specifically "that sickness absence rates, including the reasons for absence and whether they were work related and short, medium or long term be included within the update report to be submitted to the next meeting", that this would be reported via the Risk Audit and Performance Committee and/or the IJB		Judith McLenan	CAMHS	NHSG	Timeframe to be discussed	R	At RAPC pre agenda on 15 November 2023, it was agreed that this report would be incorporated into the Workforce Plan being reported to RAPC on 28 November 2023.



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Date of Meeting	28 November 2023
Report Title	Directions Update Report
Report Number	HSCP23.086
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A. Directions Tracker B. Revised Directions Process
Terms of Reference	6. Instruct Performance Reviews and related processes.

1. Purpose of the Report

- 1.1. This report presents the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian (NHSG).

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Notes the detail and updates in Appendix A.

3. Strategic Plan Context

- 3.1. Under Section 26 of the Public Bodies (Joint Working) (Scotland) Act 2014, in order to carry out the functions delegated, the IJB must give Directions to



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a constituent authority. For Aberdeen City IJB the constituent authorities are ACC and NHSG. Monitoring the effectiveness of the Direction process provides assurance that activity is being undertaken to help further the delivery of Strategic Plan. Many of the Directions made are linked directly to specific programmes or projects as set out in the Delivery Plan.

4. Summary of Key Information

4.1. Health and Social Care Integration Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities, published in January 2020, states that there should be a log kept of all Directions made. At its meeting on 23 September 2020, the Risk Audit and Performance Committee (RAPC) agreed that a report on Directions would be presented every 6 months to review this log and provide assurance that the Directions were being issued and actioned in accordance with the 2014 Act.

4.2. Members agreed at the RAPC on 23rd June 2022 to a new 'traffic lights' system with four classifications to indicate the status of Directions. The classifications are as follows;

GREEN (Ongoing) indicating where the current direction is still valid, in place and not due for renewal or completion.

AMBER (Due) indicating Directions which are due for renewal or completion within the 6 months following the date of the Committee where the report is presented, including those which are at risk of not being completed within the timescale and / or within the allocated budget. In the case of the latter, an update to RAPC is required.

RED (Concern) indicating Directions which have either

- a) Not been implemented due to issues with implementation e.g. no service available to deliver on the direction.
- b) Directions which have expired and have not been reported as renewed or completed.

GREY (Complete) – indicating Directions where the date has expired, and the direction is either no longer required or has been superseded by a new direction. It also includes Directions which have been completed within a set timescale and will not be required to continue beyond that.

4.3. Appendix A shows all 'open' Directions and those Directions which were reported previously to the RAPC meeting in May 2023 but have since had a change in status. Those that are now complete will be archived for future



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reports. Four Directions have been added to the spreadsheet since the last report – two in relation to Procurement Workplans with an effective end date of 2029 and two in relation to the decision to extend Rosewell House arrangements with an effective end date of 2025. The Directions in Appendix A are sorted in chronological order using the 'Effective To' date, starting with the oldest date.

- 4.4. The total number of Directions reported are 45. It should be noted that some IJB decisions require a Direction to be made to both ACC and NHSG. Ten (22%) of these are now complete (Grey category). 27 (60%) are classified as Green (ongoing) , six (13%) as Amber (due for renewal within 6 months), and two (or 4%) as Red (expired).
- 4.5. One of the red status Directions is in relation to the Navigator Project which experienced a delay to its commencement date. As such the evaluation and proposal for future arrangements have been delayed. The other red status Direction is in relation to a Learning Disability Intensive Support Service. The provider of this service gave notice that they are withdrawing from Aberdeen and the service has had to be reallocated to other providers. This work is due to be completed by the end of November 2023 at which point the direction will be considered complete. The providers to whom the service is being reallocated are all part of an existing framework approved by IJB.
- 4.6. Arrangements are in place for those services subject to Directions that are Amber to be reviewed and resolved prior to the expiry date.
- 4.7. Compilation of this report has prompted a review of the process around Directions and the guidance on this has been updated and is contained at Appendix B. The revisions mainly clarify the statutory guidance on Directions indicating what Directions are and when to issue them as well as confirming the assurance process agreed at RAPC, the scheme of delegation, additional clarification around the process and a revised template.
- 4.8. As part of the 2022/23 Internal Audit Programme an audit was undertaken on Data Sharing. One of the recommendations was to ensure assurance is obtained that Data Protection Impact Assessments (DPIAs) are completed where appropriate and that a register of these is held by each Data Controller. The management response was that DPIA's are undertaken, where relevant for projects which are in turn reported to IJB and the subject of a Direction. It was agreed to add this assurance to the process of capturing and monitoring



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Directions. No Data Protection Impact Assessments (DPIAs) were submitted in the last six months.

5. Implications for Risk Audit and Performance Committee

5.1. Equalities, Fairer Scotland and Health Inequality

As this is a report on performance and no changes to service delivery are proposed, there is no requirement for an impact assessment to be undertaken and there are no direct implications in respect of Equality, Fairer Scotland or Health Inequality. The individual reports which prompted the Directions referred to within this report would have been subject to impact assessments where relevant.

5.2. Financial

There are no direct financial implications as a result of the recommendations in this report. The individual reports which prompted the Directions referred to within this report would have noted the financial implications and the budget would have been identified within the Direction.

5.3. Workforce

There are no direct workforce implications as a result of the recommendations in this report. The individual reports which prompted the Directions referred to within this report would have noted the workforce implications and links to the Workforce Plan.

5.4. Legal

The monitoring of the Directions Log ensures that the IJB is discharging the requirement under the Health and Social Care Integration Statutory Guidance- Directions from Integration Authorities to Health Boards and Local Authorities (Jan 2020).

5.5. Unpaid Carers

There are no direct implications for Unpaid Carers as a result of the recommendations in this report.



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5.6. Information Governance

There are no direct information governance implications arising from the recommendations in this report.

5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations in this report.

5.8. Sustainability

There are no direct sustainability implications arising from the recommendations in this report.

5.9. Other

None.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that if the Directions Log is not reviewed on a regular basis there would be no assurance that the IJB is discharging the requirement under the Health and Social Care Integration Statutory Guidance- Directions from Integration Authorities to Health Boards and Local Authorities (Jan 2020).

6.2. Link to risks on strategic or operational risk register:

This report links to Risk 4 on the Strategic Risk Register,

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.



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Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.



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APPENDIX A

Direction in relation to	Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Primary Care Psychologists	£2,514,445.00	18.059	K Dawson	NHSG	28/08/18	28/02/22		Direction related to specific PCIP funding which is no longer available. Service has been mainstreamed.
MSK FCP in Primary Care	£1,184,825.00	18.059	A. Penman	NHSG	28/08/18	28/02/22		Direction related to specific PCIP funding which is no longer available. Service has been mainstreamed.
Perinatal Placental Listening Service	£178,369 p.a. X 4	18.151	K. Dawson	NHSG	26/03/19	Ongoing		Ongoing in line with Action 15
Mental Wellbeing OOHs (Custody and A&E)	£659,814.00	19.058	K. Dawson	NHSG	03/09/19	30/04/23		Direction related to specific Action 15 funding which is no longer available. Service has been mainstreamed.
Mental Wellbeing OOHs (Custody and A&E)	£659,814.00	19.058	K. Dawson	ACC	03/09/19	30/04/23		Direction related to specific Action 15 funding which is no longer available. Service has been mainstreamed.
Craig Court – Future Plans	£1,143,807.36 p.a	22.016	L. Morrison	NHSG	01/03/22	09/03/23		Service decommissioned, paper approved IJB 10/10/23
Craig Court – Future Plans	£1,143,807.36 p.a	22.016	L. Morrison	ACC	01/03/22	09/03/23		Service decommissioned, paper approved IJB 10/10/23
Project Search	£40,000.00	22.040	S. Omand-Smith	ACC	07/06/22	30/07/23		Funding was for one academic year only (2022/23)
Navigator/Unscheduled Care	£146,160.00	21.086	S. Raynor	NHSG	24/08/21	30/09/23		Delay to service commencement



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Direction in relation to	Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Intensive Support Service (LD)	Within current budget	17.116	K. Dawson	ACC	30/01/18	30/09/23		Commissioned provider is pulling out of Aberdeen. Arrangements are being made to reallocate work across a number of other providers (on frameworks already approved by IJB). This work should be complete by 30/11/23.
Rosewell House	£5,598,330.00	21.088	F. Mitchellhill	NHSG	24/08/21	23/10/23		HSCP23.054 on 22/08/23 contained Direction to extend existing arrangements until Dec 25.
Rosewell House	£5,598,330.00	21.088	F. Mitchellhill	ACC	24/08/21	23/10/23		HSCP23.054 on 22/08/23 contained Direction to extend existing arrangements until Dec 25.
Immunisations	£55,558,291.81	21.066	F. Mitchellhill	NHSG	24/08/21	Ongoing		Ongoing business as usual.
Grant to Voluntary Organisation	£275,000.00	19.073	S. Omand-Smith	ACC	19/11/19	31/12/23		Superseded by HSCP23.005 approved at IJB meeting 31/01/23. New Direction effective to 31/03/25
First Contact Service	£1,462,733 p.a. X4	20.051	K. Dawson	9	28/10/20	01/01/24		Direction related to specific Action 15 funding which is no longer available. Service will be mainstreamed.
Kingswells Care Home	£3,100,00.00	19.032	S. Omand-Smith	ACC	11/06/19	31/03/24		Part of ongoing discussions in relation to the BAC SLA
National Care Home Contract	£12,950,000.00	20.053	S. Omand-Smith	ACC	02/10/20	31/03/24		Annual negotiation of rate complete in time for Direction replacement.
Medium Term Financial Framework (MTFF)	£122.6m	23.020	P. Mitchell	ACC	28/03/23	31/03/24		Updated MTFF will come to IJB March 24

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RISK AUDIT AND PERFORMANCE COMMITTEE

Direction in relation to	Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Medium Term Financial Framework (MTFF)	£246M (inc. £23m for hosted services)	23.020	P. Mitchell	NHSG	28/03/23	31/03/24		Updated MTFF will come to IJB March 24
Community Nursing Digitisation	£390,924.78	21.069	F. Mitchellhill	NHSG	25/05/21	25/05/24		Grampian wide business case being developed
BAC Contract	Existing Budget	18.035	S. Omand-Smith	ACC	22/05/18	31/07/24		Work on revised SLA ongoing
Supplementary Workplan	£2,852,417.00	19.121	N. Stephenson	ACC	24/03/20	31/08/24		Various commissioned services all on Contracts Register and scheduled for review.
Dual Sensory Impairment Service (NESS)	£215,368 (additional funding)	22.034	S. Omand-Smith	ACC	07/06/22	30/09/24		On Contracts register and scheduled for review.
Contracts and Commissioning	£123,242,747.00	19.062	N. Stephenson	ACC	19/11/19	30/09/24		Various commissioned services all on Contracts Register and scheduled for review.
Action 15 - Prison	£194,786 p.a. X 4	20.050	K. Dawson	NHSG	28/10/20	28/10/24		Scheduled for review
Grants	£661,227.00	23.005	S Omand-Smith	ACC	31/01/23	31/03/25		TSI, Counselling and Support Services – on Grants Register and scheduled for review
First Contact Mental Health and Wellbeing	£1,462,733.00	21.045	S. Omand-Smith	ACC	25/05/21	31/08/25		Action 15 Funding – scheduled for review.



RISK AUDIT AND PERFORMANCE COMMITTEE

Direction in relation to	Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Rosewell House	Existing Budget	23.054	F. Mitchellhill	NHSG	22/08/23	31/12/25		Further report to be brought to IJB summer 2025 to determine the future of Rosewell House
Rosewell House	Existing Budget	23.054	F. Mitchellhill	ACC	22/08/23	31/12/25		Further report to be brought to IJB summer 2025 to determine the future of Rosewell House
Supplementary Workplan	£3,616,748.00	20.001	N. Stephenson	ACC	09/06/20	30/06/26		Training and Skills commissioned services – on contracts register scheduled for review.
Annual Procurement Plan	£56,205,827.00	21.008	S. Omand-Smith	ACC	23/02/21	30/09/26		Various commissioned services all on Contracts Register and scheduled for review.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	22.037	K. Dawson	NHSG	07/06/22	30/06/27		Scheduled for review
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	22.037	K. Dawson	ACC	07/06/22	30/06/27		Scheduled for review
Supplementary Workplan	£42,391,380.00	22.098	N. Stephenson	ACC	29/11/22	31/03/28		Various commissioned services all on Contracts Register and scheduled for review.
Supplementary Workplan	£12,887,689.00	22.066	N. Stephenson	ACC	30/08/22	30/11/28		ADP and MH commissioned services all on Contracts Register and scheduled for review.

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RISK AUDIT AND PERFORMANCE COMMITTEE

Direction in relation to	Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Annual Procurement Workplan	£110,536,534.00	23.002	N. Stephenson	ACC	31/01/23	31/03/29		Various commissioned services all on Contracts Register and scheduled for review.
Independent Advocacy	£2,059,612.00	23.018	N. Stephenson	ACC	25/04/23	30/09/29		On Grants Register scheduled for review
Procurement Workplan (MH Community Intervention Services)	£4,824,046.00	23.056	N. Stephenson	ACC	22/08/23	31/10/29		On Contracts Register and scheduled for review.
Task Practitioner Service	£6,129,974.00	22.062	A.MacLeod	NHSG	30/08/22	31/03/30		Funded by PCIP – on Programme for review prior to end of contract.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	21.119	S. Omand-Smith	ACC	15/12/21	Ongoing		Funded by ADP – scheduled for review prior to end of contract.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	21.119	S. Omand-Smith	NHSG	15/12/21	Ongoing		Funded by ADP – scheduled for review prior to end of contract.
ADP/Blood Borne Viruses (BBV) Partnership Update	£65,000.00	20.068	S. Omand-Smith	ACC	01/12/20	Ongoing		Funded by ADP – scheduled for review prior to end of contract.
ADP/Blood Borne Viruses (BBV) Partnership Update	£65,000.00	20.068	S. Omand-Smith	NHSG	01/12/20	Ongoing		Funded by ADP – scheduled for review prior to end of contract.
ADP - Tele Healthcare	£70,000.00	20.068	S. Omand-Smith	ACC	01/12/20	Ongoing		Funded by ADP – scheduled for review prior to end of contract.
ADP - Tele Healthcare	£70,000.00	20.068	S. Omand-Smith	NHSG	01/12/20	Ongoing		Funded by ADP – scheduled for review prior to end of contract.



Process : IJB Directions, November 2023

Introduction

Under Section 26 of the Public Bodies (Joint Working) (Scotland) Act 2014, in order to carry out the functions delegated, the IJB must give Directions to a constituent authority. For Aberdeen City IJB the constituent authorities are ACC and NHSG. Monitoring the effectiveness of the Direction process provides assurance that activity is being undertaken to help further the delivery of Strategic Plan. Many of the Directions made are linked directly to specific programmes or projects as set out in the Delivery Plan.

Assurance

'Health and Social Care Integration Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities', published in January 2020, states that there should be a log kept of all Directions made. At its meeting on 23 September 2020, the Risk Audit and Performance Committee (RAPC) agreed that a report on Directions would be presented every 6 months to review this log and provide assurance that the Directions were being issued and actioned in accordance with the 2014 Act.

Members agreed at the RAPC on 23rd June 2022 to a new 'traffic lights' system with four classifications to indicate the status of Directions. The classifications are as follows;

GREEN (Ongoing) indicating where the current direction is still valid, in place and not due for renewal or completion.

AMBER (Due) indicating Directions which are due for renewal or completion within the 6 months following the date of the Committee where the report is presented, including those which are at risk of not being completed within the timescale and / or within the allocated budget. In the case of the latter, an update to RAPC is required.

RED (Concern) indicating Directions which have either

- a) Not been implemented due to issues with implementation e.g. no service available to deliver on the direction.
- b) Directions which have expired and have not been reported as renewed or completed.

GREY (Complete) – indicating Directions where the date has expired, and the direction is either no longer required or has been superseded by a new direction. It also includes Directions which have been completed within a set timescale and will not be required to continue beyond that.

What are Directions?

It is essential that directions are understood to be the end point of a process of decision making by the IJB. Directions should not contain surprising or completely unknown information about service change or redesign and should follow a period of wider engagement on the function(s) that are the subject of the direction. This would normally be part of the service planning and design phase of strategic commissioning.



When to issue Directions

Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB. The following might be considered when thinking about when a direction requires to be issued and what it might include:

- Scope and scale of the function
- Finance involved
- Scale and nature of change
- Those impacted by the change
 - Patients
 - People who use services
 - Carers
 - Local communities
 - Staff
 - Others
- Timescale for delivery

Delegated Authority

Various groups/boards have the delegated authority within ACHSCP to agree expenditure up to £10,000. This includes the Strategic Planning Group, the Careers Strategy Implementation Group, The Strategic Commissioning and Procurement Board.

The Senior Leadership Team have the delegated authority to approve expenditure up to £50,000.

Any expenditure over £50,000 can only be approved by the Integration Joint Board (IJB)

Process for Directions

1) Report and Direction drafted by IJB Lead Officer

The report will contain:

- a) reason and rationale for decision
- b) integrated impact assessment if required
- c) links and impacts to risk register along with any possible mitigations
- d) financial, HR, legal and other relevant implications as per report template
- e) links to IJB strategic plan and any links to partners' strategic plans
- f) confirmation that officers have been consulted
- g) a copy of the Direction if required

The Direction will contain:

- a) reference to integration scheme
- b) the IJB approval date
- c) a description - indicating which services the Direction relates to
- e) links to IJB Strategic Plan and Commissioning Plan



- f) outcomes and benefits to be realised.
- g) funding source and budget availability
- h) timeframe - indicating start and end date
- i) cross reference to any previous Direction superseded by the current Direction

2) The Chief Officer sends the approved direction to the Chief Executive of either ACC or NHSG within 2 weeks of the IJB meeting where the Direction was approved, when draft minutes are available.

Information included:

- a) Direction
- b) copy of the IJB report
- c) draft minute of the IJB meeting
- d) consultation checklist

3) The relevant Chief Executive instructs the Chief Officer to implement the direction

Taking into consideration:

- a) compliance with the relevant financial and procurement regulations
- b) any approval process required by the partner organisations (completion of IJB procurement request form for ACC)

Annual Performance and Assurance Process:

4) Chief Officer reports back to the Chief Executives at relevant quarterly performance review

Confirming:

- a) Directions have been implemented
- b) indicating what benefits and outcomes have been achieved.
- c) highlighting any issues arising following implementation of the directions.

5) Chief Officer drafts a directions implementation report to the relevant meeting of Risk Audit and Performance Committee under the authority of the Chief Executives

Providing assurance:

- a) all directions have been implemented
- b) indicating what benefits and outcomes have been achieved.
- c) highlighting any issues arising following implementation of the directions

Directions Template included as Appendix A



INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The **ABERDEEN CITY COUNCIL/NHS GRAMPIAN** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number:-

Approval from IJB received on:-

Description of services/functions:-

Rationale for the Direction being made (including reference to the Integration Scheme):-

Link to strategic priorities (with reference to strategic plan and commissioning plan):-

Timescales involved:-

Start date:-

End date:-

Associated Budget:-

Details of funding source:-

Availability:-

Does this Direction supersede a previous Direction Made?: Yes/No

If Yes, please provide details of the Report Number instigating the original Direction and the date that was approved by IJB.

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	28 November 2023
Report Title	Strategic Risk Register
Report Number	HSCP23.083
Lead Officer	Martin Allan
Report Author Details	<i>Name:</i> Martin Allan <i>Job Title:</i> Business and Resilience Manager <i>Email Address:</i> martin.allan3@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a. Strategic Risk Register
Terms of Reference	10. Ensure the existence of, and compliance, with an appropriate risk management strategy including: reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB’s risk appetite document with recommendations being brought to the IJB

1. Purpose of the Report

- 1.1. To present an updated version of the Integrated Joint Board’s (IJB) Strategic Risk register, following the deep dive undertaken in October on Risks 1 and 7.



RISK, AUDIT AND PERFORMANCE COMMITTEE

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

Consider the revised Strategic Risk Register (SRR) as detailed in the Appendix to this report, including the proposal that the risk ratings of the 2 very high risks (Risks 1 and 7) be reduced to High, as outlined in the report.

3. Strategic Plan Context

3.1. Risk management is referenced in the Strategic Plan, specifically in relation to the management of risk to enablers to the Plan eg workforce, technology, finances, as well as in the Strategic Aims of the Plan.

4. Summary of Key Information

- 4.1.** The fundamental purpose of the SRR is to provide the IJB with assurance that it is able to deliver the organisation's strategic objectives and goals This involves setting out those issues or risks which may threaten delivery of objectives and assure the IJB that they are being managed effectively and that opportunity to achieve goals can be taken: it is the lens through which the IJB examines the assurances it requires to discharge its duties. The IJB uses this document to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue and that it takes remedial actions to reduce risk to integration. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions
- 4.2.** The Senior Leadership Team reviews the SRR in light of their experiences and insight into key issues, including commissioning risk, and recommends the updated version to the Risk, Audit and Performance Committee (RAPC) for formal review (twice a year) and an annual review by the IJB. The IJB also hold an annual risk workshop whereat the Board review the Risk Appetite Statement and the Strategic Risks.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 4.3. At its last meeting in June, 2023, the Committee asked that a deeper dive be undertaken on the 2 very high risks on the SRR, these are Risk 1 (Commissioning) and Risk 7 (Workforce).
- 4.4. A session was arranged for 13 of October, 2023 (conducted via Teams), at which 28 participants attended, this being a mixture of internal and external stakeholders. Councillor Martin Greig opened the event before participants were given some context as to the purpose of the session. The participants were then talked through relevant data sets around both risks. The data included headcount, staff turnover, absences and reasons, feedback from the most recent i-matters report. The data also had details around practice list size, the number of General Practitioners (GP's), and list size per GP. The data also had high level details about the Partnership's Workforce Plan and its Workstreams.
- 4.5. The Participants discussed the context and the data ahead of splitting into 2 Groups, one to discuss the Commissioning Risk, the other to discuss the Workforce Risk. The Groups were asked to consider the following questions:
What are ACHSCP doing to help mitigate the risk?
What are our stakeholders doing to help mitigate the risk?
What are the current gaps in assurance?
What are the next steps to help plug these gaps?
- 4.6. The Groups were then asked to return to the main "room" to discuss the main points raised and covered within the breakout Groups.
- 4.7. Some of the main general themes coming from the breakout Groups were: continue the good working arrangements across the wider health and social care system with internal and external stakeholders. Sessions like this further help build relationships across the system.
- 4.8. Specifically, for Risk 1, the main proposal to help provide further assurance was: A joint approach to be taken to mitigate the risk.
- There are further opportunities to collaborate
 - Mutual aid approach can be examined.
 - The 10 providers work well together to keep people safe and prevent hospital admission.
- During extreme weather conditions providers are responsive to support around this and have pulled together and shared resources.
- Specifically in relation to Risk 7, the main proposals raised/assurances given were: Improve the application processes; promote retention



RISK, AUDIT AND PERFORMANCE COMMITTEE

opportunities; look at guaranteed interview schemes, change advertising processes; utilise the untapped workforce refugees and asylum seekers and support them in to our workforce; promote shadowing opportunities; the holding of the Partnership's recruitment fair; and streamline information for the workforce.

- 4.9.** The Business and Resilience Manager has met with the risk owners for these 2 risks and the SRR has been amended and updated to reflect the outcomes of the deeper dive (as detailed at the Appendix to this report).
- 4.10.** The deeper dive provided the opportunity for the Committee members to meet with key stakeholders both internally and externally and, coupled with the data evidence, allowed members to have detailed discussions about the 2 strategic risks. As explained, the 2 risks are classed as "very high", and with regard to the workforce risk in particular, some of the risk is out-with the IJB's control. However, given the levels of assurance outlined in the SRR and evidenced through the deeper dive, it is proposed that the risk ratings for the 2 risks be reduced from Very High to High.
- 4.11.** The Committee are asked to consider the amended version of the SRR, including the risk ratings of the 2 very high risks, and note that the annual IJB workshop on risk will be held on 16 January 2024 (a holding date appointment has been sent to all members). At this workshop the IJB members will review the risk appetite statement and all the strategic risks in the risk register.
- 4.12.** As mentioned, the SRR is also considered by the Partnership's Senior Leadership Team (SLT) on a quarterly basis. Through this process, no new risks have been recommended to be added to the Register and no risks have been recommended for de-escalation.

5. Implications for Committee

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct equalities, Fairer Scotland and Health Inequalities implications arising from this report.

5.2. Financial

There are no direct financial implications arising from this report.

5.3. Workforce



RISK, AUDIT AND PERFORMANCE COMMITTEE

The report outlines that Risk 7 (Workforce) on the SRR has been at the “Very High” risk rating for some time. The deeper dive on 13 of October, 2023 discussed this risk in detail. The outcomes of the session have been reflected in the amended version of the risk, as detailed in the Appendix to this report. The rating is proposed to be reduced to “High”

5.4. Legal

There are no direct legal implications arising from this report.

5.5. Unpaid Carers

There are no direct implications relating to Unpaid Carers arising from this report.

5.6. Information Governance

There are no direct information governance implications arising from this report.

5.7. Environmental Impacts

There are no direct environmental implications arising from this report.

5.8. Sustainability

There are no direct sustainability implications arising from this report.

5.9. Other

There are no other implications arising from this report.

6. Management of Risk

The IJB’s Board Assurance and Escalation Framework outlines the governance processes for the consideration and escalation of risks through the Partnership. The SRR is part of the governance arrangements.

6.1. Identified risks(s)

All known strategic risks.

6.2. Link to risks on strategic or operational risk register:

The report has the full SRR appended.

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Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4.	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10	March 2020 (RAPC)
11	July 2020 (IJB)
12	October 2020 (IJB Workshop)
13	November 2020 (IJB)
14	January 2021 (RAPC)
15	May 2021 (IJB)
16	June 2021 (RAPC)
17	September 2021 (RAPC)
18	November 2021 (Following IJB Workshop and ahead of IJB meeting in Dec)
19	February 2022 (RAPC)
20	August 2022 (ahead of IJB Workshop)
21	Review reflecting workshop-IJB Oct 22
22	November 2022 (RAPC)
23	January 2023 (SLT)
24	May 2023 (RAPC and IJB)
25	September 2023 (ahead of deep dive in October 2023)
26	November 2023 for RAPC



Aberdeen City Health & Social Care Partnership

A caring partnership

This document is made publicly available on our website, in order to help stakeholders (including members of the public) understand the challenges currently facing health and social care in Aberdeen.

This is the strategic risk register for the Aberdeen City Integration Joint Board, which lays the foundation for the development of work to prevent, mitigate, respond to and recover from the recorded risks against the delivery of its strategic plan.

Just because a risk is included in the Strategic Risk Register does not mean that it will happen, or that the impact would necessarily be as serious as the description provided.

More information can be found in the Board Assurance and Escalation Framework and the Risk Appetite Statement.

Appendices

- Risk Tolerances
- Risk Assessment Tables





Colour – Key

Risk Rating	Low	Medium	High	Very High
Risk Movement		Decrease	No Change	Increase

Risk Summary:

1	<p>Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.</p> <p>Event: Potential failure of commissioned services to deliver on their contract</p> <p>Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.</p> <p>Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.</p> <p>Consequences: ability of other commissioned services to cope with the unexpected increased in demand.</p> <p>Consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting</p>	High
2	<p>Cause: IJB financial failure and projection of overspend</p> <p>Event: Demand outstrips available budget</p> <p>Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.</p>	High
3	<p>Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.</p> <p>Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.</p> <p>Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p>	High
4	<p>Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.</p> <p>Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.</p> <p>Consequence: This may result in harm or risk of harm to people.</p>	High
5	<p>Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.</p> <p>Event: Failure to deliver transformation and sustainable systems change.</p> <p>Consequence: people not receiving the best health and social care outcomes</p>	High
6	<p>Cause: Need to involve lived experience in service delivery and design as per Integration Principles</p> <p>Event: IJB fails to maximise the opportunities created for engaging with our communities</p>	Medium





	Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims	
7	Cause- The ongoing recruitment and retention of staff. Event: Insufficient staff to provide patients/clients with services required. Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.	High





-1-

Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.
Event: Potential failure of commissioned services to continue to deliver on their contract
Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.
Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.
Consequences: ability of other commissioned services to cope with the unexpected increased in demand.
Consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting

Strategic Aims: Caring Together
Strategic Enablers: Relationships and Infrastructure

Leadership Team Owner: Lead Commissioner and Primary Care Lead

Risk Rating: low/medium/high/very high
HIGH

Rationale for Risk Rating:

IMPACT

- Primary Care**
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has led to practices prioritising the core GMS contract over any non-essential work eg Care Home SLA's.
 - Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has increased the risk and frequency of handing back their contracts or closing their lists.
 - Increase in unexpected/unplanned and planned demand is a risk to patients and the ACHSCP
 - Increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions
 - Delayed implementation of Primary Care Improvement Plan (PCIP) due to staff redeployment due to Covid and lack of available workforce for recruitment.
- Social Care**
- Recruitment difficulties in residential and non-residential businesses.

Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Rationale for Risk Appetite:
 As 3rd and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and all providers of primary health and care services to escalate valid concerns at an earlier opportunity.

Risk Movement: increase/decrease/no change
DECREASE 26.10.23

- Controls:**
- General**
- Grampian Data Gathering Group
 - Quarterly Budget Monitoring Reports

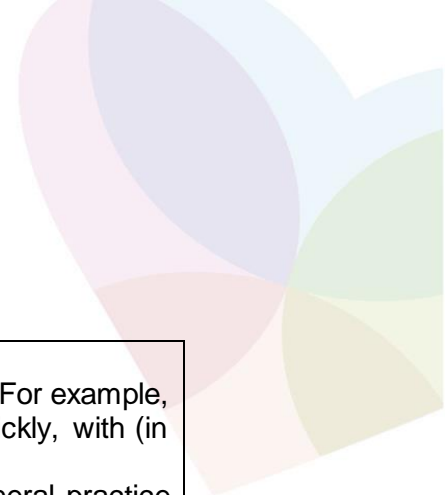
- Mitigating Actions:**
- Social Care**
- All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.
 - Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops etc.
 - Agreed strategic commissioning approach for ACHSCP.

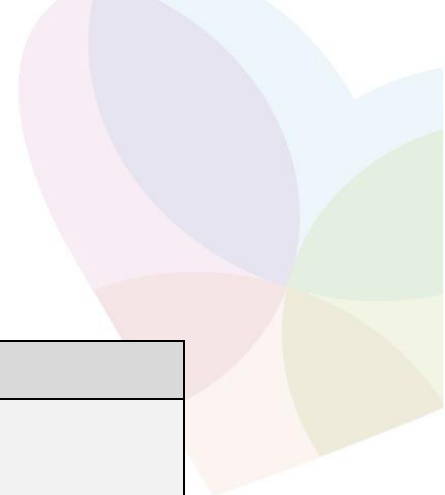


<p>Social Care</p> <ul style="list-style-type: none"> • Conscious cultural shift to change relationships, with all strategic commissioning activity proceeding in a collaborative manner. • Examples of collaborative commissioning models used as exemplar models within the City. Care at Home, Mental Health / Learning disability accommodation review. • Strategic Commissioning Programme Board (includes representatives from third and independent sectors) • Residential and Non-Residential Oversight Groups-meet depend on the needs of the sector • Providers Huddle (meets weekly) • Daily meetings with Care at Home Providers over Winter period 2023/24 • Stood up Care at Home Strategic Group (meets monthly) • Winter Planning and coordination workshop to be held in December 2023 • Care at Home clients have a personal RAG status identifying vulnerability and this will be linked to the Persons at Risk Database • SpiritualFramework-which will help identify specific training needs • Plans to set up the Commissioning Academy (City and Shire) <p>Primary Care</p> <ul style="list-style-type: none"> • Local Medical Council • GP Sub Group • Clinical Director and Clinical Leads • Primary Care Contracts Team • Primary Care Integrated Management Group • GP Contract Oversight Group • ACHSCP PCIP Project Group • Grampian Sustainability Group • Senior Leadership Team • Review of Closed List process • Health Assessment Team (for asylum and refugees) • Grampian Data Gathering Group • Quarterly Budget Monitoring Reports • Deeper Dive on Risks 1 and 7 held on 13th October, 2023. This will likely be repeated in 2024. 	<ul style="list-style-type: none"> • Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity. • Continue to liaise with the care home sector through the collaborative approach detailed in the controls to explore agreement at a local level until a national agreement is in place with Scotland Excel • Continue to support the flow from acute into interim beds at Woodlands. • 1 SLA now in place for all interim/emergency beds • Winter Planning and coordination workshop to be held in December 2023 <p>Primary Care</p> <ul style="list-style-type: none"> • Sustainability meetings with all Practices in Aberdeen City • Working in collaboration with the Scottish Government, Local Medical Council (LMC) and Clinical Leads with practices to agree a sustainable way forward using individualised action plans and group discussions. • Strategic Change Lead is establishing a task and finish group to review medical cover across care settings in the City with a view to establishing an alternative model for medical cover. The review is due to complete by 30 September 2023. • Collaborative approach with the integration of the Health Assessment Team into Aberdeen City Council's Settlement Team to manage demand and risk of becoming a Dispersal City • General Practice Vision and future provision workshops looking at SMART objectives to meet the unscheduled care demands • Comms and engagement to raise public awareness on general practice pressures and wider MDT roles • Weekly RAG status on general practices to understand pressures
<p>Assurances:</p> <p>Social Care</p> <ul style="list-style-type: none"> • Progress against our strategic commissioning workplan • Market facilitation opportunities and wide distribution of our market position statements • Oversight of both residential and non-residential social care services • Inspection reports from the Care Inspectorate • Daily meetings and monthly strategic meetings with Care at Home help to build relationships and better communication. <p>Primary Care</p> <ul style="list-style-type: none"> • Monitoring of Primary Care Improvement Plan • Daily report monitoring 	<p>Gaps in assurance:</p> <p>Social Care</p> <ul style="list-style-type: none"> • We are currently undertaking service mapping which will help to identify any potential gaps in market provision • Difference between National Care Home Contract rate (last reviewed in 2013) and providing a 24 hour residential service • Inability to benchmark accurately due to variation of service models • Contract Monitoring visits (enhanced services) • Having 1 SLA for all interim/emergency beds is a single point of failure



<ul style="list-style-type: none"> • Good relationships with GP practices, ensuring communication through agreed governance routes • Links to Dental Practice Advisor who works with independent dentists • Director of Dentistry co-ordinating Grampian contingency planning to <ul style="list-style-type: none"> • horizon scan for regional deregistration activity • proactively work with practices that wish to deregister patients • plan suitable contingency arrangements in the event patients are deregister • Part of the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead • Roles of Clinical Director and Clinical Leads, including fortnightly Grampian wide Clinical Lead Meetings, including meetings with Office Bearers from LMC and GP Sub Committee • Peer Support 	<p>Primary Care</p> <ul style="list-style-type: none"> • Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. • Market forces and individual business decisions regarding community optometry, general practice and general dental practitioners cannot be influenced by the Partnership and lack of demand information • Public Dental Services staffing capacity to flexibly increase service provision in short term
<p>Current performance:</p> <p>Social Care</p> <ul style="list-style-type: none"> • We now have established a care at home strategic providers group, with agreed terms of reference. Their strategic ambition is to ensure the safe and effective delivery of care at home across Aberdeen. • We have recently published and distributed market position statements for both residential and training and skills development for service users with either mental health or learning disability. Both have been co-produced with providers through a series of workshops which had been advertised locally and through public contracts Scotland. • A financial risk rating of each residential care home/setting is being undertaken, to give intelligence on the risk across these businesses. <p>Primary Care</p> <ul style="list-style-type: none"> • The process for closed lists was reviewed and agreed in line with GMS regulations, a meeting was held with all practices to give an overview of this and the paperwork subsequently circulated with an FAQs document. 	<p>Comments:</p> <p>Social Care Cost of living will impact on the provision of the service and the staff ability to get to work due to fuel prices.</p> <p>Primary Care Lack of space for MDT working. Sustainability report has a limited predictability due to the ever changing nature of primary care.</p> <p>GP practices are expressing an increasing challenge in meeting the needs of practice populations and therefore many are prioritising the delivery of the core GMS contract. The impact of this means that any additional non-core/statutory work is being reviewed by practices and in some instances, stopped. This varies across the City and the Partnership continues to work with Practices to find collaborative and financially sustainable solutions for both parties.</p> <p>This main amendments made to this risk since the last time the Committee considered it are: 1. additional Controls added to the social care commissioning risk 2. the risk has been split into 2 areas (social care and primary care)</p>





-2-

Description of Risk: Cause-IJB financial failure and projection of overspend Event-Demand outstrips available budget Consequence-IJB can't deliver on its strategic plan priorities, statutory work, and projects.					
Strategic Aims: All Strategic Enablers: Finance			Leadership Team Owner: Chief Finance Officer		
Risk Rating: low/medium/high/very high <p style="text-align: center;">HIGH</p>					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: increase/decrease/no change: <p style="text-align: center;">NO CHANGE 26.10.2023</p>					
Controls: <ul style="list-style-type: none"> Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Senior Leadership Team Risk, Audit & Performance receives regular updates on transformation programme & spend. Approved reserves strategy, including risk fund Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. Budgets delegated to cost centre level and being managed by budget holders. 			Mitigating Actions: <ul style="list-style-type: none"> The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services. The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements. 		

Rationale for Risk Rating:

- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services
- If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget. The MTFF was reported to the IJB in March 2023.
- The major risk in terms of funding to the Integration Joint Board is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.
- IJB is currently experiencing significant pressures due to inflation, cost of living, staff costs, energy costs.

Rationale for Risk Appetite:
 The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels.

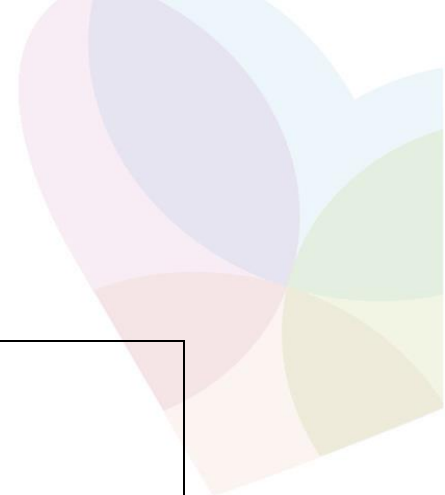
However, the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).



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<ul style="list-style-type: none"> • Medium-Term Financial Strategy. • Medium Term Financial Strategy review, including a members workshop ahead of the budget meeting (each year) 	
<p>Assurances:</p> <ul style="list-style-type: none"> • Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer. • Board Assurance and Escalation Framework. • Quarterly budget monitoring reports. • Regular budget monitoring meetings between finance and budget holders. • Monthly financial monitoring to SLT 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • Financial failure of hosted services may impact on ability to deliver strategic ambitions. • There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide early cashable savings
<p>Current performance:</p>	<p>Comments:</p> <ul style="list-style-type: none"> • The financial position in future years will be challenging. Discussions are continuing with ACC and NHSG regarding level of funding for future years.





- 3 -

<p>Description of Risk: Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City. Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure. Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p>					
<p>Strategic Aims: All Strategic Enablers: Relationships</p>			<p>Leadership Team Owner: Chief Officer</p>		
<p>Risk Rating: low/medium/high/very high HIGH</p>					
<p>IMPACT</p>					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
<p>Risk Movement: (increase/decrease/no change): NO CHANGE 26.10.2023</p>					
<p>Controls:</p> <ul style="list-style-type: none"> Integration scheme agreement on cross-reporting North East Partnership Steering Group Aberdeen City Strategic Planning Group (ACSPG) North East System Wide Transformation Group 			<p>Mitigating Actions:</p> <ul style="list-style-type: none"> Intention to develop Service Level Agreements for 9 of the hosted services considered through budget setting process In depth review of the other 3 hosted services. Quarterly reporting to ACSPG and annual reporting on budget setting to IJB (once developed). 		
<p>Assurances:</p> <ul style="list-style-type: none"> These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB. North East System Wide Transformation Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services. Both the CEO group and the Chairs & Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums. The Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector. 			<p>Gaps in assurance:</p> <ul style="list-style-type: none"> Ongoing review of hosted services through development of SLAs has stalled due to focus on Annual Delivery Plan for NHS Grampian's Plan for the Future 		



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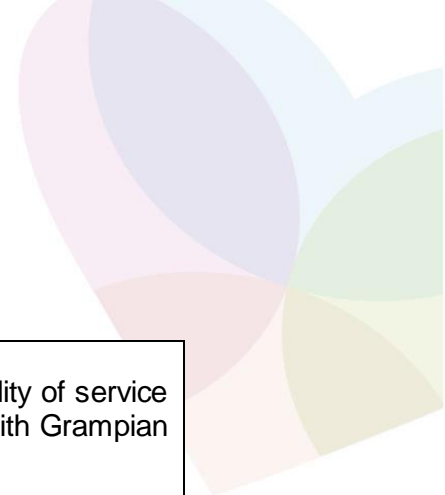
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Current performance:

- Once the SLA's are reported to the Risk, Audit and Performance Committee, the IJB will be informed on current performance on an ongoing basis.
- An update report was submitted to the IJB on the 25th of April, 2023 however work to progress the SLAs has still not progressed.

Comments:

Review of budget has highlighted that this work is crucial to maintain transparent accountability of service delivery and use of resources. The Lead for Strategy and Transformation will raise this with Grampian Planner colleagues and seek to prioritise this work to align to 2024/25 budget setting.





Description of Risk:					
Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.					
Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.					
Consequence: This may result in harm or risk of harm to people.					
Strategic Aims: All			Leadership Team Owner: Strategy and Transformation Lead		
Strategic Enablers: Technology					
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 26.10.2023					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Clinical and Care Governance Committee and Group Risk, Audit and Performance Committee Data and Evaluation Group Performance Framework Linkage with ACC and NHSG performance reporting Annual Performance Report Chief Social Work Officer's Report Ministerial Steering Group (MSG) Scrutiny External and Internal Audit Reports Links to outcomes of Inspections, Complaints etc. Contract Management Framework Weekly Senior Leadership Team Meetings 			<ul style="list-style-type: none"> Continual review of key performance indicators Review of and where and how often performance information is reported and how learning is fed back into processes and procedures. On-going work developing a culture of performance management and evaluation throughout the partnership Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development Recruitment of additional resource to drive performance management process development Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards. 		

Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership. Given current situation with increased demand and staffing pressures there might be times that the likelihood of services not meeting standards is possible.

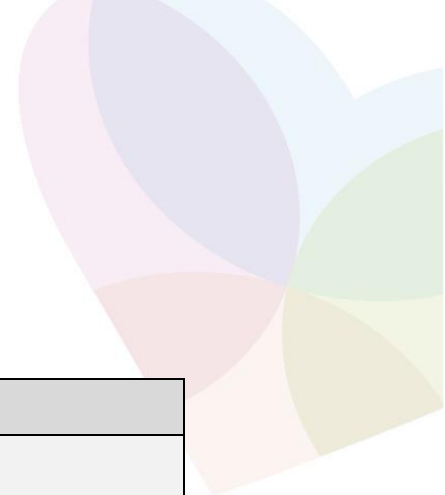
Rationale for Risk Appetite:
 The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.



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<ul style="list-style-type: none"> • Daily Operational Leadership Team Huddles • Urgent and Unscheduled Care Programme Board 	<ul style="list-style-type: none"> • Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support. • Four focus areas of the system wide critical response to ongoing system pressures • All recommendations from the Internal Audit report on Performance Management have been implemented.
<p>Assurances:</p> <ul style="list-style-type: none"> • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Performance Dashboard reported quarterly to Risk, Audit & Performance Committee. • Bespoke report developed for Clinical and Care Governance Committee and considered at every meeting. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports considered by services with action plans developed and monitored • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. • Community Planning Aberdeen currently refreshing the LOIP. Attempt is being made to link current ACHSCP reporting to that however the final outcome of this will not be confirmed until the CPA Board in February 2024. • Locality Plans are also being reviewed as part of the LOIP refresh. The intention is to streamline these and make them more focused making it easier to monitor performance and report on performance. Current community engagement closed 3rd November 2023. Again outcome will not be confirmed until CPA Board in February 2025.
<p>Current performance:</p> <ul style="list-style-type: none"> • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • Various Steering Groups for strategy implementation established. • Close links with social care commissioning, procurement and contracts team have been established via the Strategic commissioning and Procurement Board • IJB Dashboard has been shared widely. • Annual Performance Report for 2022/23 was reported to the IJB on 22 August, 2023 • SLT workshops held to develop a Partnership dashboard 	<p>Comments:</p>



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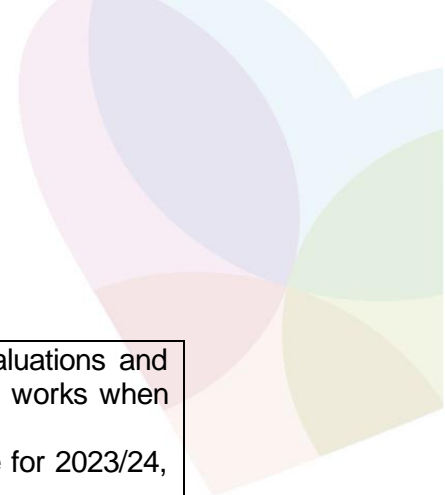
Description of Risk:					
Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.					
Event: Failure to deliver transformation and sustainable systems change.					
Consequence: people not receiving the best health and social care outcomes					
Strategic Aims: All			Leadership Team Owner: Strategy and Transformation Lead		
Strategic Enablers: Technology and Infrastructure					
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 26.10.2023					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Governance Structure and Process (Senior Leadership Team meetings, Operational Team Daily Huddles and IJB and its Committees) Quarterly Reporting of Delivery Plan progress to Risk, Audit & Performance Committee Annual Performance Report External and Internal Audit 			<ul style="list-style-type: none"> Programme management approach being taken across whole of the Partnership Regular reporting of progress on programmes and projects to Senior Leadership Team Increased frequency of governance processes, Senior Leadership Team now meeting weekly A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan and Action 15 Plan. All Programme and Project Managers have been trained in the appropriate level of Managing Successful Programmes methodology and Prince2, where appropriate. 		
Assurances:			Gaps in assurance:		
<ul style="list-style-type: none"> Risk, Audit and Performance Committee Reporting Robust Programme Management approach supported by an evaluation framework 					



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<ul style="list-style-type: none"> • IJB oversight • Board Assurance and Escalation Framework process • Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned. • The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings • Separation in Year 2 Delivery Plan of transformational projects from business as usual projects • The Medium-Term Financial Framework, Portfolio Management Approach aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan. 	<ul style="list-style-type: none"> • Our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models. • Changes to funding have meant that temporary recruitment to certain posts is in place for 2023/24, with further work to be done to identify funding beyond that.
<p>Current performance:</p> <ul style="list-style-type: none"> • The Strategic/Delivery Plan has been approved and Strategy and Transformation resource has been allocated to deliver on the projects within the Plan. 	<p>Comments:</p>





Description of Risk					
Cause: Need to involve lived experience in service delivery and design as per Integration Principles					
Event: IJB fails to maximise the opportunities created for engaging with our communities					
Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.					
Strategic Aims: All			Leadership Owner: Chief Officer		
Strategic Enablers: Relationships					
Risk Rating: low/medium/high/very high					
MEDIUM					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 26.10.2023					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Locality Empowerment Groups (LEGs) Senior Leadership Team Meetings and Operational Leadership Huddles CPP Community Engagement Group Equalities and Human Rights Sub-Group 			<ul style="list-style-type: none"> Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG. Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning 		
Assurances:			Gaps in assurance		
<ul style="list-style-type: none"> Strategic Planning Group (LEGs have representation on this group) Executive Programme Board IJB/Risk, Audit and Performance Committee CPA Board 			<ul style="list-style-type: none"> Locality Empowerment Groups are recovering post Covid and this is a slow process. They are meeting regularly again and there is the ongoing challenge in relation to membership and diversity. The Public Health Team are working hard to build these up but resistance is always experience from certain groups within the city's population. We are working with relevant groups to understand the best way to engage and recognise that one approach does not suit all. 		
Current performance:			Comments:		
<ul style="list-style-type: none"> LEGs representatives attend the SPG on a regular basis and participate in the meetings. Review of joint locality planning arrangements is underway 					



Description of Risk: Cause-The ongoing recruitment and retention of staff
Event: Insufficient staff to provide patients/clients with services required.
Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.

Strategic Aims: All
Strategic Enablers: Workforce

Leadership Team Owner: People & Organisation Lead

Risk Rating: low/medium/high/very high

HIGH

Rationale for Risk Rating:

IMPACT

Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					
LIKELIHOOD -	Negligible	Minor	Moderate	Major	Extreme

- The current staffing complement profile changes on an incremental basis over time.
- However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50).
- Totally exhausted work force with higher turnover of staff (particularly over 50)
- Current very high vacancy levels and long delays in recruitment across ACHSCP services.
- Economic upturn in North East post covid, which means there is direct competition with non-clinical posts and negatively impacting on the calibre of candidates for a number of posts, there are national Scottish shortages in all of the professions within the Partnership and we are competing with the Central Belt for people's choice for employment.
- Post Covid 19 landscape, where many staff have reflected on their personal situation, which has led to increased numbers of early retirement applications, requests for reduced hours and staff leaving the service
- Staff experienced the most challenging winter in Health and Social Care history and the likelihood that this will be just as challenging in the winter ahead.

Risk Movement: (increase/decrease/no change)

DECREASE 26.10.2023

Rationale for Risk Appetite:

- Will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention.

Controls:

- Clinical & Care Governance Committee reviews tactical level of risk around staffing numbers
- Clinical & Care Governance Group review the operational level of risk
- Oversight of daily Operational Leadership Team meetings to maximise the use of daily staffing availability
- Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-*replicate wording in risk 1 and include pc risk*
- Establishment of daily staffing situational reports (considered by the Leadership Team)
- NHSG and ACC workforce policies and planning groups
- Daily Grampian System Connect Meetings and governance structure
- Daily sitreps from all services (includes staffing absences)
- ACHSCP Workforce Plan Oversight Group established with 3 Workstreams being populated
- Deeper Dive on Risks 1 and 7 held on 13th October, 2023. This will likely be repeated in 2024.
- The Partnership's Workforce Plan Annual Report to be submitted to the Risk, Audit and Performance Committee on 28th November, 2023.

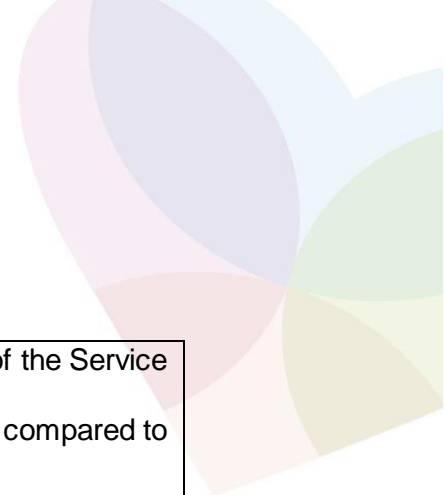
Assurances:

ACHSCP Workforce Plan and Oversight Group

Mitigating Actions:



<p>Agreed governance arrangements Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT. Staff side and union representation on daily Operational Leadership Team meetings</p>	<ul style="list-style-type: none"> • Significantly increased emphasis on health/wellbeing of staff and positive feedback regularly received, over 900 staff attended these type of initiatives in the last year. • All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT • establishment of ACHSCP recruitment programme, with significantly increased Social Media presence • promotion and support of the 'We Care' and 'Grow of own' approaches • embrace the use of new/improved digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff. Working with Microsoft to increase online appointment bookings and significantly reduce pressure on staff, as well as looking at resolving current IT issues regarding different systems. • flexible/hybrid working options to become 'normal' working practice that benefit staff time & supports their wellbeing as well as helps staff retention • Increased emphasis on communication with staff • increased collaboration across the Senior Leadership Team (SLT) and integration between professional disciplines, third sector, independent sector and communities through Localities to help diversity of the workforce • Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Senior Leadership Team and daily Operational Leadership Team meetings, identifying trends. • Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines • Partnership to reintroduce staff recognition events to encourage retention • Staff Wellbeing budget in 2023/24 of £25,000 • Production of recruitment video(s) for a range of posts within the Partnership • Partnership Jobs Fair-November 2023-In conjunction with ABZ Works ((18 Partnership Services presenting stalls and over 200 attendees) • Holding regular job showcase sessions with clients seeking work in Aberdeen City. • Successful 4 week internship of 4 Career ready students in July 2023. Ongoing support from the Partnership to continue the mentoring of Career Ready students in 2024. • Foundation Apprentice starts with Business Support in September 2023.
<p>Current performance:</p> <ul style="list-style-type: none"> • Partnership sickness absence rate at end of September 2023 was 5.3% (compared to NHSG 5.28%) • Partnership ACC staff sickness days absent per staff member was lower than the ACC average • Managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures • Managing very high level vacancies in comparison to neighbouring Health Boards • Ongoing development of governance dashboard for SLT, which will include data on staff absences, turnover etc. To be considered by SLT quarterly. • Once the 3 Workstream Groups have met then the mitigations will be added to the register with SMART measures. 	<p>Gaps in assurance</p> <ul style="list-style-type: none"> • The deeper dive on the 13th of October and the production of the Partnership's Workforce Annual Plan asked the question around gaps in assurance. • Development of governance dashboard is ongoing, including updates on 2022 Workforce Plan data.
<p>Comments:</p>	



	<ul style="list-style-type: none">• Ongoing consultation on National Care Service. Any updates arising from the progress of the Service that has a bearing on the risk will be updated in due course.• Workforce is an enduring risk across Scotland. Eg AHP vacancies in NHSG are 11.6% compared to Scottish average of 7.1%.
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Appendix 1 – Risk Tolerance

Level of Risk	Risk Tolerance
Low	<p>Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p>
Medium	<p>Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.</p>
High	<p>Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>
Very High	<p>Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners.</p> <p>Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>The IJB's will seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>



Appendix 2 – Risk Assessment Matrices (from Board Assurance & Escalation Framework)

Table 1 - Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects –expect recovery >1wk.	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
Objectives/ Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
Injury (physical and psychological) to patient/ visitor/staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim. Complex justified complaint.
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect.
Staffin and Competence	Short term low staffin level temporarily reduces service quality (< 1 day). Short term low staffin level (>1 day), where there is no disruption to patient care.	Ongoing low staffin level reduces service quality Minor error due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. Moderate error due to ineffective training/ implementation of training. Ongoing problems with staffin levels	Uncertain delivery of key objective /service due to lack of staff. Major error due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training.
Financial (including damage/loss/ fraud)	Negligible organisational/ personal financial loss (£<1k).	Minor organisational/ personal financial loss (£1-10k).	Significant organisational / personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k-1m).	Severe organisational/ personal financial loss (£>1m).
Inspection/Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity/ Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/ public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	<ul style="list-style-type: none"> Can't believe this event would happen Will only happen in exceptional circumstances. 	<ul style="list-style-type: none"> Not expected to happen, but definite potential exists Unlikely to occur. 	<ul style="list-style-type: none"> May occur occasionally Has happened before on occasions Reasonable chance of occurring. 	<ul style="list-style-type: none"> Strong possibility that this could occur Likely to occur. 	<ul style="list-style-type: none"> This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

Likelihood	Consequences/Impact				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

References: AS/NZS 4360:2004 'Making It Work' (2004)

Table 4 - NHSG Response to Risk

Describes what NHSG considers each level of risk to represent and spells out the extent of response expected for each.

Level of Risk	Response to Risk
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The Board may wish to seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The Board will seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.

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Risk, Audit and Performance Committee

Date of Meeting	28 November 2023
Report Title	Internal Audit Update Report
Report Number	HSCP23.081
Lead Officer	Jamie Dale Chief Internal Auditor
Report Author Details	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix A – RAPC - Internal Audit Update Report November 2023
Terms of Reference	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

1. Purpose of the Report

- 1.1. The purpose of this report is to provide the Risk, Audit and Performance Committee (RAPC) with an update on Internal Audit’s work since the last update. Details are provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.

2. Recommendations

- 2.1. It is recommended that the Committee:

- a) Note the contents of the RAPC - Internal Audit Update Report November 2023 (“the Internal Audit Update Report”), as appended at Appendix A, and the work of Internal Audit since the last update;



Risk, Audit and Performance Committee

- b) Note the progress against the approved 2023/24 Internal Audit Plan as detailed in the Internal Audit Update Report; and
- c) Note the progress that has been made with implementing recommendations agreed in the Internal Audit reports as outlined in the Internal Audit Update Report.

3. Strategic Plan Context

- 3.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

4. Summary of Key Information

- 4.1. Internal Audit's primary role is to provide independent and objective assurance on the Board's risk management, control and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and summaries of these are provided to the RAPC.

5. Implications for IJB

- 5.1. **Equalities, Fairer Scotland and Health Inequality** – An equality impact assessment is not required because the reason for this report is for the RAPC to discuss, review and comment on the contents of the Internal Audit Update Report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 5.2. **Financial** – There are no direct implications arising from this report.
- 5.3. **Workforce** – There are no direct implications arising from this report.
- 5.4. **Legal** – There are no direct implications arising from this report.
- 5.5. **Unpaid Carers** – There are no direct implications arising from this report.



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- 5.6. **Information Governance** – There are no direct implications arising from this report.
- 5.7. **Environmental Impacts** – There are no direct impacts arising from this report.
- 5.8. **Sustainability** – There are no direct impacts arising from this report.
- 5.9. **Other** – there are no other impacts arising from this report.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.
- 6.2. **Link to risks on strategic risk register:** The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.

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Aberdeen City Health & Social Care Partnership
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Internal Audit

Risk, Audit and Performance Committee Internal Audit Update Report November 2023

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1 Executive Summary

1.1 Introduction and background

Internal Audit's primary role is to provide independent and objective assurance on the Council's risk management, control, and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control, and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and these are provided to the Risk, Audit and Performance (RAP) Committee. Along with other evidence, these reports are used in forming an annual opinion on the adequacy of risk management, control, and governance processes.

This report advises the RAP Committee of Internal Audit's work since the last update. Details are provided of the progress against the approved 2023/24 Internal Audit plan, audit recommendations follow up, and other relevant matters for the Committee to be aware of.

1.2 Highlights

Full details are provided in the body of this report however Internal Audit would like to bring to the Committee's attention that since the last update:

- Work is underway with regards to delivery of the 2023/24 Internal Audit Plan.
- One audit recommendation has been closed.

1.3 Action requested of the RAP Committee

The Committee is requested to note the contents of this report and the work of Internal Audit since the last update.

2 Internal Audit Progress

2.1 2023/24 Audits

Service	Audit Area	Position
Council Led HSCP Services	Social Care Financial Assessments	Review In Progress
Council Led HSCP Services	Care Management System	Final Report Issued
IJB	Compliant Handling	Final Report Issued
IJB	IJB Hosted Services	Review Scheduled

2.2 Follow up of audit recommendations

Public Sector Internal Audit Standards require that Internal Audit report the results of its activities to the Committee and establishes a follow-up process to monitor and ensure that management actions have been effectively implemented.

As at 31 August 2023 (the baseline for our exercise), one audit recommendation was due and outstanding:

- One rated as Minor

As part of the audit recommendations follow up exercise, this was closed.

Appendix 1 – Grading of Recommendations provides the definitions of each of the ratings used.

3 Appendix 1 – Grading of Recommendations

Risk level	Definition
Corporate	This issue / risk level impacts the Council as a whole. Mitigating actions should be taken at the Senior Leadership level.
Function	This issue / risk level has implications at the functional level and the potential to impact across a range of services. They could be mitigated through the redeployment of resources or a change of policy within a given function.
Cluster	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
Programme and Project	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

Net risk rating	Description	Assurance assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	Reasonable
Major	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Limited
Severe	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Minimal

Individual issue / risk	Definitions
Minor	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
Moderate	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
Major	The absence of, or failure to comply with, an appropriate internal control, such as those described in the Board's Scheme of Governance. This could result in, for example, a material financial loss, a breach of legislative requirements or reputational damage to the Board. Action should be taken within three months.
Severe	This is an issue / risk that is likely to significantly affect the achievement of one or many of the Board's objectives or could impact the effectiveness or efficiency of the Board's activities or processes. Examples include a material recurring breach of legislative requirements or actions that will likely result in a material financial loss or significant reputational damage to the Board. Action is considered imperative to ensure that the Board is not exposed to severe risks and should be taken immediately.

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Risk, Audit and Performance Committee

Date of Meeting	28 November 2023
Report Title	Internal Audit Report – Care Management System
Report Number	HSCP23.082
Lead Officer	Jamie Dale Chief Internal Auditor
Report Author Details	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	No
Terms of Reference	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of the Care Management System that was included in the Internal Audit Plan.

2. Recommendations

- 2.1. It is recommended that the Committee:

a) Review, discuss and comment on the issues raised in the report.

3. Strategic Plan Context

- 3.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk



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management and control. Each of these areas helps ensure that the JB can deliver on all strategic priorities as identified in its strategic plan.

4. Summary of Key Information

Assurance Assessment

- 4.1. The level of net risk is assessed as **MINOR**, with the control framework deemed to provide **SUBSTANTIAL** assurance over the Council's approach to the Care Management System.
- 4.2. The following governance, risk management and control measures were sufficiently robust and fit for purpose:
 - 4.2.1. **System Maintenance and Development** – System maintenance and development is being adequately tested prior to system upgrades / updates. Digital and Technology (D&T) maintain oversight of user testing of 'wave releases' issued by the system supplier to fix and improve system functionality where necessary. In addition, since the 'go-live' date, D&T has worked with the Health and Social Care Partnership and Integrated Children's and Family Services to develop the system through a 'Sprint Backlog' process of light touch change management, meaning changes are incremental and can be easily rolled back.
 - 4.2.2. **Procurement** – The Council's Care Management System was appropriately procured through an approved UK Government framework agreement (G Cloud 11) in accordance with the Council's Scheme of Governance.
 - 4.2.3. **Business Continuity and Disaster Recovery** – The system supplier indicates within their Statement of Work agreed with the Council that the supplier is responsible for associated costs for disaster recovery and that they have 'best-in-class' service levels for disaster recovery within their cloud services, with inbuilt redundancy and failover within its service. The supplier is also compliant with ISO 22301 Business Continuity Management covering adequacy of business continuity and disaster recovery arrangements.
- 4.3. Security updates (patching) was out of scope for the review due to resourcing constraints for the Cluster and management assurance that the adequacy of system patching arrangements has been covered by the most recent IT health check (ITHC) for Public Services Network (PSN)



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compliance and Cyber Essentials Plus. This will be considered as part of the planned 2023/24 Cyber Action Plan Internal Audit review.

- 4.4.** However, the review identified some areas of weakness where enhancements could be made to strengthen the framework of control, specifically:

4.4.1. Written Procedures and Training – D&T has set a mandatory requirement within ServiceNow for line managers approving system access requests to ensure appropriate system and data protection training has been completed prior to use of the system. In addition, 'Click Learn' guidance is available on the system covering various user tasks. Furthermore, comprehensive Children's Social Work guidance is available on the use of the system and checklists are in place for what training is expected to be delivered to H&SCP users by system coaches. However, unlike Children's Social Work, currently Adults Service and Justice Service specific guidance on the use of the system is absent from the Council's Digital Workplace (described as "coming soon") and there are no online videos available on the use of the system like for Children's Social Work. Management however advised that although guidance is absent from the Digital Workplace, guidance is circulated regularly to staff and for Justice Services it is contained within the Staff Handbook. Internal Audit sought views from 10 system users to determine if training had been received prior to use and the adequacy of training delivered. Four (40%) responded¹, two (50%) of which advised that whilst they had received training, they remained unsure of how to navigate the system and that the training did not address their specific service delivery needs. In the absence of adequate online training and guidance for H&SCP users, there is a greater risk these users will be unable to use the system and of cases being mismanaged as a result.

4.4.2. Access Control – A dedicated team within D&T maintains system access based on line manager approved requests and via regular removal of any former employees notified to D&T by Payroll. In addition, system access is adequately controlled for employees via Active Directory single sign on through a Council device coupled with the Council's Access Control policy and Password Standard. In addition, D&T advised that all data access is logged. However, whilst the support and maintenance supplier contract covers Data Protection,

¹ Where it is recognised that this is a small population, with an even lower response rate, Internal Audit made efforts to gain responses and wider feedback. The views relied upon for this report have been substantiated where possible through further discussion and audit testing.



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this supplier currently has access to special category data held in the live 'production' system environment, rather than access restricted to when new system developments are pushed out into the production environment. Where access to special category data is not suitably controlled, this contravenes the UK GDPR data minimisation principle and the Council risks enforcement action by the ICO, potentially financial loss and reputational damage. Discussions with Management have highlighted the rationale behind this approach but recognise the opportunities to tighten control around this area.

4.4.3. **Interfaces** – At the time of the review, it was noted that the interface to ensure agreement of child protection in both the Child Protection Register (CPR) and Care Management System was not functional and a manual workaround was required involving ad hoc data exports from the Care Management System which are reconciled to the CPR. Whilst this system ensures accuracy of the CPR, the manual nature of the data transfer process could be made more efficient (i.e. single point of data entry and deletion), and is contrary to the Council's transformation ambitions to automate processes where appropriate.

4.5. Recommendations have been made to address the above risks including reviewing system access restrictions, ensuring mandatory training is robust, and establishing an automated interface for CPR updates.

Management Response

4.6. The Social Work system has been developed using modern agile development methodologies. Management is grateful to the Internal Audit team for their collaborative approach to the audit that has ensured a shared understanding of the differences in approach versus traditional line of business systems. The balance of continuous delivery against risk has been assessed ensuring that Aberdeen City Council manages the ongoing risks through the recommendations made.

4.7. The nature of the continuous delivery process and the prioritisation of business needs by Social Work Product Owners means that the system remains current and relevant for Social Work practitioners. In addition system architecture and the centralised nature of the data creates opportunities for the Council and the Health and Social Care Partnership to improve the effectiveness of our care services.

5. Implications for IJB



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- 5.1. Equalities, Fairer Scotland and Health Inequality – An equality impact assessment is not required because the reason for this report is for the RAPC to discuss, review and comment on the contents of and Internal Audit Report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 5.2. Financial – There are no direct implications arising from this report.
- 5.3. Workforce – There are no direct implications arising from this report.
- 5.4. Legal – There are no direct implications arising from this report.
- 5.5. Unpaid Carers – There are no direct implications arising from this report.
- 5.6. Information Governance – There are no direct implications arising from this report.
- 5.7. Environmental Impacts – There are no direct impacts arising from this report.
- 5.8. Sustainability – There are no direct impacts arising from this report.
- 5.9. Other – there are no other impacts arising from this report.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.
- 6.2. **Link to risks on strategic risk register:** The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.

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Risk, Audit and Performance Committee

Date of Meeting	28 November 2023
Report Title	Internal Audit Report – IJB Complaints Handling
Report Number	HSCP23.093
Lead Officer	Jamie Dale Chief Internal Auditor
Report Author Details	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	No
Terms of Reference	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of the IJB Complaints Handling that was included in the Internal Audit Plan.

2. Recommendations

- 2.1. It is recommended that the Committee:

a) Review, discuss and comment on the issues raised in the report.

3. Strategic Plan Context

- 3.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk



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management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

4. Summary of Key Information

Assurance Assessment

4.1. The level of net risk is assessed as **MODERATE**, with the control framework deemed to provide **REASONABLE** assurance over the IJB's approach to the Complaints Handling.

4.2. The following governance, risk management and control measures were sufficiently robust and fit for purpose:

4.2.1. **Governance arrangements** – Delegated authority for complaint handling is formalised and the NHS and Council Feedback teams maintain good oversight of complaints, with systems in place for progressing complaint investigations and responses with relevant lead officers. In addition, regular monitoring of complaints takes place by the Health and Social Care Partnership (H&SCP) Clinical and Care Governance Group and the H&SCP Clinical and Care Governance Committee.

4.2.2. **Written procedures, guidance, and training** – Written procedures and guidance for staff are comprehensive and comply with the relevant Scottish Public Services Ombudsman (SPSO) model complaints handling procedures. In addition, online training, shared learning events and regular staff newsletters covering complaints handling are in place. Furthermore, complaints handling procedures and reporting arrangements are adequately advertised to members of the public.

4.2.3. **Complaint handling** – Complaints are generally being well handled based on a sample of 20 H&SCP complaints reviewed (nine NHS patient, eight social care service users, three directly to the Chief Officer) reviewed. Correspondence with complainants was generally of a good standard and lessons had been learned and improvement action taken where complaints were upheld.

4.2.4. **Annual performance reporting** – Mandatory annual reporting on complaints key performance indicators was in line with SPSO requirements for all Council and NHS Grampian complaints, which cover Aberdeen City H&SCP complaints.



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4.3. However, the review identified some areas of weakness where enhancements could be made to strengthen the framework of control, specifically:

4.3.1. **Early resolution** – Complaints in general could be resolved quicker. In 2022/23, of 160 H&SCP complaints received (145 NHS and 15 Social Care) deemed suitable¹ for early resolution within five working days, only 46 (29%) (41 NHS and 5 Social Care) achieved early resolution, with the remainder taking longer, with an average complaint receipt to closure duration of 40 days (NHS average 45 days, Social Care average 21 days).

4.3.2. **Management monitoring** – The SPSO mandated quarterly key performance indicator (KPI) on average response times by complaint stage is not being reported at all to senior management as required, despite complaint handling timeliness needing improvement. Also, whilst some lessons learned are being reported for some services to the Aberdeen City H&SCP Clinical and Care Governance Group, this reporting was not observed to the H&SCP Clinical and Care Governance Committee nor the H&SCP Senior Leadership Team (SLT). The H&SCP SLT identified the need for complaints and enquiries performance reports to be reported to the monthly SLT meetings in November 2022. Prior to the commencement of this audit, work to collate this data from across NHS Grampian, Aberdeen City Council and the Integration Joint Board is underway and scheduled for completion during 2023/24.

4.3.3. **Public reporting** – The SPSO requires anonymised quarterly external reporting on complaints outcomes and actions taken to improve services however this is not taking place. This is qualitative in nature and can be addressed for social care complaints by 'You Said, We Did' notifications or case studies. Similar reporting is required for health complaints with an additional requirement to report on complaints 'trends' e.g., overall number of complaints received by quarter. The April 2023 Aberdeen City H&SCP Clinical and Care Governance Committee complaint report reviewed the required content to some extent with a case study example of action taken to address a complaint. However, these Committee reports are unavailable to the public.

¹ Complaints are classified within the NHS complaint handling system (Datix) by the Feedback team and service complaint lead, according to customer severity and complexity. This determines if suitable for early resolution within five working days of receipt or if investigation is instead required over a 20-working day period where more complex / higher risk. A similar process is adopted by the Council's Feedback team with complaints suitable for early resolution which have taken longer specifically identified as 'S2-Esc'.



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4.3.4. **System data and dashboard reporting** – Lessons learned, and improvement actions are not always recorded in the Council complaints handling systems despite being captured in the related correspondence with complainants. In addition, multiple systems are in use to handle complaints, some of which are spreadsheet based. These issues mean system data available to H&SCP SLT members is incomplete for dashboard reporting purposes.

- 4.4. It is acknowledged that there are challenges; requirements to capture complaints information across three different organisations, which use different systems, meaning the task of coordination and presenting data can be more onerous. However, the above issues increase the risk of continued complaint handling delays, and poor service delivery where reasons for complaints are not addressed. This increases the risk of repeat complaints, complainant dissatisfaction and escalation to the SPSO, with resulting reputational damage for the H&SCP where complaints are publicly upheld by the SPSO.
- 4.5. Recommendations have been made to address these matters including establishing senior management complaints reporting that covers SPSO requirements as a minimum; publishing necessary complaint outcome and actions taken reports; reviewing mandatory reporting requirements for complaints handling systems to ensure lessons learned and necessary corrective action are captured; and establishing senior management H&SCP complaints handling dashboard reporting.

Severe or major issues / risks

- 4.6. Issues and risks identified are categorised according to their impact on the Board. The following are summaries of higher rated issues / risks that have been identified as part of this review:

Ref	Severe or Major Issues / Risks	Risk Agreed	Risk Rating
1.1	<p>Management monitoring – It is a mandatory requirement of SPSO model complaints procedures for complaints key performance indicators (KPIs) to be reported to senior management on a quarterly basis.</p> <p>However, performance needs improvement, since in 2022/23, of 160 H&SCP complaints received (145 NHS and 15 Social Care) deemed suitable for early resolution within five working days, only 46 (29%) (41 NHS and 5 Social Care) achieved early resolution, with the</p>	Yes	Major



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Ref	Severe or Major Issues / Risks	Risk Agreed	Risk Rating
	<p>remainder taking longer, with an average complaint receipt to closure duration of 40 days (NHS average 45 days, Social Care average 21 days).</p> <p>Regular performance reporting intended to cover all Aberdeen City H&SCP complaints, is taking place through the H&SCP Clinical and Care Governance Group and H&SCP Clinical and Care Governance Committee. However, reporting does not include the SPSO mandated quarterly key performance indicator (KPI) on average response times by complaint stage, which needs addressed.</p> <p>Also, whilst some lessons learned are being reported for some services to the Aberdeen City H&SCP Clinical and Care Governance Group, this reporting was not observed to the Clinical and Care Governance Committee nor H&SCP Senior Leadership Team (SLT).</p> <p>Where Senior Management complaints key performance reporting is incomplete there is a greater risk complaint resolution will continue to be delayed, lessons will not be learned, and that complaints will be escalated to the SPSO, resulting in reputational damage to the H&SCP where upheld.</p>		

Management Response

- 4.7. The Senior Leadership Team (SLT) welcome the findings of the audit. SLT are currently working on a governance dashboard which will include data on complaints (including the quarterly SPSO data outlined in this audit). This dashboard will allow SLT to be sighted on key data sets on a regular basis. SLT will also work with colleagues in Aberdeen City Council (ACC) and NHS Grampian to ensure consistency across templates, response letters etc.

5. Implications for IJB

- 5.1. Equalities, Fairer Scotland and Health Inequality – An equality impact assessment is not required because the reason for this report is for the RAPC to discuss, review and comment on the contents of and Internal Audit Report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 5.2. Financial – There are no direct implications arising from this report.
- 5.3. Workforce – There are no direct implications arising from this report.



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- 5.4. Legal – There are no direct implications arising from this report.
- 5.5. Unpaid Carers – There are no direct implications arising from this report.
- 5.6. Information Governance – There are no direct implications arising from this report.
- 5.7. Environmental Impacts – There are no direct impacts arising from this report.
- 5.8. Sustainability – There are no direct impacts arising from this report.
- 5.9. Other – there are no other impacts arising from this report.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.
- 6.2. **Link to risks on strategic risk register:** The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.



INTEGRATION JOINT BOARD

Date of Meeting	28 November 2023
Report Title	Quarter 2 Delivery Plan Update
Report Number	HSCP.23.084
Lead Officer	Alison MacLeod
Report Author Details	Calum Leask Transformation Programme Manager CLeask@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Exempt	No
Appendices	<ul style="list-style-type: none"> a. Quarter 2 Overview b. Delivery Plan Quarter 2 Tracker c. ACHSCP Delivery Plan Dashboard
Terms of Reference	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.

1. Purpose of the Report

- 1.1. This report seeks to provide assurance to the Risk, Audit and Performance Committee (RAPC) and relates to the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.



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2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Quarter 2 Summary, the Tracker and Dashboard as appended to this report.

3. Strategic Plan Context

- 3.1. This report and its appendices directly link to the ACHSCP Strategic Plan and our performance in achieving the associated Delivery Plan. The Strategic Plan's Reporting Framework outlines our requirement to provide assurance to RAPC on a quarterly basis that progress is being made in achieving the Delivery Plan, and this report ensures that this element of governance is achieved in a robust manner.

4. Summary of Key Information

- 4.1. This report represents the Quarter 2 update to the Risk, Audit and Performance Committee based upon the Year 2 Delivery Plan as approved by IJB in March 2023.
- 4.2. As outlined in the revised Performance Framework, the Delivery Plan Progress Tracker will show updates for all entries in the Delivery Plan while a supporting Dashboard will be presented showing the key measures which the progression of the Delivery Plan seeks to impact upon.
- 4.3. Appendix A aims to give some context to the progress being made over the past quarter while the Delivery Plan Progress Tracker (Appendix B) shows this detail for each entry within the Year 2 delivery Plan. The Delivery Plan Dashboard in Appendix C displays the key measures and updated figures (where possible) related to these.
- 4.4. The Delivery Plan Progress Tracker is a spreadsheet utilised by our programme and project teams to provide updates to the Senior Leadership Team (SLT). For the purposes of RAPC, an update which spans the full quarter has been submitted to provide an overview of what has been achieved over the period from 1st July – 30th September 2023 and any significant risks or issues encountered during that time. A BRAG (Blue, Red,



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Amber, Green) status is also provided giving an overarching indication of the health of the delivery plan entry. It should be noted that the status of a particular project may have progressed since the update in the report was given and therefore should be deemed to be historically accurate.

- 4.5. For this reporting period, there are three projects marked as closed for different reasons: 'Medical Cover for Care Settings' has been put on hold and will be reviewed for re-starting in Year 3; 'Digital Records' marked as closed as activity is incorporated into other projects; and 'Access to Digital' marked as complete as the Aberdeen Guide to Independent Living and Enablement (AGILE) programme has fully delivered.
- 4.6. Appendix C shows the Delivery Plan Dashboard. This has been sorted by Programme rather than by Strategic Aim as was the case in 2022-2023.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from this report.

5.2. Financial

There are no direct implications arising from this report.

5.3. Workforce

There are no direct implications arising from this report.

5.4. Legal

There are no direct implications arising from this report.



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5.5. Unpaid Carers

There are no direct implications arising from this report.

5.6. Information Governance

There are no direct implications arising from this report.

5.7. Environmental Impacts

There are no direct implications arising from this report.

5.8. Sustainability

There are no direct implications arising from this report.

5.9. Other

None.

6. Management of Risk

6.1. Identified risks(s)

Risk	Likelihood	Impact	Controls	Evaluation
Assurance over strategic plan not met	Low	Medium	Performance Framework outlines the required reporting to take place through the year in order to create assurance	If the paper was not presented, assurance would not be given to the RAPC and therefore part of the remit and responsibility of the Committee would not be met.



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Full Transformational Projects outlined within the Delivery Plan have their own governance routes and risk management in place. As outlined in section 4.5, where risks are required to be escalated this is made to SLT in the first instance as outlined by the Performance Framework.

6.2. Link to risks on strategic or operational risk register:

This report links to Strategic Risk 4 on the Strategic Risk Register: -

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory, and local standards.

Consequence: This may result in harm or risk of harm to people.

6.3 How might the content of this report impact or mitigate these risks:

The report and its appendices help to mitigate the risk by providing assurance that progress against the Strategic Plan 2022-2025 and the associated Delivery Plan is being achieved, that this is being monitored by the SLT on a monthly basis who consider and direct remedial action and unblock barriers where relevant.

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Risk, Audit and Performance Committee- Quarter 2 Delivery Plan Update

Delivery Plan Progress Report

Below is an overview of the number of projects listed within the Delivery Plan sorted by their BRAG (Blue, Red, Amber, Green) status although it should be noted that a couple of extra categories have been added i.e. White for Not Started and Purple for Closed.

Section 1.2 shows the projects sorted by Programme to give a sense of how these are progressing overall.

1.1. Overall Delivery Plan Status, by BRAG.

Status	Description	No. of Projects	% of Total Projects
Blue	Complete	2	3%
Green	On track to deliver by deadline	46	72%
Amber	At risk of non-delivery/not meeting deadline	10	16%
Red	Missed Deadline/Unable to Deliver	0	0%
White	Not Started	2	3%
Purple	Closed	4	6%
	TOTAL	64	100%

1.2 Delivery Plan Status collated by Programme.

Programmes have an overall 'Green' status where the majority of their projects fall within the 'Green' rag status or if a proportion of projects have been completed / closed. Those with an overall Amber colour denotes where the majority of projects fall within an 'Amber' RAG status.

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Commissioning (3)	33%	33%			33%		<ul style="list-style-type: none"> Review range of independent advocacy project completed. Contract awarded and started 01/10/23 Coproduction workshops continuing as part of Bon Accord Care Contract Review and Service Specification 	<ul style="list-style-type: none"> Medical Cover for care settings has been paused until Year 3.
Communities (8)		100%					<ul style="list-style-type: none"> Locality planning annual reports prepared and approved Established Local Outcome Improvement Project Group to increase and diversify Locality Empowerment Group and Priority Neighbourhood Partnership membership 'Our Guidance for Public Engagement' used across six service areas to inform their engagement activities. 	<ul style="list-style-type: none"> Increasing the diversity of our Locality Empowerment Groups will take time
Digital (8)		50%	25%		25%		<ul style="list-style-type: none"> AGILE (Aberdeen Guide to Independent Living and Enablement) programme now complete. New phase captured under the Stay Well Stay Connected programme. 	<ul style="list-style-type: none"> Supporting the implementation of digital records has been closed as a separate project as this

Programme (total projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							<ul style="list-style-type: none"> Grampian-wide Programme Manager post to assess use of Morse now live. Digital alarms rollout progressing well with 34% of analogue alarms being replaced 	<p>work is being progressed through the MORSE project.</p> <ul style="list-style-type: none"> The electronic Medication Administration and Recording (eMAR) project with Kingswells Care Home is currently on hold whilst funding options are explored
Flexible Bed Base (2)		50%			50%		<ul style="list-style-type: none"> Funding proposal submitted to Scottish Government to further increase number of beds. Equipment in place and staff training ongoing to increase OPAT beds. 	<ul style="list-style-type: none"> Agreement to close 20 Step-Up beds as separate project due to close links with existing programmes of work (frailty and rehab) Occupancy levels remain

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
								challenging within frailty
Frailty (1)		100%					<ul style="list-style-type: none"> Scoping work underway around Rosewell rehabilitation beds moving to the frailty pathway Programme plan and governance structures being updated for Grampian Frailty Pathway Board 	<ul style="list-style-type: none"> Ongoing challenges with high occupancy levels across the pathway
Home Pathways (1)		100%					<ul style="list-style-type: none"> Tenders returned for Stoneywood development Housing for Varying Needs Market Position Statement being developed 	
Infrastructure (2)		100%					<ul style="list-style-type: none"> Unit at new retail site at Countesswells purchased. Project team being established to finalise service configuration 2022 infrastructure plan submitted and approved at July Asset Management Group 	
MHLD (6)		67%	33%				<ul style="list-style-type: none"> Capability Framework draft completed 30% reduction in number of psychological therapy patients waiting over the course of this year 	<ul style="list-style-type: none"> Progress on future demand for Complex Care been challenging to progress due to resource availability

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
								<ul style="list-style-type: none"> No funding being provided by Scottish Government to support Autism Strategy work
Prevention (7)		86%	14%				<ul style="list-style-type: none"> Smoking prevalence dropped by 5% in closed LOIP project ADP sub-group established to take forward learning and best practice in preventing drug deaths Funding applied for to upskill Bon Accord Care staff in Sheltered Housing in Strength and Balance exercises and delivery Child health weight tier 1 delivery plan agreed Intergenerational art project with school pupils underway 	<ul style="list-style-type: none"> Significant staffing / capacity issues with specialist alcohol and drugs services
Primary Care (3)		33%	67%				<ul style="list-style-type: none"> NHS Grampian and Integration Joint Boards commissioned work to develop a new vision for General Practice across Grampian Vaccinations (VTP) fully delivered Pharmacotherapy service almost operating at full capacity 	<ul style="list-style-type: none"> Reduction in funding allocation compared to 22/23 financial year allocation for PCIP

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Redesigning Adult Social Work (1)		100%					<ul style="list-style-type: none"> All adult social work teams continue to receive increased number of referrals 	<ul style="list-style-type: none"> Some redesign areas have been slowed down / paused due to operational, strategic and national priorities
Review of Rehab (2)		50%	50%				<ul style="list-style-type: none"> Report for City IJB approved in October that describes a 2 phased approach for implementing additional staffing across three main elements in the pathway 	
Resilience (6)	17%	67%				17%	<ul style="list-style-type: none"> Regular reporting on forecasted budget position established and implemented Options appraisal to review Senior Manager on Call (SMOC) arrangements being considered Generic Emergency Plan for IJB being produced Aberdeen City representation on national working groups to develop shared accountability model for NCS. 	<ul style="list-style-type: none"> National Care Service (Scotland) Bill currently paused with Scottish Parliament
Social Care Pathways (4)		75%	25%				<ul style="list-style-type: none"> Programme implementation plan in place for strategic review of social care 	<ul style="list-style-type: none"> Unpaid work team currently displaced in several council buildings with

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							<ul style="list-style-type: none"> • Training curriculum amended for patient-facing staff for Adult Support and Protection • Initial point of contact short life working group established to map referral pathways and plan for tests of change 	negotiations ongoing for alternatives
Strategy (5)		100%					<ul style="list-style-type: none"> • Aberdeen City cited twice in Good Practice document following review of processes by the Equality and Human Rights Commission • New IIA process now in place • Annual Climate Change Report submitted to IJB in October • Bon Accord Care visiting all General Practices and community centres to promote Telecare opportunities 	
Workforce (5)		60%	20%			20%	<ul style="list-style-type: none"> • Proposal agreed at SLT outlining approach for Workforce Plan, including oversight group and three priority workstreams which are now in place 	<ul style="list-style-type: none"> • Volunteer protocol pathways yet to start



1.3 Delivery plan Dashboard

The following provides comment on the Delivery Plan Dashboard.

Measure	Comment
H@H Admissions	Similar number of admissions compared to previous quarter
H@H Capacity	Average percent occupancy has decreased across 3 of 4 H@H wards compared with previous quarter
Ward 102 Admissions	Reducing trend.
Ward 102 Boarders	Continued reduction over the past 12 months
Rosewell House	Admissions show overall trend of decrease compared with previous quarter. Percent of step up admissions has more than doubled since the end of Q4 2023.
Rehab	Continued reduction in admissions, however overall occupancy percentage remained high
Specialist Older Adults Rehab Services-Length of Stay (LOS)	Average LOS has increased across 4 of 6 wards, with a reduction visible in 2. Notable increase in Links Unit LOS may be influenced by a large increase in max LOS compared to previous quarter.
Delayed Discharges Specialist Older Adults-Rehab Services	Distinct counts of delay and monthly bed days continue to fall. No harm falls having peaked are now on the downward trend but Near miss and Harm Falls are relatively static.
Unmet Need	Continues to be on a downward trend.
Home Pathways	Delayed Discharge graph indicates decrease between Quarters
MHLD	Continued increase in overnight occupancy at RCH at high levels
Prevention	Drugs related admissions showing a decrease. Sexual health attendances remain high compared to previous year. Smoking cessation – both 4 and 12 week quit rates showing a downward trend
Strategy	Large increase in the number of carers supported.
Primary Care	CTAC calls responded to continues to increase. Booked appointments increasing sharply and attendance rate plateauing.

NB: Metrics whereby Q2 data are unavailable is due to data collection being on a monthly lag

Delivery Plan Y2 Workplan 2022-23

Blue = complete
 Red = missed deadline/unable to deliver
 Amber = at risk of non-delivery/not meeting deadline
 Green = on track to delivery by deadline
 Purple = closed

Programme	Ref	Project Description	Project Name	Category	Start Date	End Date	BRAG Status	Tier	Latest Update
Commissioning	KPS23	Deliver robust arrangements for medical cover for care settings	1. Medical Cover for Care Settings	FTP		May-24	Closed	Tier 1 (Prevention)	This project has been put on hold by SLT, and will be reviewed for re-starting in Year 3.
Commissioning	SE14	Review availability of the range of independent advocacy and implement any recommendations from the review	2. Review range of independent advocacy	FTP		Jun-24	Completed	Tier 1 (Prevention)	The new contract for advocacy has been awarded and the service manager for advocacy has advised that the contract has now started as of the 1st October 2023.
Commissioning	SE17	Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities.	3. Transformation of Commissioning Approach	BAU		Mar-25	Green	Tier 1 (Prevention)	The Bon Accord Care Contract Review and Service Specification has continued with coproduction workshops taking place with a focus on delivering through the Get It Right For Everyone (GIRFE) and Ethical Commissioning Principles. These have included staff from the various services within Bon Accord Care as well as senior management and also partnership colleagues. These have been led by the Partnerships Commissioning Lead, Programme Manager, Procurement Category Manager and Bon Accord Cares Head of Delivery and Development. The project steering group has met following the workshops to review the feedback and outcomes that will feed into the contract and service specifications going forward. Rubislaw Park Nursing Home End of Life Pathway project group has continued to work with various areas within Aberdeen Royal Infirmary to extend the referral routes into the pathway further. Work has continued on updating the information leaflet to patients and family ensuring up to date information is provided on current guidelines. The pathway is working to be open to all wards within Aberdeen Royal Infirmary by the end of October 2023. Additional discussions have also taken place with Care Management colleagues to help assist extending of the pathway. The review of the contract for Care at Home, Support Living and Complex Care has commenced with surveys being sent to providers, social care staff and those currently receiving services, with a closing date of 27/10/2023. A workshop with Social care Service Managers has been scheduled for 12/10/2023. Discussions with ACVO have taken place regarding moving to a Grant Funding model for counselling services in Aberdeen City. Data on all counselling services in the city has been collated to help give a picture of what is available. Research on how this is delivered in other locations will be undertaken and an outline model will be considered. Following this discussions with service providers will be undertaken City and Shire Commissioning and Contracts are working in collaboration to develop a Commissioning Academy to support providers with the principles and delivery of ethical commissioning, the project group are in the early discussions phase.
Communities	CT03	Confirm the accuracy and accessibility of the map of existing universal and social support and work with partners and the community to develop services to meet any identified gaps	4. Support Mapping	BAU		Oct-24	Green	Tier 1 (Prevention)	Mapping ongoing with community and statutory partners. AGILE guide is out where individuals, carers, families, and community groups can access support staying independent i.e. Care and Repair service, Bon Accord Care, Community Transport Team, Aberdeen Carers Support Service, and Housing Options. Guidance on avoiding social isolation includes information on lifelong learning, physical fitness, digital skills, and volunteering opportunities. Guidance on staying informed includes information on NHS services, cost of living support to maximise food, energy, and benefit support, advocacy services, social care and bereavement services, and Power of Attorney. Our community planning partners GREC have prepared a service directory and we will continue to work closely with them. All services on AGILE have been added to the Scotland Service Directory to support service being easy to find from various sources.
Communities	CT07	Continue to develop and evaluate the Northfield Hub as a test of change for cross-sector, easily accessible, community hubs where a range of services coalesce, all	5. Priority Intervention Hubs	FTP		Mar-25	Green	Tier 1 (Prevention)	The Priority Intervention Hub Model at Get Active @ Northfield continues to progress with an evaluation period planned around November 2023. Following discussion and agreement from Senior Leadership Team, a similar hub model test of change has extended out to other areas of Aberdeen City including the Aberdeen City Vaccination Centre, Tillydrone Community Campus, Health Hoose and a centre currently in development in Torry. Each centre will provide a mix of Health, Social Care, Sport, Education and Third Sector/Voluntary organisations working together to support the health & wellbeing of the people of Aberdeen with a focus on Rehabilitation, Education, Prevention and early intervention. These centres provide services in a way that meets local needs, addresses the widening inequalities gap and recognises the multiple impacts of long term ill health on people's physical, psychological and social wellbeing.
Communities	CT08	Develop the membership and diversity of our Locality Empowerment Groups	6. Develop LEGs	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	A dedicated Local Outcome Improvement Project Group has been set up to increase and diversify Locality Empowerment Group and Priority Neighbourhood Partnership membership. The co-leads of the Integrated Locality Planning Team are co-project managers of this group. A series of community engagement events have been scheduled for October-November to capture community views on refreshed locality plans and future priorities. These events will also provide opportunities to promote Locality Empowerment Groups and grow our membership. A citywide locality planning meeting is being planned to promote Locality Empowerment Group and Priority Neighbourhood Partnership membership and prepare induction packs.
Communities	CT09	Increase community involvement through existing networks and channels	7. Increase community involvement	BAU		Mar-25	Green	Tier 1 (Prevention)	Communities Team are providing project management support and project team members to plan and deliver the Age Friendly Aberdeen launch event in June 2023 at Kings Church. The primary aim of this event is to start a social movement to enable individuals and community groups to make better plans to age and retire well by focusing on health, wellbeing, finance, employment, community networks and volunteering. It is hoped that the launch event will inspire people to get involved with community groups and organisations and we will provide opportunities to link up people with these groups at the event and afterwards. Locality Planning Team supported CPA's Community Gathering on 13 May and set up a stall to meet community members and sign people up to Locality Planning groups. Locality Planning Team are supporting the Granite City Gathering on 24 June and will have a stall at the event to promote locality planning. One of the key objectives of the gathering is to increase civic and community participation, and support our community groups and organisations. The Community Team continues to engage with communities across Aberdeen. This includes locality planning, community planning, wellbeing, and public health outreach. The Public Health team continues to deliver training and capacity building for communities such as Health Issues in the Community and PEEP training.
Communities	CT10	Deliver Integrated Locality Plans and report on progress	8. Deliver Integrated Locality Plans	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	Easy Read Locality Plans prepared Locality Planning Annual Reports prepared, with Locality Empowerment Group members consulted Locality Planning Annual Reports approved by Community Planning Board on 6 September and RAPC on 19 September A series of community engagement events scheduled within our three locality areas, and three priority neighbourhoods during October-November to capture community views on the priorities for the refreshed Locality Plans. Community Planning officers will use Public Health Scotland's Place Standard Tool to capture community views. It is expected that new Locality Plans will be in place alongside the refreshed LOIP in April 2024.
Communities	CT11	Ensure the use of Our Guidance for Public Engagement is embedded	9. Public Engagement	BAU		Mar-25	Green	Tier 1 (Prevention)	'Our Guidance for Public Engagement' has been used as basis, and informed the manner of engagement for (1) development of the Carers' Strategy 2023-2026 (2) work in relation to the creation of a 'Carers' Reference Group' for Aberdeen City (3) the 'Older People and Frailty' pathway (4) The Transitions pathway (Children with additional support needs moving on from school (5) the meal provision and payment options for all very-sheltered housing sites in Aberdeen (6) the redesign of the Neuro Rehab Pathway.
Communities	CT12	Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	10. Care Opinion Promotion	BAU		Mar-25	Green	Tier 1 (Prevention)	The Specialist Older Adult Rehabilitation Service (SOARS) reviewed and asked for changes to be made to their 'service tree'. The result of which is (1) it makes it easier for the public to report on the specific treatment/ service they've received and (2) 'responders' see only the stories relevant to their service (previously all 'responders' would have seen stories relevant to all SOARS services. The next step is to produce QR codes specific for each SOARS service. Health Village: Dietetics received CO training in September. The list/ email address' of 'responders' for the Sexual Health Clinic have been updated and CO promotional materials were provided in August. Learning Disability Services and Community Nursing teams: errors have been identified for 'administrators' and 'responders' in those service tree's. Updates will be made when the correct information is passed to CO administrator

Communities	PIH08	Co-design Aberdeen as an Age Friendly City which supports and nurtures people to get ready for their best retirement and promotes the development of a social movement to encourage citizens to stay well and stay connected within their communities.	11. Community Intervention	BAU		Mar-25	Green	Tier 1 (Prevention)	TPM provided SLT with Flash report to change the project end date to March 2025. The outcomes of the Granite City Gathering was for the project team grow the gathering to work in partnership with Aberdeenshire Social Care Partnership during their month-long wellbeing festival and hold events in the city with the big event in September or October to celebrate international older persons' day. SRO and PM are engaging in this work. TPM is bidding for funding application to support the application of a WHO Age Friendly City principles and promote community participation, engagement and empowerment. The project team are attending Scottish Older Person Assembly (SOPA) age friendly communities' network to learn how we can engage ACC in endorsing the age friendly city application and supporting the creation of an older people champion. The SPM for the Stay Well Stay Connected is mapping programs, activities and projects that are age friendly. TPM is engaging in LOIP to have ACC on board as well.
Digital	AFHL03	Make Every Opportunity Count by ensuring patients, clients and their carers are signposted to relevant services for help.	12. MEOC	BAU	01/03/2023	Mar-25	Green	Tier 1 (Prevention)	Added MEOC resources to ASCHP website. Met with Grampian MEOC programme. Programme and Aberdeen City Community Links Manager have a meeting set MEOC meeting to review a 7 step MEOC framework template used by Aberdeen City which outlines their MEOC approach and process ahead of sharing with all group member areas to outline their own process. Separately met with Grampian MEOC programmer manager to discuss current web resources and tool kits available to city. These are under review and may be looking for some support to revamp the website.
Digital	SE05	Support the implementation of digital records where possible	13. Digital Records	BAU		Mar-25	Closed	Tier 1 (Prevention)	Marked as closed as activity is incorporated into projects SE09 and SE10
Digital	SE06	Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes.	14. EMAR Implementation	FTP		Dec-23	Amber	Tier 1 (Prevention)	Project set up with Kingswells care home to pilot implementation of eMAR. Project has undertaken discovery re: eMAR, engaged with stakeholders, set out requirements and indicative costs and project plan created. Kingswells project currently on hold as no funding is available to progress the project (from ACHSCP or BAC) and the strategic value, role, benefits and option for the partnership are to be further explored and set out in a paper to be presented to SLT end November. Estimated that implementation would take 6 months from allocation of funding to complete, dependent on resolution of identified project blockers such as infrastructure and agency staff device access issues.
Digital	SE07	Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.	15. Expanded Use TEC	BAU		Mar-25	Green	Tier 1 (Prevention)	Business case for Balnagask Court TEC replacement has been completed and presented to the TEC Short Life Working Group (TEC SLWG). Discussions now being undertaken re: approval, funding route and procurement. 3 month Proof of Concept launched for Care Assist Robots in a care home and very sheltered housing. This is a first in the UK. Proposed go live date of mid-November. Digital Support Hub (DSH) has been running for approximately 7 weeks and demonstrating cost savings on face to face appointments. Two workshops delivered to the Social Work Conference in October on work of DSH. Scoping of Proactive Telecare service within Aberdeen City currently being undertaken. The use of TEC in care homes to improve the experience of residents funding and project has been concluded and final paper submitted to funder. The PDSA cycle on increasing use of Telecare has evidenced 24% increase in referrals from previous year. Paper presented to TEC SLWG, awareness raising sessions moved into BAU for Telecare service and work concluded. Successful TEC 'Meet the suppliers' full day event delivered with stands and presentations from 7 UK TEC suppliers, including input on winter planning, GIRFE, 50 attendees from across Grampian and Scottish Digital Office.
Digital	SE09	Deliver a Single Point of Contact for individuals and professionals including a repository of information on health and social care services available, eligibility criteria and how to access	16. SPOC for Individuals/Professionals	BAU		Mar-24	Amber	Tier 1 (Prevention)	Project is in discovery process. Project Manager is authoring the Project Initiation Document PID and collecting information for a business case - Status shows as amber as project scope has not been defined until PID is agreed with SRO. Without the scope being defined there is outstanding risk that the project may not meet the April 2024 delivery schedule. It could emerge the project is of a more complex scope. It is a low risk but if that is the case it would impact timeline, resources and possibly budget. Once project scope is agreed in PID this will most likely switch to green. Currently investigating the interlinkage to project CT02 Social Care Pathways there is a small workshop planned 24th of October. PID to be completed and agreed by end of October which would then move the project back to green.
Digital	SE10	Review the future use of Morse in Community Nursing and Allied Health Professionals	17. MORSE Review in CN/AHPs	BAU		Mar-24	Green	Tier 1 (Prevention)	TPM with a Grampian wide remit to assess the use of Morse to Community Nursing, Health Visiting and School Nursing, Family Nurse Partnership, Combined Child Health, AHPs and Mental Health Community Nursing started in post end August 2023. Business analysis underway in these areas and a Business Case is due to be presented to all Grampian IJBs in due course. Timeline for this to be formalised with Chief Officers mid-October.
Digital	SE11	Explore ways we can help people access and use digital systems	18. Access to Digital	BAU		Oct-25	Closed	Tier 1 (Prevention)	AGILE (Aberdeen Guide to Independent Living and Enablement) is a program in the SWSC to print a hard copy, launch online version that can be translated and printed at libraries or at the point of contact such as care coordinators is now complete. The new phase of AGILE is captured in the delivery plan under PIH06a is focused on AGILE utilisation in the community where AGILE required by those who do not have access to online services. Copies are available at Hub 8 in Marischal college and distributed by care managers support workers, wellbeing coordinators, Vaccination centre, links practitioners, services featured in the AGILE brochure, project managers and community nursing team when they out seeing service users. Project close report on printing, online launch and translation and distribution of AGILE is available in the SWSC projects folder. Distribution plan is in the close report with a view to run out in March 2025 as distribution is targeted.
Digital	SE12	Deliver Analogue to Digital Implementation Plan	19. Analogue 2 Digital	FTP		Mar-25	Green	Tier 1 (Prevention)	The project team continues to liaise with the Digital Office for Scottish Local Government as an early adopter in the Shared Alarm Receiving Centre (ARC) Framework. The tender was closed on 10th of May while commercial and qualification evaluations were completed on 3rd of August. On the 28th of September, the Digital Office and Scotland Excel announced that Chubb Fire and Security Limited was the preferred bidder for the Shared ARC Platform framework. Scotland Excel will share relevant commercial information w/c the 9th of October. This will enable us to work on the charging model and the call off contract. We have been allocated a position the 2nd implementation group which is scheduled to deploy the new ARC between January and April 2024. This schedule could change if the onboarding of the first group took longer than expected. We will be getting weekly updates from the Digital office and Scotland Excel on the progress. Digital alarms rollout is progressing well as 34% of analogue alarms have been replaced. The aim is to reach 50% by the end of the year. Grouped living sites survey is completed by Tunstall while replacing all panel batteries. Working with Digital & Technology on defining appropriate solutions and best procurement route.
Flexible Bed Base	KPS11	Build on our intermediate bed-based services to create 20 step-up beds available for our primary care multi-disciplinary teams (MDTs) to access.	20 Step-Up Beds	FTP	01.03.2022	Sep-23	Closed	Tier 2 (Early Intervention)	Due to progress on the workstreams identified (Rosewell Step-up and Woodlands GP Admission Beds) not moving forward as anticipated an SBAR was produced and taken to SLT on the 7th June and a discussion was had. Agreement made to stop the continuation of this as a separate project on the delivery plan due to the close links with frailty and rehab programmes of work. Step up beds must be clearly identified and planned for within these programmes.
Flexible Bed Base	KPS12	Increase our hospital at home base with an ultimate ambition of 100 beds. These will be for Medical and Respiratory pathways, as well as the current Frailty, End of Life Care and OPAT pathways.	21. H@H Beds 100	FTP		Sep-25	Green	Tier 3 (Response)	Total capacity within the service is 42 beds (22 frailty consultant led, 5 frailty ANP led, 5 OPAT, 5 End of Life Care 5 Respiratory H@H beds). Capacity for the Respiratory beds remains at 5 and the feedback from teams and patients is positive. Crucial next steps are for time for H@H work to be recognised in the Respiratory Consultants Job Plans and the transfer of funding from H@H to support this, once in place the increase in capacity to 10 beds can take place. The planned increase in 5 OPAT beds by the end of June 23 has been delayed due to sourcing of equipment and staff training. The equipment is now in place, with staff training ongoing. The aim is to open these beds by November 23. Occupancy in the frailty beds is commonly running at >75%. The test of change with orthopaedics to take suitable patients onto the H@H frailty pathway has provided few patients, the focus for H@H will be increasing awareness with all relevant acute and surgical specialities of H@H. The acute medicine trial has been delayed, this is in part due to staffing gaps at the ANP level in H@H. Priority for now remains on the other beds increases. Funding proposal to support further increase in beds submitted to Scottish Government in Aug 23, still awaiting a response on the level of funding to be released. Target for 100 beds for 2025 remains.

Frailty	KPS13	Deliver the second phase of the Frailty pathway and undertake a review of implementation to date to identify further improvements to be incorporated into the programme plan.	22. Frailty Pathway 2nd Phase and Review	FTP		Mar-25	Green	Tier 3 (Response)	In follow up to the Chief Nurse's objectives agreement was made at Frailty Oversight meeting on the 16/06 to update the group to the Grampian Frailty Pathway Board with a refocus and links on the frailty pathways within City, Shire and Moray. Informal meetings with the three areas have taken place and progress is being made on the programme plan and governance structure for the updated group. Grampian wide Frailty event took place on 9th September and a draft terms of reference focussed on Workforce, learning and performance has been developed. Ongoing work required to gain agreement to this approach from all 3 HSCPs. The bed base review in ARI has provided further beds to frailty pathway, work is ongoing to ensure smooth integration of these beds in the system. Scoping work is taking place around the rehab beds in Rosewell moving to the frailty pathway. Significant work in a challenging environment remains to ensure successful delivery of the frailty programme but this will be supported by the updated approach and programme plan once fully developed.
Home Pathways	AFHL05	Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements	23. Home Pathways	FTP	01/06/2022	Mar-25	Green	Tier 1 (Prevention)	a) Tenders have been returned for the Stoneywood development. B) Housing for Varying Needs Market Position Statement is currently being developed to inform the Local Housing Strategy with a target date for completion of 20/04/24. Two workshops (of 5) have been delivered.
Infrastructure	SE20	Develop an interim solution for the provision of health and social care services within the Countesswells housing development and work on the long-term solution	24. Health and Care in Countesswells	BAU	Apr-20	Mar-25	Green	Tier 1 (Prevention)	A unit at the new retail site at Countesswells has been purchased by NHS Grampian. Initial work has been done to identify suitable services to operate from the unit. The design team have provided a proposed plan and costs. Initial plans for 2 consultancy rooms with supporting space have been approved by the leadership team. Our consultant architects are now producing a full design and costing for the work. A project team is being established to finalise the configuration of services that will operate from the facility. An HAI-Scribe infection control assessment has been carried out. A paper on the works required to fit out Countesswells went to NHS Grampian's Asset Management Group and SLT in June 2023. Developer obligations have been identified as applicable to be used for this interim health solution. This was approved with ACC and then went to AMG where funding was agreed. Works will take approx. 4 months to complete. With this in mind, an entry date for services is estimated towards the end of 2023.
Infrastructure	SE21	Assess future infrastructure needs and engage with partners to ensure these needs are met.	25. Infrastructure Plan	BAU	Mar-22	Mar-25	Green	Tier 1 (Prevention)	A wide range of colleagues from across Grampian were involved in contributing to the 2022 update. This was submitted to the July AMG and approved. They have instructed the Primary Care Premises Group to carry out an overhaul of the plan for the 2023 update. This has been reported to the PCPG and remitted to its plan sub-group for action. We are scoping the extent of work that is required to provide the level of detail that AMG expect for the 2023 update. Gathering information from premises across Grampian is required and a questionnaire for all premises is being explored as a feasible way to deliver what is required for the 2023 update. It is expected that the gathering of information shall take part during the summer of 2023. With the first version for the overhauled plan put to AMG in autumn 2023.
MHLD	AFHL07	Work with Children's Social Work and health services, to predict and plan for future Complex Care demand including developing and implementing a Transition Plan using the GIRFE multi-agency approach for those transitioning between children and adult social care services, initially for Learning Disabilities	26. Complex Care Future need and Transition	FTP	01/06/2022	Mar-24	Green	Tier 2 (Early Intervention)	Learning Disabilities Transitions Transitions project for year 2 has been combined from year 1 priorities of LD transitions pathway development and implementation and Transitions for those with complex needs. This project covers both early intervention and response Tiers. Transitions Pathway is being explored via a project group and development of a professional guide, parent/carer information and information sessions. This project is also aligned to the GIRFE design process being undertaken at present which should assist with journey mapping and improving user experience. An oversight group has come together to ensure strategic alignment and links to the Complex Care Programme Board which has within its remit a review of children transitioning from Campbell which will widen out over time to other service models which pose challenge. Consideration is also being given to the ability of providers to support younger age ranges in more traditional adult service models. Gain approval for DPIA, collated and reviewed survey replies from Journey mapping event. Attended GIRFE day session on Idation. Presented to IJB on transitions project and GIRFE. Held networking transitions event at Len Tonside Building which was well attended and well received by all in attendance. Gathered and processed survey data following on from the event. Continued to work with service colleagues to input and review transitions guide. Meetings in place to collate feedback. Contact made with graphic and website so we are ready to go when the final draft is ready. Continuing to work through drafts of the transitions guide with meetings in place to review with relevant service managers. Waiting on feedback on current draft of guide from children's and adult team. Continue to progress with GIRFE project stage - arranged next round of engagements planned for 5th & 12th Oct. Complex care Progress on future demand for Complex Care has been challenging to progress due to the availability of resource to this work. This has been captured as a risk for this work. The group is due to meet again on the 10 October 2023 to discuss actions and progress and will provide an update to the LD Operational Group on the 31 October 2023.
MHLD	AFHL08	Deliver a capability framework for a workforce to support complex behaviour.	27. Complex Care Workforce and Skills Development	FTP	06/04/2023	Sep-23	Green	Tier 3 (Response)	A completed draft of the Capability Framework has been outlined and is likely to go before the Complex Care Programme Board on 31 October 2023 for feedback and review.
MHLD	AFHL09	Progress the Grampian wide MHLD Transformation Programme monitored by the Portfolio Board	28. MHLD Programme	FTP	01/06/2022	Mar-25	Amber	Tier 3 (Response)	General Adult Mental Health Pathway Review: The AMH Pathway review is progressing. Next steps are focused on systems mapping which will help inform the completion of Service Information templates. The project's communication plan has been implemented and all project documentation is in place. Several subgroups have been formed to progress work around data gathering, lived experience and process/governance mapping. Forensic Services: Primary focus remains on the refurbishment requirements of the Blair Unit which are now being managed by the Blair Unit Programme Board. A situation report on the Blair Unit has been pulled together to understand the specific needs relating to its refurbishments. Otherwise focus has been to conclude the various workstreams that make up the response to the Barron report, which should now be concluded in October 2023 and issued to the Senior Responsible Officer. Learning Disabilities (LD) Health Checks: LD Health Checks remain without a pan-Grampian approach to delivery with several issues escalating to the Mental Health & Learning Disabilities (MHLD) Portfolio Board for discussion. The issues being escalated focus on an earlier launch of the Aberdeenshire pilot and bringing clarity around the approach for City and Moray. A meeting to discuss Moray's delivery model will take place in October. 23-24 Funding will be split differently - 70% in September with remaining 30% in January 2024. Meantime, future funding is being revisited due to the Primary Care model, as was originally budgeted for, not being a viable option across Boards. Psychological Therapies (PT): The impact of ongoing PT improvement work on overall performance has been evidenced: >Longest waits reducing >Number of patients still waiting has reduced by around 30% over the course of this year >Excellent examples of complex whole systems working significantly improving performance – e.g., reduction in waits from one hundred and eleven (111) weeks to thirty two (32) weeks for Adults with Learning Disabilities >Functional Health & Social Care Partnership (HSCP) / NHS communication, shared ownership and shared responsibility for action resulting in improved outcomes. Ongoing investment is required to continue to improve performance and deliver the desired outcomes of the PT Improvement Plan. There are risks associated with the reduction of Mental Health Outcomes Framework funding, with amalgamation of previous funding streams requiring action, to make decisions on spending allocation across the system. Public Empowerment Group: The Public Empower Group (PEG) Workshop on the 4 September 2023 did not go ahead due to a conflict in the workshops objectives. Due to the current review of the Mental Health & Learning Disabilities (MHLD) Portfolio Board, no date has been confirmed for the Portfolio Board/PEG Workshop but it is likely that the PEG Workshop will be incorporated into the wider MHLD Portfolio Board review, however this has still to be confirmed. An update to the PEG will be provided once all packages of workshops have been agreed for this review. Workshops for the review are scheduled to begin on 13 November 2023. Review & Modernisation of MHLD Workforce: Service Need Assessments templates were returned for 29th September 2023 and the group also focused on apprenticeship models. Discussions regarding other data needs are underway with a focus on Recruitment & Retention, New Graduate Nurses, and Robert Gordon University (RGU) Projected Intakes (MHLD). Additionally a literature review has been undertaken to look at the on the effectiveness of the nursing associate role in mental health learning disabilities services and on advanced roles / education roles working in MHLD services. The next milestone that the group will focus on is Service Needs Assessments for Advanced Clinical Roles/Clinical Educator posts.
MHLD	AFHL09f	Develop a Mental Health triage approach in Primary Care to improve patient experience and promote self-management	29. Mental Health Triage in Primary Care settings	FTP	01/06/2022	Mar-25	Green	Tier 2 (Early Intervention)	A Test of change is in operation - Mental Health practitioner within a selected GP practice to deliver MH assessment and support without the need for GP referral, in a timely manner and with onward referral (as needed) to other MH supports. The test of change commenced in November 2022 in Kinorth and Cove Medical Practice. Data gathering and analysis is in place to understand the impact of the service and how it interacts with other areas of provision. A reduction in GP referral and time is being evidenced as well as improved patient experience with a low rate of onward referral required due to the early access to MH Triage, Assessment and Support (all as required). Funding has been sought from the community MHLD budget to continue the test of change within 2023 whilst awaiting any confirmation of SG funding. There were a number of GP practices interested in participating in the test of change and scaling up to alternative demographics would be helpful in further evaluating the model. Continue to raise awareness and look into possible funding opportunities. Continue to monitor and evaluate the pilot, gathering information on referrals etc from the MH practitioner. Update infographic and ensure the information is known to the wider team. Investigating other pathways and options that can tie into the MH practitioner service. Linked in with primary care team to explore other options for funding and professional networking. Linked in with the GP subcommittee and have been invited to present at their next meeting. Completed SBAR and sent out to professional networks. Team recorded presentation on pilot and sent round to all GPs with sessions offered to ask questions. Start of a professional network. Held meeting with GP leads and received some very positive feedback on the project. Possible opportunity to receive some funding to continue the project and possibly extend into other practices. Presented project at RAPC meeting and received some very decent feedback. Due to lack of funding and the loss of the MH practitioner the project will move into project closure phase. A close out report will be drafted and presented to the SRO.

MHLD	AFHL09g	Review strategy and arrangements for Autism/Neurodevelopmental including further development of the Autism Assessment service and expansion to include neurodevelopmental assessment	30. Autism and Neurodevelopmental Assessment	FTP	1/04/2023	Mar-25	Amber	Tier 3 (Response)	An Autism Strategy workshop for City was held on the 18/04/2023. Currently on hold whilst awaiting new Scottish Government legislation. An AAAT (Adult Autism Assessment Team) focus group - a pan Grampian approach with City, Shire and Moray takes place monthly to discuss the future of AAAT team and imminent funding implications. It also discusses national guidance from NAIT (National Autism Implementation Team) and the requirement to develop a pathway approach for neurodevelopmental services locally. No funding is to be provided by Scottish Government on this area of work although this was previously indicated. As such this escalates the project BRAG status. Aberdeen City returned the NAIT mid-year reviews alongside Shire and Moray. Shire have also been interviewed for research mapping of Neurodevelopmental pathways. City will be interviewed in October.
MHLD	AFHL09h	Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy	31. Suicide Prevention	FTP	01/04/2023	Mar-25	Green	Tier 1 (Prevention)	SAMH contract began on 01/05/23. Quarterly monitoring meetings have been ongoing. Quarterly Pan-Grampian sub-groups have commenced called North East Suicide Prevention Leadership Group (NESPLG) meetings and there will be City representatives relating to Building Community Capacity, Children and Young People, Lived experience, Bereavement and Data analysis and risk. Aberdeen City only working group will feed into the existing LOIP group which is in the process of being re-freshed with a new aim. Last NESPLG was on 29/09/23 and next meeting is on 02/11/23.
Prevention	PIH01	Reduce the use and harm from alcohol and other drugs including through the Drugs Related Deaths Rapid Response Plan	32. Alcohol & Drugs Reduction	BAU		Mar-25	Green	Tier 1 (Prevention)	We have established a sub-group of the ADP to take forward learning and best practice in preventing drug deaths. The group is chaired by Fraser Bell, COO and is partnership with Public Health Scotland. The group will seek to make service improvements across the whole system. There is ongoing work with schools and care-experienced young people in relation to primary prevention. There is ongoing work to establish Medication Assisted Treatment Standards (MAT). There are significant staffing / capacity issues with our specialist services.
Prevention	PIH02	Deliver actions to meet the HIS Sexual Health Standards	33. HIS Sexual Health Standards	BAU		Mar-25	Amber	Tier 1 (Prevention)	Sexual Health and Blood Born Viruses MCN reconvened during the last quarter and met twice over the summer, primarily for gathering updates and exploring what a future plan could look like for this area. Further meeting scheduled for late October that is envisaged to be more action focused. Exploratory conversations held with colleagues regarding hepatitis testing and exploring opportunities to align potential actions with wellbeing activities.
Prevention	PIH04	Continue the promotion of active lives initiatives with our partners, for example the Physical Activity Academy, Active Travel etc.	34. Promote Active Lives	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	1) Facilitating connections and delivery of initiatives between sport providers, Sport Aberdeen, RGU, OT and other health and social care staff for Specialist Referrals for long term conditions. 2) Community Physical Activity Plan are a kickstart/entry level opportunity to rejoin or re-start any physical activity ambitions for older adults. 3)Physical Activity Academy – funding applied for to upskill BAC staff in Sheltered Housing in Strength & Balance exercises & delivery. 4)Link with 'Ashgrove Connects' to discuss opportunities for active travel health behaviour change opportunities within project. 5) Working in partnership with Sport Aberdeen delivering classes using PA packs with older people 6) Working in partnership to increase active travel to Foresterhill Campus 7) discussing use of the National Physical Activity Pathway with NHS.
Prevention	PIH05	Reduce smoking prevalence across population and prevent e-cigarette and emerging tobacco produce use among young people.	35. Smoking Prevalence	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	A LOIP project on Reducing Smoking Prevalence has had the project end report accepted by Community Planning Aberdeen Board which saw smoking prevalence drop by 5%. An improvement project is being developed to look at reducing the number of pregnant women smoking in Aberdeen. This will form part of the refreshed LOIP. Charleston Primary School Pilot on Vaping Prevention being delivered by Youth work and Health Improvement Officers. Sharing of practice event has been held with the Education Health and Wellbeing network in relation to this work. Team are still contributing to the development of the Grampian Tobacco Strategy and Plan. Budget has been sourced to fund a part time Health Improvement Officer with a responsibility for tobacco until March 2024. ACHSCP's Public Health Team have worked with colleagues from NHS Grampian Public Health Directorate; Aberdeenshire and Moray HSCPs; NHS Grampian Community Pharmacy; and ASH Scotland to develop the new Tobacco Strategic Plan.
Prevention	PIH06	Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on the prevention agenda.	36. Deliver SWSC Prevention	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	Mental Health - Grampian wide PH partnership developing strategic framework to improve mapping of mental health & wellbeing services (non-Clinical) in Aberdeen city, with focus on gaps in perinatal mental health provision. Health Improvement fund: Public Health Team facilitated decision making groups and the last of the HIF money has been allocated for financial year (22/23). We have received applications from various projects including support for asylum seekers, menopause, young people and gardening at sheltered housing complexes. Health Issues in the Community tutor training continues to be delivered. Motivation Action Prompt (MAP) training to be delivered by HIOs. PEEP training to support disadvantaged parents and families continues to be delivered by HIOs Child Healthy Weight tier 1 delivery plan agreed and PEEP plans in place. Food in Focus initiatives ongoing to improve vulnerable people's cooking skills and to support better food choices, this includes food growing and confidence to cook initiatives. Supporting NHSG PH Directorate Healthy Futures Programme. Supporting NHSG PH Directorate Breastfeeding pilot.
Prevention	PIH06a	Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on social isolation.	37. Deliver SWSC Social Isolation	BAU		Mar-25	Green	Tier 1 (Prevention)	SMHU radio presenting training undertaken by Wellbeing Coordinators. Refresh of Dementia ambassador role. Sheltered housing project for dementia friendly spaces in planning. Intergenerational art project with school pupils underway. Scoping dementia friends awareness training need. Resources for meaningful activity for persons with dementia living in their own homes to be expanded from Grampian Meaningful Activities Network. Wellbeing promotion stalls in community settings for those with limited or no digital access. Over 70's into broadcasting has begun in Seaton in Lord Hays Court for 6 weeks. Powis and Sheddocksly Mighty Oaks menopause walks will continue regularly, new walk planned for Ferryhill. Aberdeen Football Club caterers & chefs supporting food cooking initiatives, Soup & Sannie's & party in Seaton. Aberdeen Science Centre STEM 12 week programme in Mark Bush Court & Brimmond Court (Science, Technology, Engineering & Maths) Social Historian – potential video project for persons with Dementia capturing life history. Shopping Centre walks - in discussion with Bon Accord & Union Square to cover the winter period. Phase 1: Aberdeen Befriending network 10 agencies involved to date, standardised training, uptake of national befriending network membership. Physical Activity huddle 3 months free membership from ASV, SA, RGU 10 places from each provider for Links Practitioners identified clients. Falls prevention awareness calendar of promotional events across the city. Green Trees in Dyce is restarting its Boogie at the Bar.
Prevention	PIH07	Continue to contribute to the Health Transport Action Plan (HTAP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	38. Contribute to Transport	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	A formal HIA of the Transport Strategy was completed and will be used to inform strategic developments one the strategy is operational. PH input relating to the ALTS and HTAP remains in place.
Primary Care	CT14	Improve primary care stability by creating capacity for general practice	39. Primary Care Stability	BAU		Mar-24	Amber	Tier 1 (Prevention)	The primary care team continue to work with GP practices to collaborate and discuss current challenges being faced. The situation in relation to practices closing their patient lists is ongoing and following key discussions the majority of practices have been instructed to open their lists from the 28th of July. However, practices may choose to apply to close their list following a formal process and may also choose to informally manage their own practice list in line with BMA guidance. In light of these current challenges and given the critical role that General Practice plays in the wider health and care system; NHS Grampian with the Integration Joint Boards has commissioned work to develop a new vision with associated strategic objectives for General Practice across Grampian. The output of this will be a delivery plan for a Grampian General Practice Strategy. This will provide an opportunity to deliver General Practice in a way influenced by local needs and pressures. A series of facilitated workshop events have been arranged to take place during September and November 2023 to gather this information. Following this there will be a report presented to the three IJBs in January 2024 with the output and recommendations of this priority work.
Primary Care	CT15	Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	40. Deliver PCIP	FTP		Mar-25	Green	Tier 1 (Prevention)	The PCIP Programme continues to deliver on its 6 workstreams and VTP. CTAC and Pharmacotherapy being the 3 workstream of priority and delivery is against the 2018 PCIP. The funding allocation letter has been received and there has been a reduction in comparison to the allocation for the financial year 22/23. This is attributed to the NRAC allocation from the Scottish Government. CTAC - practice-based service fully delivered; clinic-based service now operating from 7 sites (BOD, Inverurie Road, College Street, Northfield, Carden House, Airyhall, Kincorth) across the city and the service will open up in the Vaccination Centre in the Bon Accord Centre due to commence this month. This workstream has been delivered 98% against the 2018 PCIP plan. All staff posts have been recruited to. Vaccinations (VTP)- fully delivered. The service has moved into the new location in the Bon Accord Centre and the winter programme is progressing. Pharmacotherapy - roll out of the service is almost at full capacity, as outlined in our agreed service model of 1 WTE to 10,000 patients. It is recognised this model is insufficient to deliver the full commitments of the Pharmacotherapy service outlined in the MoU2, and the service model required to deliver is much higher with guestimates closer to 2.5 WTE per 5,000. However currently there is no national agreement on this. The workstream has been delivered 99% against the 2018 PCIP plan Recruitment continues for the remaining Technician posts and 2 posts to cover forthcoming maternity leave of which 1.6 WTE posts have been successfully recruited to. The PCIP will be included in the recently commenced GP Visioning Programmed being delivered across NHS Grampian.

Primary Care	CT18	Develop a vision for Primary Care	41. Deliver PCIP	BAU		Mar-24	Amber	Tier 1 (Prevention)	The 3 HSCP Chief Officers have been set a joint objective for development of a vision and delivery plan for primary care in Grampian by November 2023. Currently this is being scoped into a programme of work with timelines and milestones as well as the identification of project resource and key stakeholders.	
Redesigning Adult Social Work	CT01	Redesigning Adult Social Work enhancing the role of Social Work in playing a guiding role in the promotion of personalised options for care and support.	42. Redesigning Adult Social Work	BAU		Dec-24	Green	Tier 3 (Response)	All adult social work teams have continued to receive an increased number of referrals. Some areas of redesign have been slowed down or paused due to operational, strategic and national priorities. The redesign of teams aims to create a different way of working to meet the increased demand and also to have in place a system of early identification and prevention to reduce demand into the system in the long term. A Flash report was presented to SLT on 25th January 23 to extend the timeline from Sep 22 to Dec 24 to enable the above to be completed. This was agreed. 06/04/23 - Project listed as Tier 3 due to the statutory nature of Social Work provision as a response service. Where possible they would also be intervening in a manner in line with Tiers 1 & 2.	
Rehabilitation Review	KPS01	Develop a strategic planning framework for reviewing of rehabilitation services across ACHSCP /SOARS / Portfolio for phased implementation from April 2023. Each review should consider how partners in sports and leisure can assist in delivery of rehabilitation and will consider bed base requirements.	43. Strategic Planning Framework for Rehab	FTP		01.08.2022	Mar-25	Amber	Tier 1 (Prevention)	Following renewed direction from SRO and Chief officer, a targeted approach will enable review of rehabilitation services ensuring most effective use of staffing and resources alongside delivering positive outcomes for patients
Rehabilitation Review	KPS07	Undertake and implement a strategic review of the Neuro Rehabilitation Pathway	44. Strategic Review Neuro-Rehab	FTP		01.07.2022	Oct-24	Green	Tier 1 (Prevention)	Report submitted to City JIB for review on the 10th of October was approved. Review report described a 2 phase approach, implementing additional staffing across three main elements in pathway in the first phase, before evaluating impact and then progressing to commissioning if deemed appropriate. Engagement with SLT from Aberdeenshire Health and Social Care Partnership is positive and will allow for collaboration around remodelling of rehabilitation staffing to greater support across communities in Grampian. JIB dates set for presentation in both Moray and Aberdeenshire
Resilience	SE13	Develop a critical path for future budget setting and ongoing monitoring	45. Financial Monitoring	BAU		Mar-25	Completed	Tier 1 (Prevention)	Regular reporting of the forecasted budget position to Senior Leadership Team, Risk, Audit and Performance Committee and the JIB Committee continues. The Delivery Plan Review will form part of the updated MTF. This will be scrutinised by the Senior Leadership Team prior to being formally presented to the JIB in March 2024. As part of the 2024/25 MTF, a timeline has been developed and agreed at SLT. The timeline details the individual stages in the budget setting process and deadlines for each stage.	
Resilience	SE15	Develop proactive, repeated and consistent communications to keep communities informed	46. Community Communications	BAU		Mar-25	Green	Tier 1 (Prevention)	Comms Adviser has been trained on social media platforms and has received all the invites for the internal comms meetings to allow for attendance and continuity in terms of internal, external and social media comms. Comms Adviser is developing a project that will allow more ACHSCP staff access to post social media content. Plans could include a diary of social media post for various ACHSCP events planned in a given year.	
Resilience	SE23	Review Care for People arrangements	47. Care for People	BAU		Mar-24	Green	Tier 1 (Prevention)	Plans to work with Emergency Planning, Resilience and Civic Officer to help articulate the purpose of the Aberdeen City Care for People Group and what triggers its standing up, update the terms of reference (including membership and chair) as detailed in the CFP Plan (last reviewed in Dec 2022), and seek consensus with Grampian Local Resilience Partnership governance structures. Grampian Care For People Group has met to discuss this and agendas of future LRP meetings will be amended to ensure that the LRP have made a decision on the setting up of a Grampian CFP Group (or not). The individual CFP plans for the 3 local authority areas have all been reviewed and would manage CFP matters locally, however if there was a need for further support then the LRP can stand up the GCFP Group. The Aberdeen City CFP Plan will also be reviewed in 2023.	
Resilience	SE24	Review SMOC arrangements	48. SMOC Review	BAU		Mar-24	Green	Tier 1 (Prevention)	Using the draft options appraisal on SMOC arrangements (last updated in Feb 2023) and referring to the plans for the future operation of the DSCs to produce a revised option appraisal document for consideration by SLT. October 2023 update. Waiting for further details on the wider DSC arrangements, including Terms of Reference of the proposed new governance structures. It is anticipated that the TOR will be issued in October 2023.	
Resilience	SE25	Create and adopt a Generic Emergency Plan to reflect Aberdeen city JIB's Cat 1 Responder responsibilities	49. Cat 1 Responder	BAU		Mar-24	Green	Tier 1 (Prevention)	Liaise with Emergency Planning, Resilience and Civic Officer to produce a generic Emergency Plan for the JIB/ACHSCP. Have discussed with Barry, will continue dialogue on this.	
Resilience	SE26	Preparing for and managing the transition to a National Care Service (NCS) through the Aberdeen City NCS Programme Board	50. NCS	BAU		Mar-25	Green	Tier 1 (Prevention)	Aberdeen City National Care Service Programme Board has been established since December 2022. It continues to meet on a monthly basis and is working to a Workplan covering the period 2022 – 2026. The National Care Service (Scotland) Bill is currently paused with the Scottish Parliament's scrutiny of the Bill likely to resume following the summer of 2023. In the meantime, the Scottish Government has agreed with CoSLA a model of shared accountability for an NCS. Aberdeen is represented on national working groups that are seeking to develop the detail of a shared accountability model.	
Social Care Pathways	AFHL10	Explore opportunities for working with those on Social Work unmet need lists to help support them while they wait, or divert them from the list	51. Unmet need list support	BAU		Mar-25	Green	Tier 1 (Prevention)	Focus has been on unmet need and waiting list. Increased capacity has been procured for care at home and recruitment of social workers to get through the backlog. Three new providers now in place and picking up packages from unmet need. Focus on waiting list to clear this. Work as part of social care pathway to look at support whilst waiting for assessment	
Social Care Pathways	CT02	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	52. Strategic Review Social Care	FTP		Jul-22	Dec-25	Green	Tier 2 (Early Intervention)	Programme Implementation Plan is in place to monitor overall progress of this work. Main updates at this point are. Project SCP3 - Hospital Social Work Review - Complete SCP4 Hospital Discharge Pathways - implementation phase now taking place to realign HSW Team to specific wards and areas of demand. Monitoring of impact will be ongoing during winter period. SCP5 - Preventative & Proactive Care - Initial point of Contact Working short life working Group established to map referral pathways and plan for tests of change GIRFE - ongoing work as pathfinder with Scottish Government to develop national model. SCP8 - Pan Grampian Sustainability work completed. TEC event took place on 29th September focussing on sharing the learning from this work. This involved City, Shire and Moray partners. SCP 9 - TEC plan incorporated within the SCP Board structure due to complimentary nature of projects and leadership responsibility moving to Chief Social Worker.
Social Care Pathways	CT04	Implement the recommendations from the June 22 Adult Support and Protection inspection	53. ASP Recommendations Implementation	BAU		Jan-21	Mar-25	Green	Tier 3 (Response)	<ul style="list-style-type: none"> Improvement to recording by NHS Grampian staff of ASP activity – Complete: training curriculum has been amended and a specific Practice Note issued to patient-facing staff. Investigations taking too long, and case conferences taking place when needed – COMPLETE Marked improvement seen – investigations being held more timeously, increase in proportion of case conferences and reviews taking place – audit work is being progressed to provide assurance about this. Chronologies & Protection Planning – Working Practice Guidance on most effective use of D365 and Chronologies is being developed (being progressed) Access to Advocacy – Significant improvement in relation to offer of and take up of advocacy. Being embedded into D365 throughout the process. Data collection around this being reviewed. Multi Agency Evaluation & Involvement of staff in improvement work – Council Officer Support Groups are taking place and effective – including consideration of improvement work. Evaluation survey to be undertaken in Jan 24 (two years since they were established). Workshop re our approach to LSIs planned for 9th Oct.
Social Care Pathways	CT05	Deliver the Justice Social Work Delivery Plan	54. Deliver JSW Plan	BAU		Mar-25	Amber	Tier 1 (Prevention)	<ul style="list-style-type: none"> The Level of Service Case Management Inventory (LS/CM) risk/needs assessment tool which was withdrawn by the Scottish Government on 03 March 2022 has been returned to full use since mid-August 2023. JSW are now utilising the tool with the backlog of assessments being uploaded within the nationally agreed processes. The Unpaid Work team continue to be displaced in several council buildings, however, discussion and negotiations with the relevant departments are ongoing and alternate premises are being pursued with some urgency. Progress is being made with the requirement to use the VISOR Police information system, a post for a suitably vetted admin worker is in the process for recruitment in order for JSW to be in a position to input information onto the system as appropriate. The new D365 system has caused some issues with obtaining accurate statistical information, however, progress is ongoing and improvements noted with JSW Service Managers meeting with the Analytic and Insight Team weekly to identify and resolve any issues. The service is almost fully staffed with newly appointed staff undertaking appropriate induction and training. 	

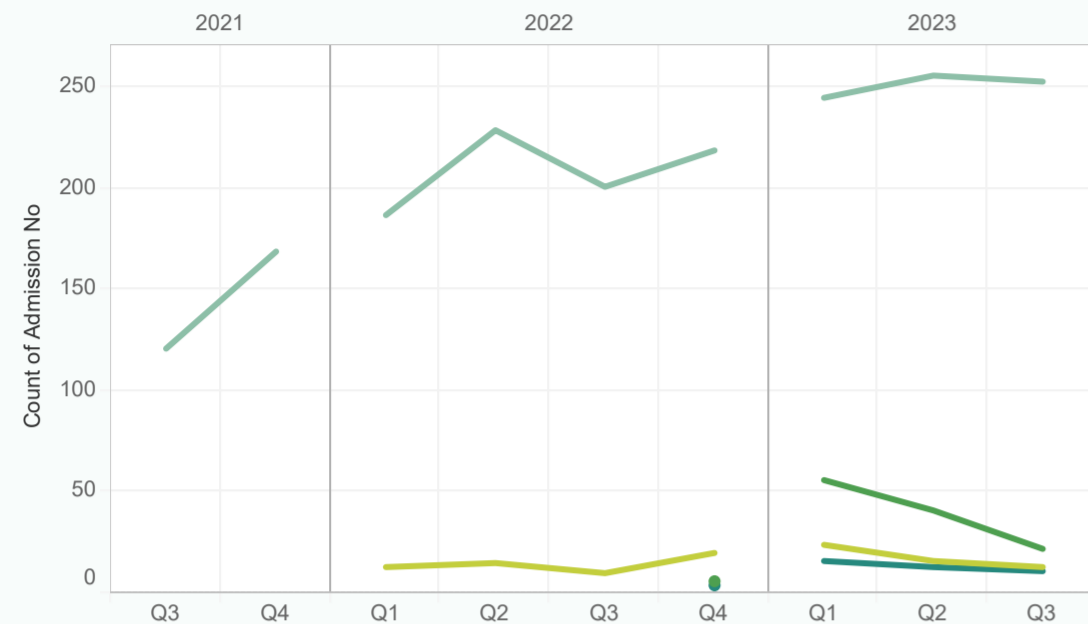
Strategy	AFHL01	Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline.	55. Deliver EOM Framework	BAU	01/04/2021	Mar-25	Green	Tier 1 (Prevention)	EOM Framework is a standing item of EHR group agenda, a number of areas being progressed including: DiversCity Officers Network, delivery of the Staff Equality and Human Rights awareness programme, review of the partnership's Equality and Human Rights internal and external webpages, and development of the bi-annual report against delivering our Equality Outcomes. New EOMF and IIA process approved by IJB on 25 April 2023, website updated. Following review of our updated process and paperwork the Equality and Human Rights Commission, Scotland has cited Aberdeen City twice in a Good Practice document that has been circulated to all HSCPs.
Strategy	AFHL02	Undertake and publish Health Inequality Impact Assessments, where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics ensuring that the requirements of the UNCRRC are incorporated.	56. Publish HIAs	BAU	01/04/2021	Mar-25	Green	Tier 1 (Prevention)	New IIA process, including UNCRRC, is now in place following approval of this and the new EOMF by the IJB on 25 April 2023. Previous HIAs now published on our website as required and the new IIA process is now being used. This will be supported, initially, by the DiversCity Officer Network to help build support and capacity across teams as this develops. SPM now in post to develop Diversity Officer Network, with initial discussions in place with ACC Equality Development Officer and Health Improvement Manager, Public Health Scotland for opportunities to collaborate and share learnings.
Strategy	AFHL04	Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target.	57. Climate Change and NetZero	BAU	Aug-22	Mar-25	Green	Tier 1 (Prevention)	Annual Climate Change Report to Scottish Government went to IJB on 10th October 2023 and will be submitted to SSN/Scottish Government by 30th November 2023. A number of projects have been initiated and/or progressed during this period including: <ul style="list-style-type: none"> Working with commissioning team to develop a strategy to identify scope 3 emissions; Review of the Scottish Government Adaptation Strategy to identify (existing) activities to report on in the next reporting cycle; Assessing how to enhance the climate resilience of people who receive care at home; Climate Change and Sustainability Sections have been added to IJB (including RAPC and CCGC) templates from July/August onwards; The IJB seminar originally scheduled for October was moved to February 2024. The seminar will outline some of the key climate challenges the Partnership faces and will explore approaches to climate-informed decision-making.
Strategy	CT17	Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision	58. Monitor and Evaluate Carers Strategy	BAU		Mar-25	Green	Tier 1 (Prevention)	CSIG meets bi monthly and has circulated launch materials across the partnership for the recently approved Carers Strategy 2023 - 2026. Several engagement and support events were held for Carers across the City during Carers week 5 - 11 June. Our Consultation and Engagement Officer will also have a Carers stall for raising awareness and sharing information to support Carers at the Granite City Gathering on Saturday 24 June. CSIG have also completed two development sessions focussing on actions in year one of the Carers Strategy action plan. CSIG have increased number of meeting until the end of the year to focus on year 1 actions, this has been successful in pulling together a wide range of information sources for patient information as well as pathway touchpoints that the group can support developments around Carer Awareness and identification. Consultation and Engagement Officer has been actively meeting Carers interested in joining a Reference Group and gathering what is important outcomes for them to be included in the Groups terms of reference. Flexible communication and accessible timing to support Carers in their role and needs to encourage engagement.
Strategy	KPS19	Help people to ensure their current homes meet their needs including enabling adaptations	59. Suitable Homes	BAU		Mar-25	Green	Tier 1 (Prevention)	DAG continues to meet quarterly and sub group established to look at the recently published Adaptations guidance, baseline assessment tool being used to ensure we are aligned with the new guidance. BAC delivered Telecare Learning and Development sessions April - June 2023 which targeted at a wide range of staff groups (NHS, ACC, Third Sector). Sessions booked at Woodend Hospital, Ward 102 ARI and Learning Hub. Sessions promoted through ACVO including awareness raising sessions to voluntary and community groups. Approach being undertaken as a PDSA cycle. Training on Telecare and TEC delivered collaboratively with BAC and SRS. Session booked to deliver Telecare awareness at RCH in April. BAC visiting all GP surgeries and community Centres to leave leaflets and put up posters promoting Telecare.
Workforce	SE01	Deliver the Workforce Plan	60. Develop Workforce Plan	BAU		Mar-25	Green	Tier 1 (Prevention)	The workforce plan is aligned with the ACHSCP strategic plan 2022 - 2025 and focusses on three essential core elements; recruitment & retention, mental health & wellbeing, and growth & opportunities. A wider workforce consultation has been completed and feedback obtained which was considered alongside feedback from the Programme Office and SLT. The final version of the ACHSCP workforce plan 2022 - 2025 was approved by IJB on 29 Nov 2022. Delivery Group established and ToR developed, wider engagement event being planned for the summer 2023 and leads for actions being identified. NB: delivery and implementation phase into Y2 & Y3. SLT Agreed SBAR paper outlining approach for Workforce Plan including Oversight Group and 3 Priority Workstreams which are now in place with representatives attending from across services and partners. Each workstream have identified actions against Workforce Plan aims and priorities. Initial Actions include ACHSCP Recruitment Job Fair 1st November, and date to be confirmed for the re-establishment of ACHSCP Conference.
Workforce	SE02	Develop and implement a volunteer protocol and pathway with a view to growing and valuing volunteering within the health and social care system	61. Volunteer Protocol Pathways	BAU		Sep-23	Not Started	Tier 1 (Prevention)	
Workforce	SE03	Continue to support initiatives supporting staff health and wellbeing	62. Staff Health & Wellbeing	BAU		Mar-25	Green	Tier 1 (Prevention)	Continuous work ongoing to deliver health and wellbeing initiatives. Initiatives and opportunities shared daily via OLT updates. Funding being sought from 23/24 budget process to continue initiatives. NB: this will roll into Y2. Workstream established specifically for Staff Health and Wellbeing under the Workforce Plan priority, this group will focus on actions and collation of health and wellbeing initiatives being delivered across the partnership to support our staff.
Workforce	SE04	Ensure our workforce are Trauma Informed	63. Trauma Informed Workforce	BAU		Mar-25	Amber	Tier 1 (Prevention)	ACC have £50k non-recurring funding to support this work and are trying to appoint a Coordinator SLT have been trying to convene a virtual training session, with shire/moray HSCP colleagues. SLT Trauma Informed Workforce session took place 6.9.23, to support leading by example, delivered by Mental Health Service, Clinical Psychologist.
Workforce	SE22	Create and implement an SLT Team Development Plan	64. SLT Development Plan	BAU		Mar-24	Green	Tier 1 (Prevention)	Workshop with Turning Tides was held on 26th May and a discussion on the Themes emerging from that took place at SLT meeting of 14th June. Two further sessions are planned for this year with a focus on developing the themes further.

FLEXIBLE BED BASE

Hospital at Home Admissions (Ward Starts)

	FY 2022 Q4	FY 2024 Q2
Hospital at Home	187	253
		▲ 66
Hospital at Home - ANP		22
		▲ 22
Hospital at Home - ELC	13	13
		● 0
Hospital at Home - OPAT		11
		▲ 11

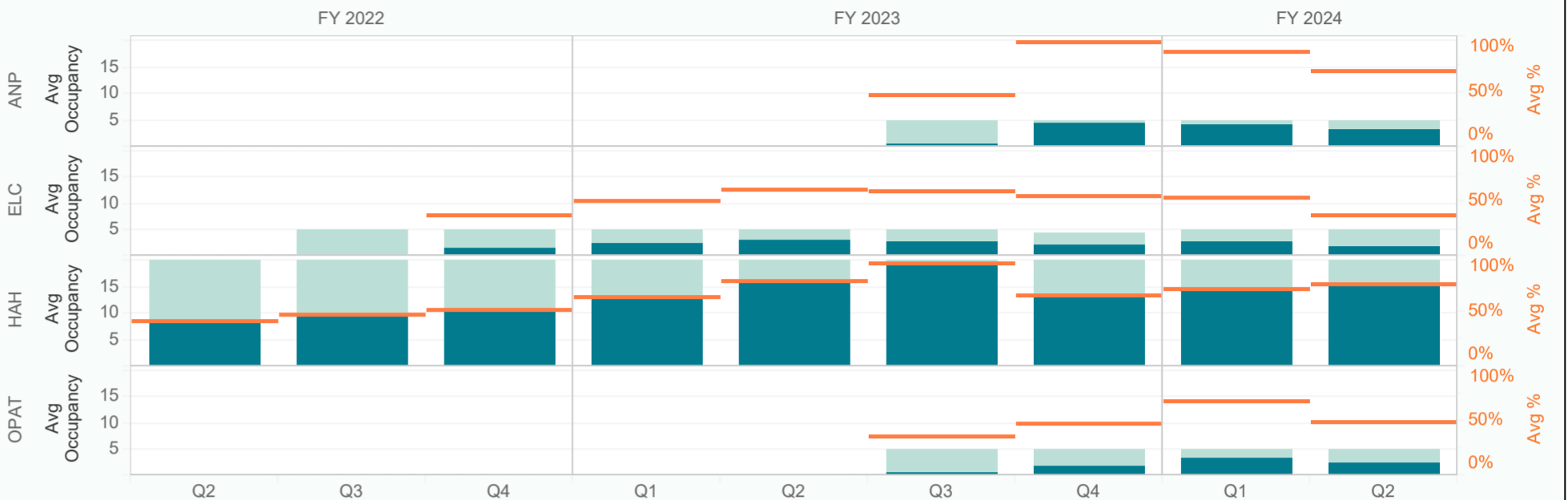
■ ANP ■ ELC ■ Hospital at Home ■ OPAT



Hospital At Home Capacity and Occupancy - Latest Quarter vs Baseline

	Average Allocated Beds Available		Average Overnight Occupancy		Average % Occupancy	
	FY 2022 Q4	FY 2024 Q2	FY 2022 Q4	FY 2024 Q2	FY 2022 Q4	FY 2024 Q2
ANP		5.00	0.00	3.48	0.0%	70.3%
		▲ 5.00		▲ 3.48		▲ 70.3%
ELC	5.00	5.00	1.63	1.89	38.2%	38.2%
		● 0		▲ 0.26		▲ 0.1%
HAH	20.00	20.00	10.51	15.18	52.6%	75.9%
		● 0		▲ 4.67		▲ 23.4%
OPAT		5.00	0.00	2.35		49.7%
		▲ 5.00		▲ 2.35		▲ 49.7%

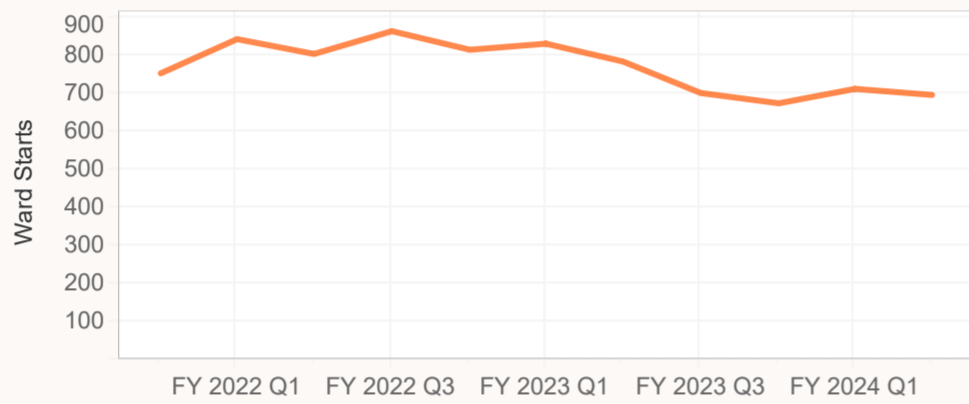
■ Beds Available ■ Avg. OverNight Occupancy ■ Avg. % Occupancy Overnight



FRAILTY

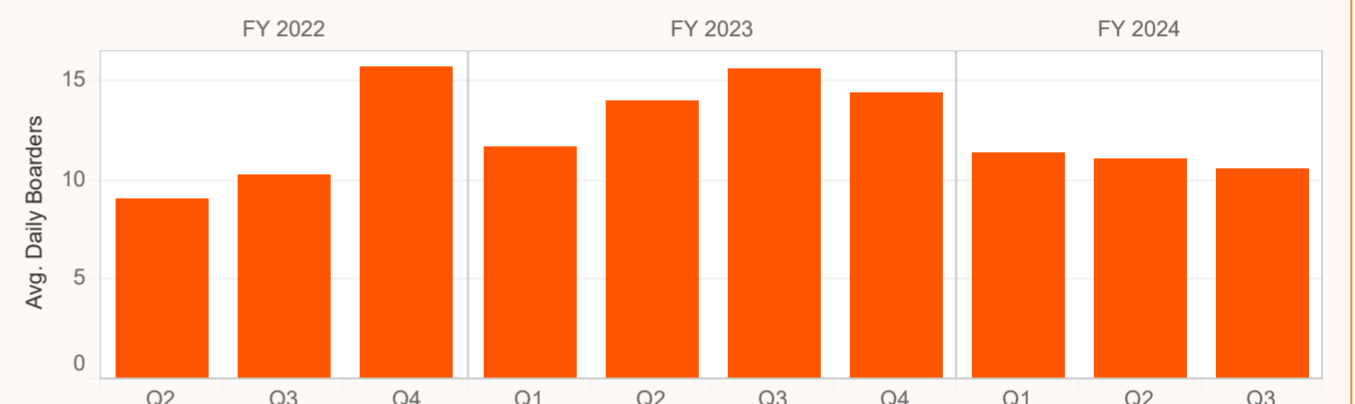
Ward 102 Ward Starts (Admissions)

	FY 2022 Q4	FY 2024 Q2
Ward 102, ARI	816	697
		▼ -119



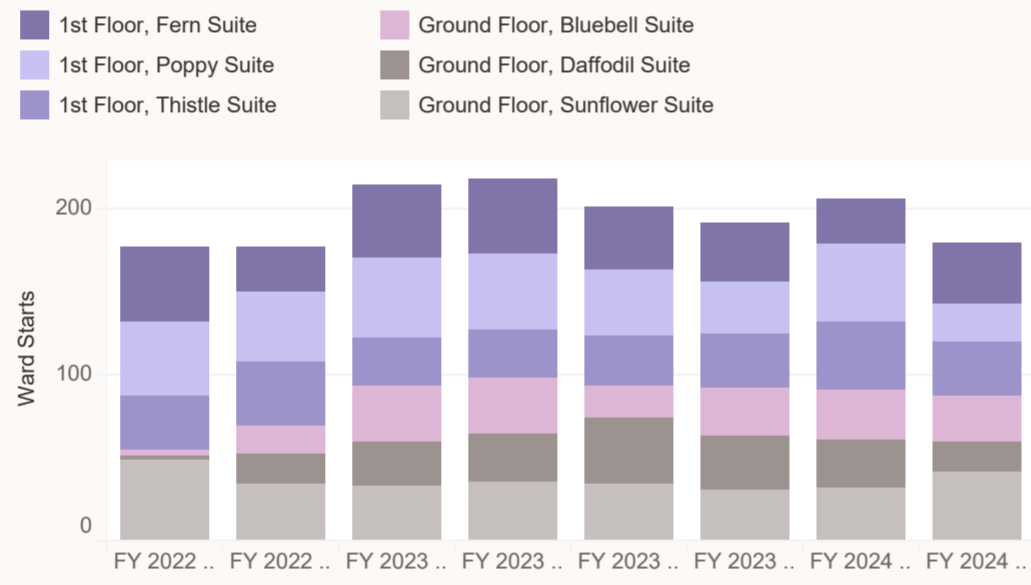
Ward 102 Average Daily Boarders

	FY 2022 Q4	FY 2024 Q2
Ward 102, ARI	15.7	11.1
		▼ -4.6



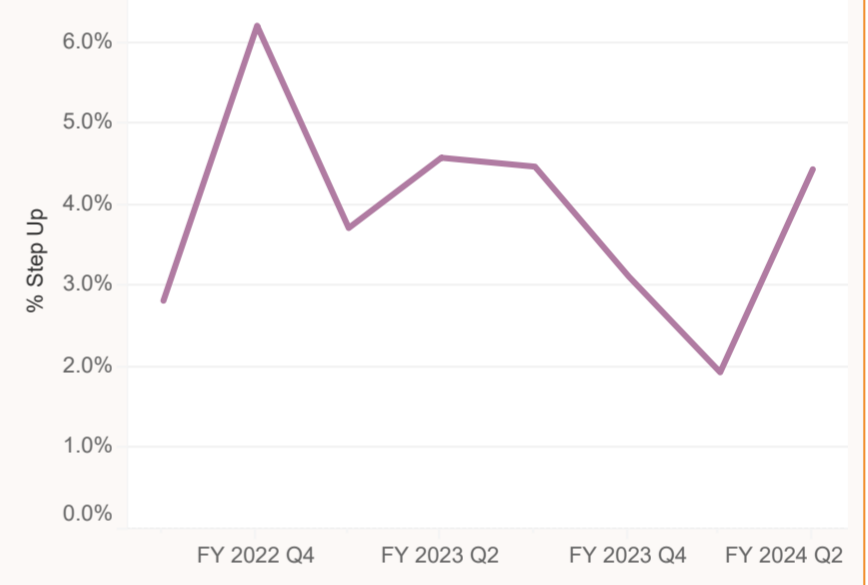
Rosewell House Ward Starts

	FY 2022 Q4	FY 2024 Q2
1st Floor, Fern Suite	26	36
		▲ 10
1st Floor, Poppy Suite	42	23
		▼ -19
1st Floor, Thistle Suite	39	33
		▼ -6
Ground Floor, Bluebell Suite	17	28
		▲ 11
Ground Floor, Daffodil Suite	18	18
		● 0
Ground Floor, Sunflower Suite	35	42
		▲ 7



Rosewell House % Step Up (Based on IsFirstWard=1 or Previous Ward Desc='Hospital at Home' derived from Trakcare for each Admission)

	FY 2022 Q4	FY 2024 Q2
1st Floor, Fern Suite	7.69%	8.33%
		▲ 0.64%
1st Floor, Poppy Suite	7.14%	4.35%
		▼ -2.80%
1st Floor, Thistle Suite	5.13%	0.00%
		▼ -5.13%
Ground Floor, Bluebell Suite	5.88%	3.57%
		▼ -2.31%
Ground Floor, Daffodil Suite	16.67%	11.11%
		▼ -5.56%
Ground Floor, Sunflower Suite	0.00%	2.38%
		▲ 2.38%

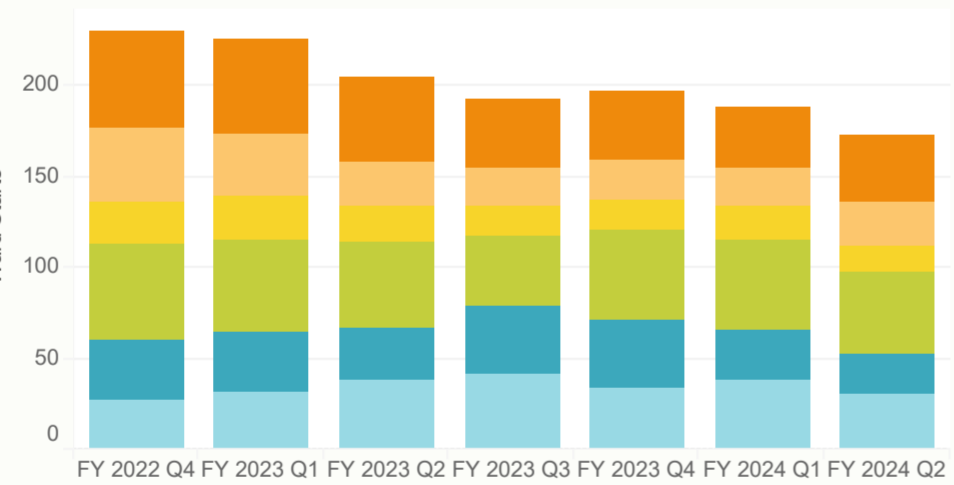


REHABILITATION REVIEW

■ Links Unit ■ Morningfield House ■ Neuro Rehab Unit ■ Orthopaedic Rehab Unit ■ Stroke Unit East ■ Stroke Unit West

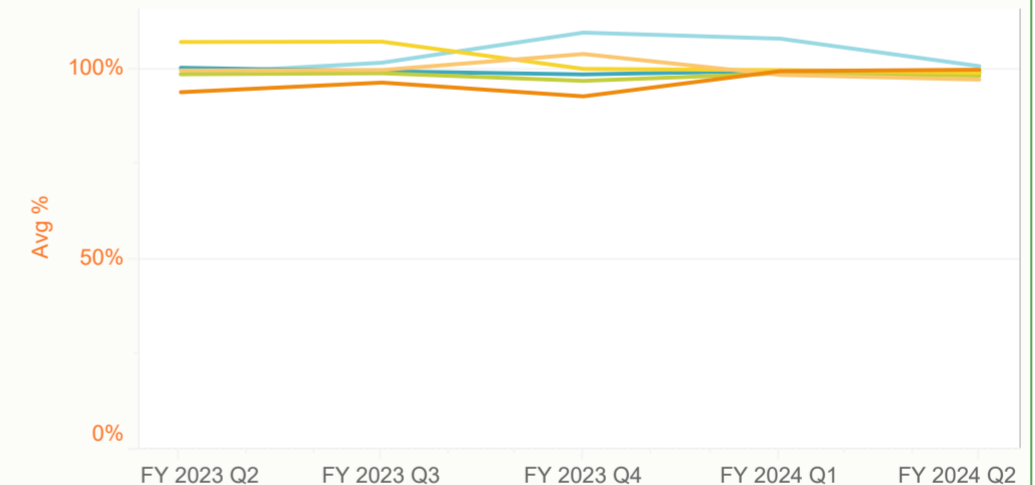
SOARS Ward Starts (Admissions)

	FY 2022 Q4	FY 2024 Q2
Links Unit	53	37
		▼ -16
Morningfield House	41	24
		▼ -17
Neuro Rehab Unit	23	14
		▼ -9
Orthopaedic Rehab Unit	52	45
		▼ -7
Stroke Unit East	34	22
		▼ -12
Stroke Unit West	27	31
		▲ 4



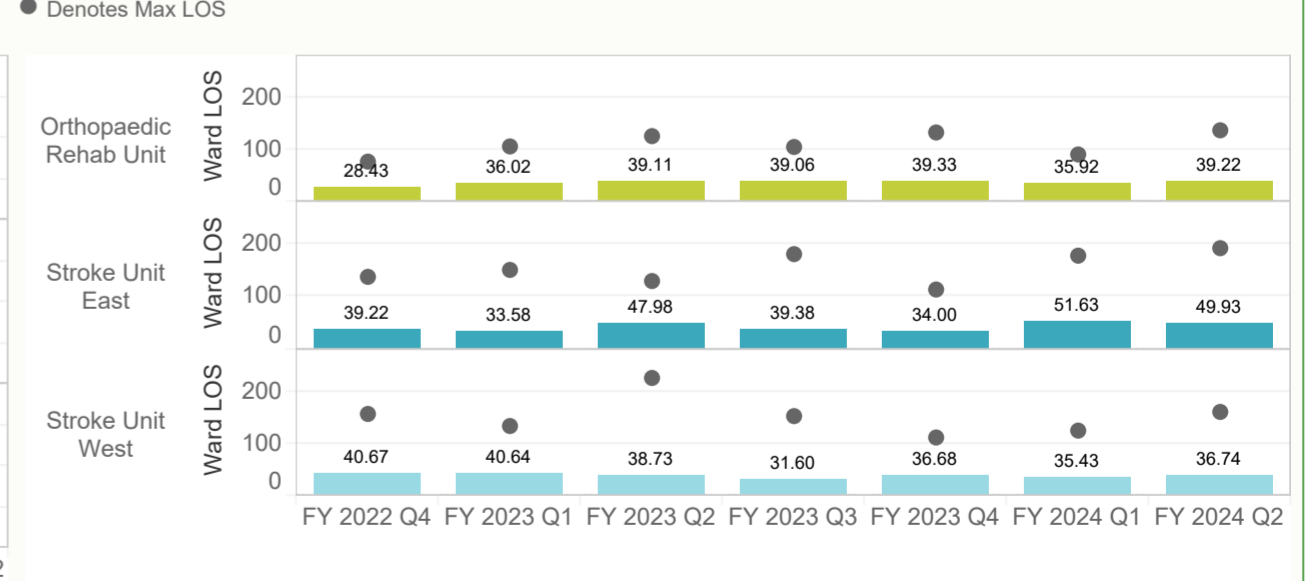
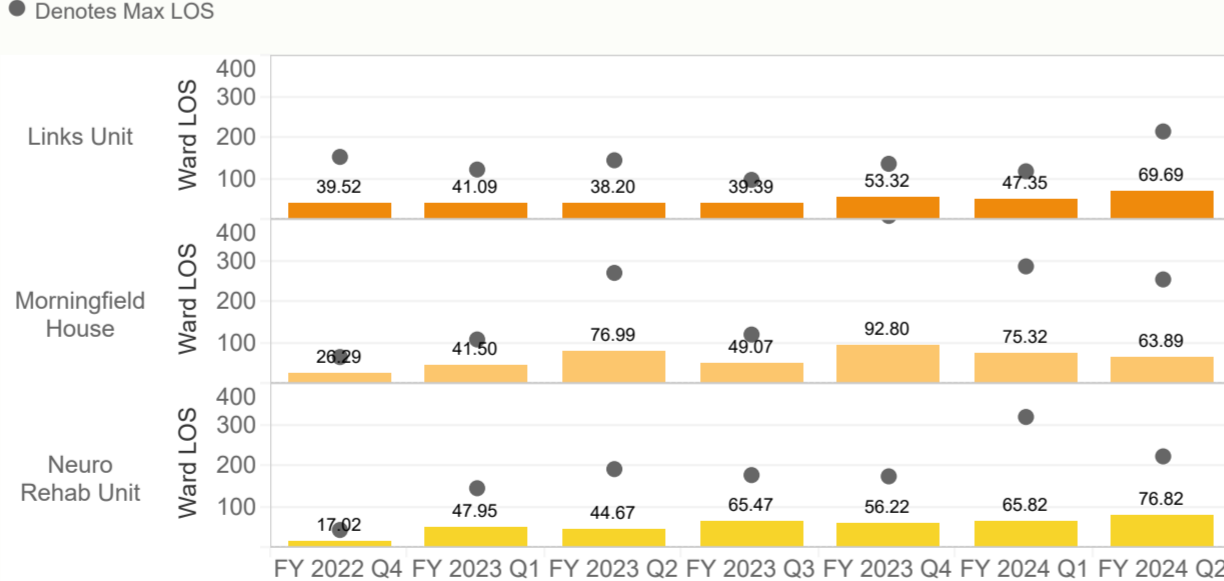
SOARS Average Occupancy

	FY 2022 Q4	FY 2024 Q2
Links Unit	101.3%	99.9%
		▼ -1.4%
Morningfield House	98.3%	97.3%
		▼ -0.9%
Neuro Rehab Unit	107.6%	99.1%
		▼ -8.5%
Orthopaedic Rehab Unit	86.5%	98.4%
		▲ 11.9%
Stroke Unit East	79.1%	99.2%
		▲ 20.1%
Stroke Unit West	99.8%	100.9%
		▲ 1.1%



SOARS Average LOS

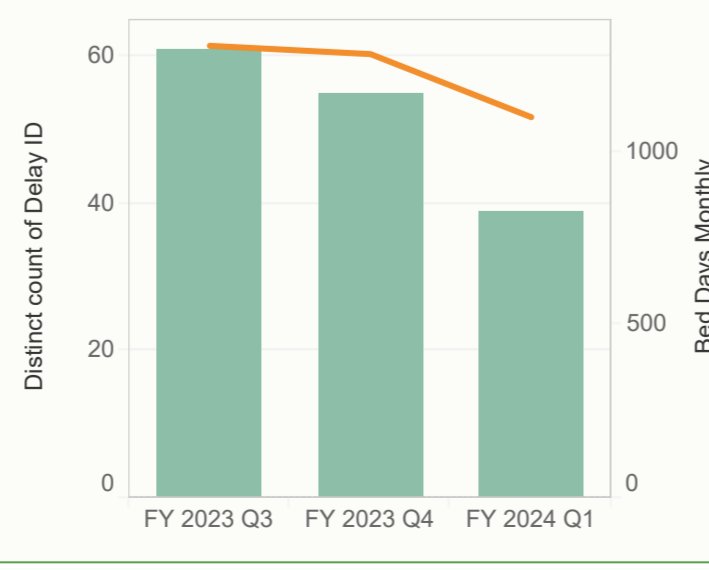
	FY 2022 Q4	FY 2024 Q2
Links Unit	39.52	69.69
		▲ 30.2
Morningfield House	26.29	63.89
		▲ 37.6
Neuro Rehab Unit	17.02	76.82
		▲ 59.8
Orthopaedic Rehab Unit	28.43	39.22
		▲ 10.8
Stroke Unit East	39.22	49.93
		▲ 10.7
Stroke Unit West	40.67	36.74
		▼ -3.9



Delayed Discharges - SOARs Ward Codes at Snapshot (Note Ward102 delays not included)

■ Bed Days Monthly ■ Distinct Count of Delay

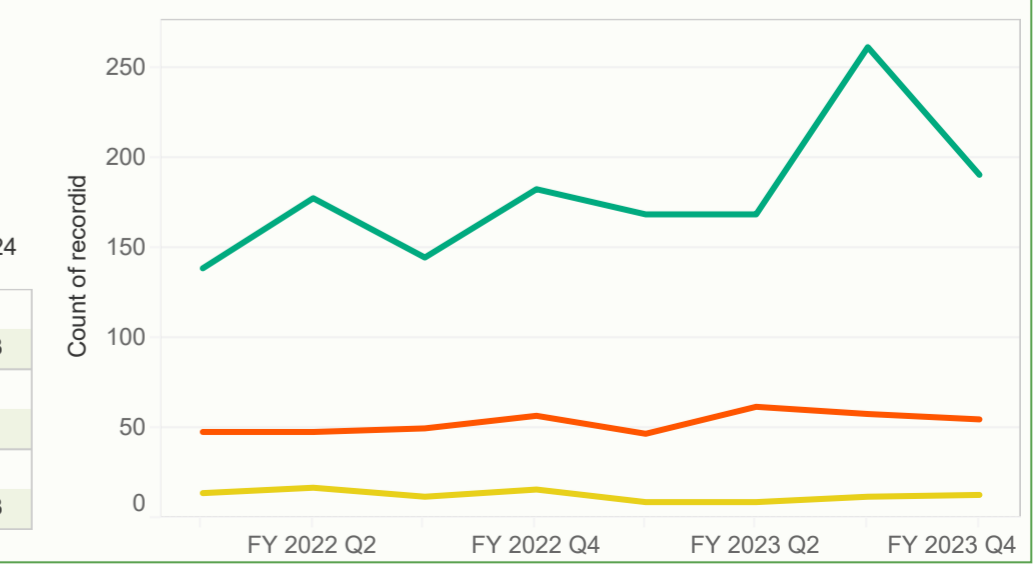
	FY 2022 Q3	FY 2024 Q1
Delays	50	39
		▼ -11
Bed Days Monthly	928	2,582
		▲ 1,654



Datix Falls (All Falls Incidents Categorised to ABCITY Organisation)

■ HARM ■ NMIS ■ NOHARM

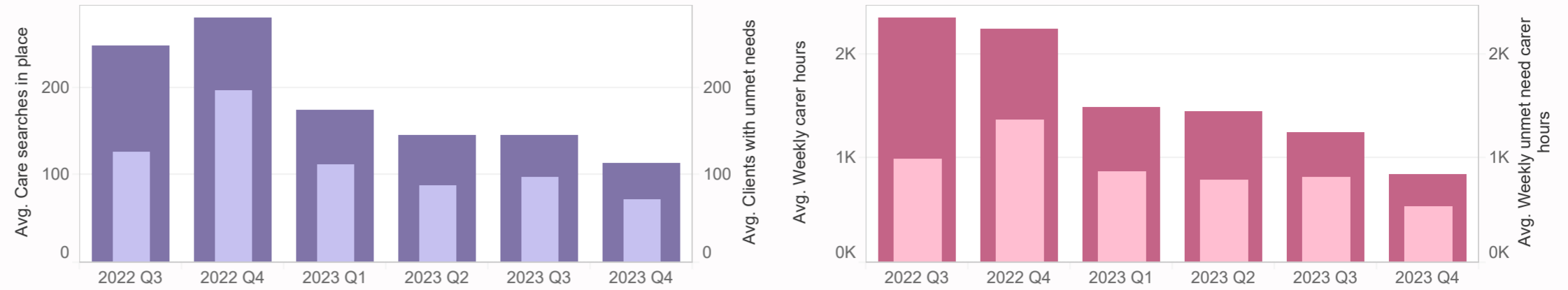
	FY 2022 Q4	FY 2024 Q2
HARM	57	34
		▼ -23
NMIS	16	17
		▲ 1
NOHARM	183	160
		▼ -23



SOCIAL CARE PATHWAYS

OPEN CASES AND UNMET NEED (14+ DAYS OPEN)

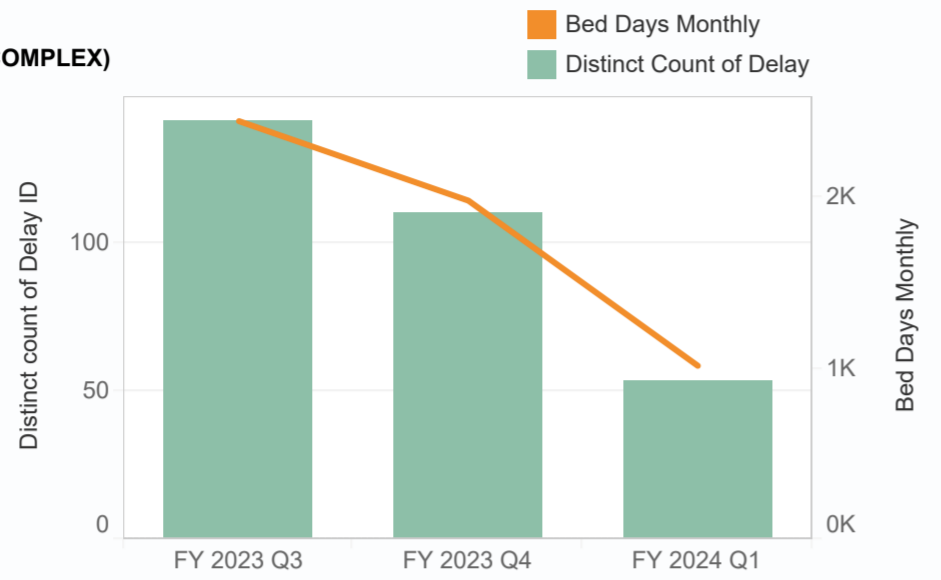
	FY 2022 Q4	FY 2024 Q2
Avg. Care searches in place	283.3	145.9 ▼ -137
Avg. Clients with unmet needs	152.5	96.7 ▼ -55.8
	FY 2022 Q4	FY 2024 Q2
Avg. Weekly carer hours	2,756	1,242 ▼ -1,513.1
Avg. Weekly unmet need carer hours	1,225	813 ▼ -412.0



HOME PATHWAYS

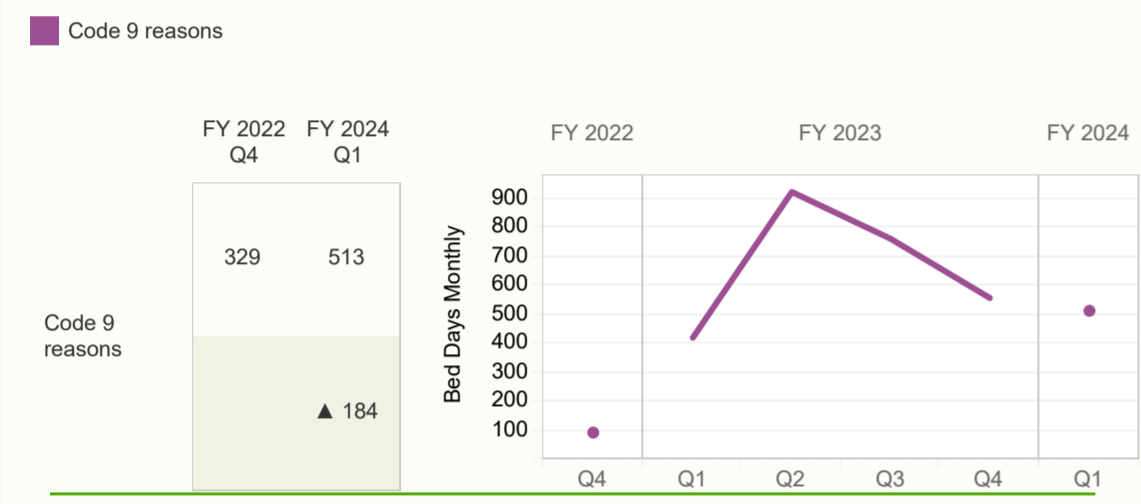
DELAYED DISCHARGES (STANDARD AND COMPLEX)

	FY 2022 Q3	FY 2024 Q1
Standard	91	45 ▼ -46
Complex-Code 9	11	9 ▼ -2
	FY 2022 Q3	FY 2024 Q1
Standard	1,258	1,765 ▲ 507
Complex-Code 9	367	513 ▲ 146

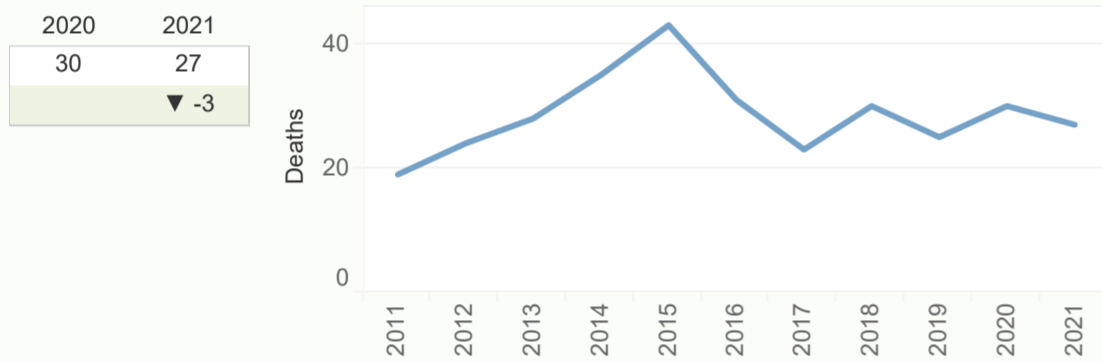


MHLD TRANSFORMATION

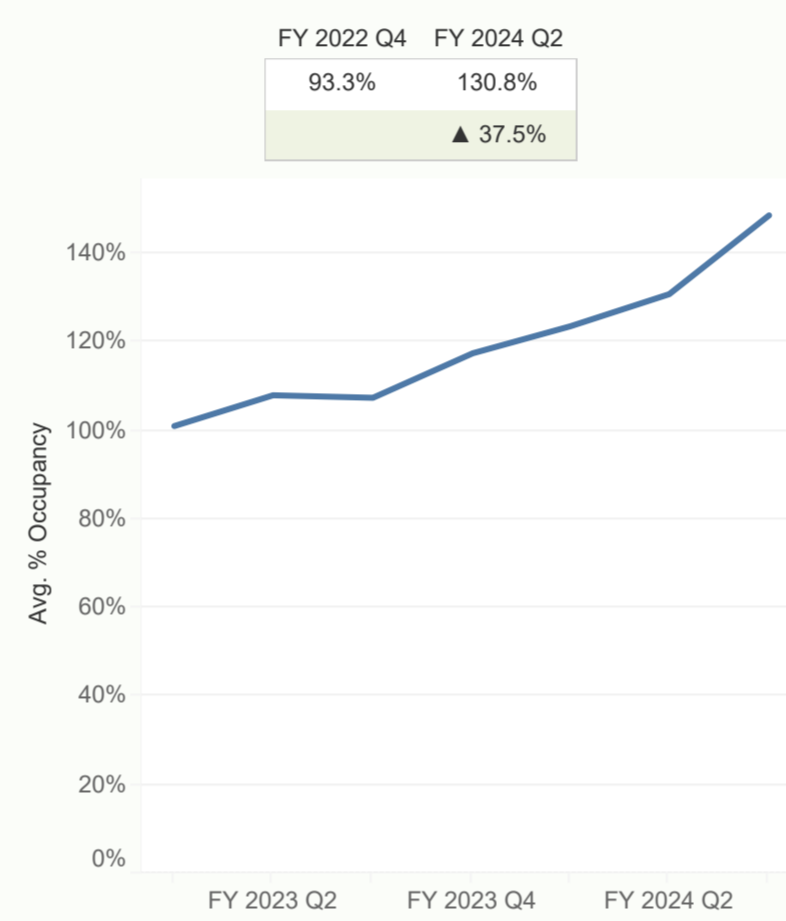
COMPLEX DELAYED DISCHARGE BED DAYS (EXCL WARD AND CARE HOME CLOSURES - ANY LOCATION)



PROBABLE SUICIDES



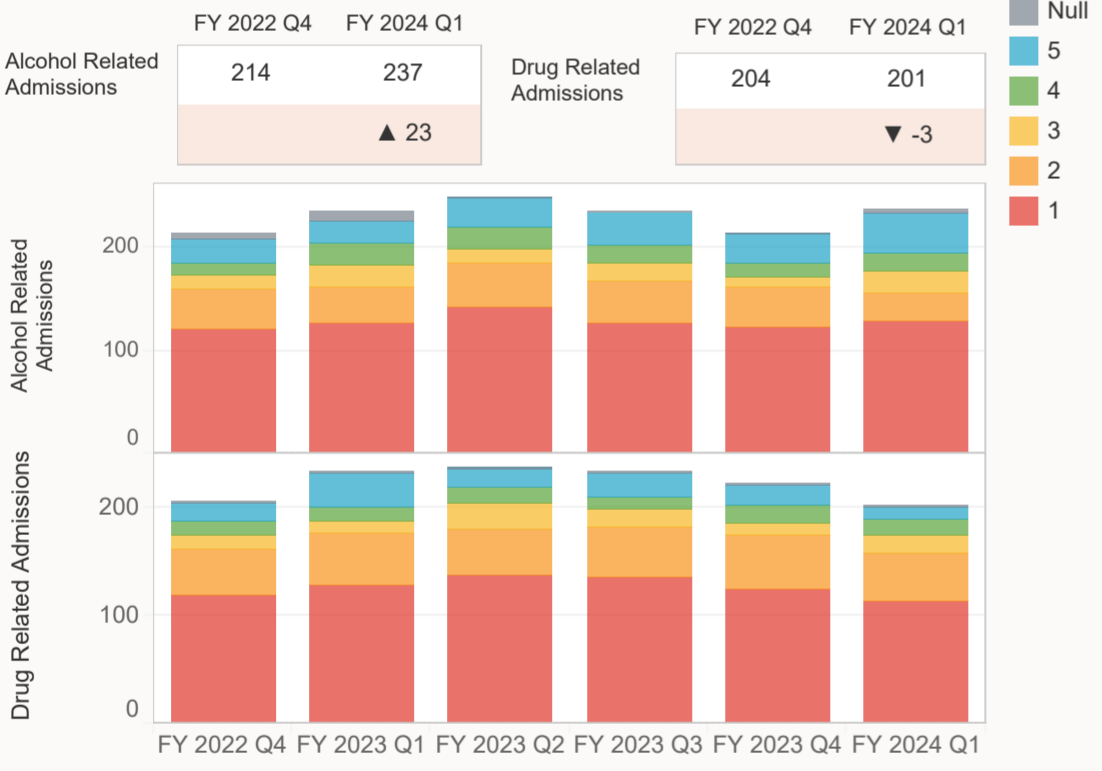
RCH AVERAGE OVERNIGHT OCCUPANCY (EXCL FORENSIC WARDS)



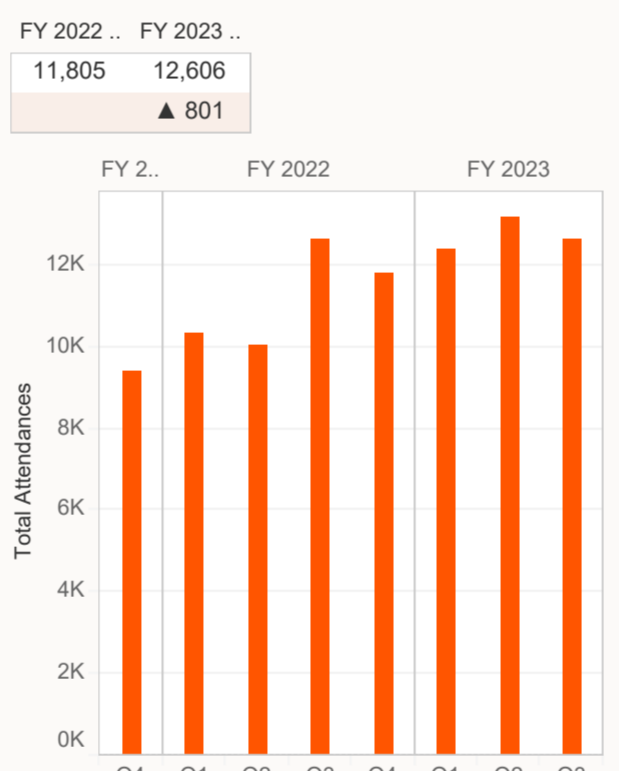
	FY 2022 Q4	FY 2024 Q2		FY 2022 Q4	FY 2024 Q2	
Brodie Ward, RCH	87.9%	106.3%	▲ 18.3%	Fraser Ward, RCH	98.7% 110.5% ▲ 11.8%	
Corgarriff Ward, RCH	78.8%	106.9%	▲ 28.1%	Fyvie Ward, RCH	93.7% 109.6% ▲ 16.0%	
Davan Ward, RCH		103.5%	▲ 103.5%	Huntly Ward, RCH	90.1% 109.6% ▲ 19.5%	
Drum Ward, RCH	98.4%		▼ -98.4%	IPCU, RCH	74.3% 93.4% ▲ 19.1%	
Dunnottar Ward, RCH	99.1%	109.3%	▲ 10.2%	Loirston Ward, RCH	99.3% 363.4% ▲ 264.1%	
Eden Ward, RCH	94.6%	128.1%	▲ 33.5%	Muick Ward, RCH		101.6% ▲ 101.6%
Forensic Acute, RCH	111.7%	96.1%	▼ -15.6%	Skene Ward, RCH	96.5% 88.7% ▼ -7.9%	
Forensic Rehab Ward, RCH	99.6%	253.9%	▲ 154.3%	Strathbeg Ward, RCH	83.2% 93.5% ▲ 10.2%	

PREVENTION

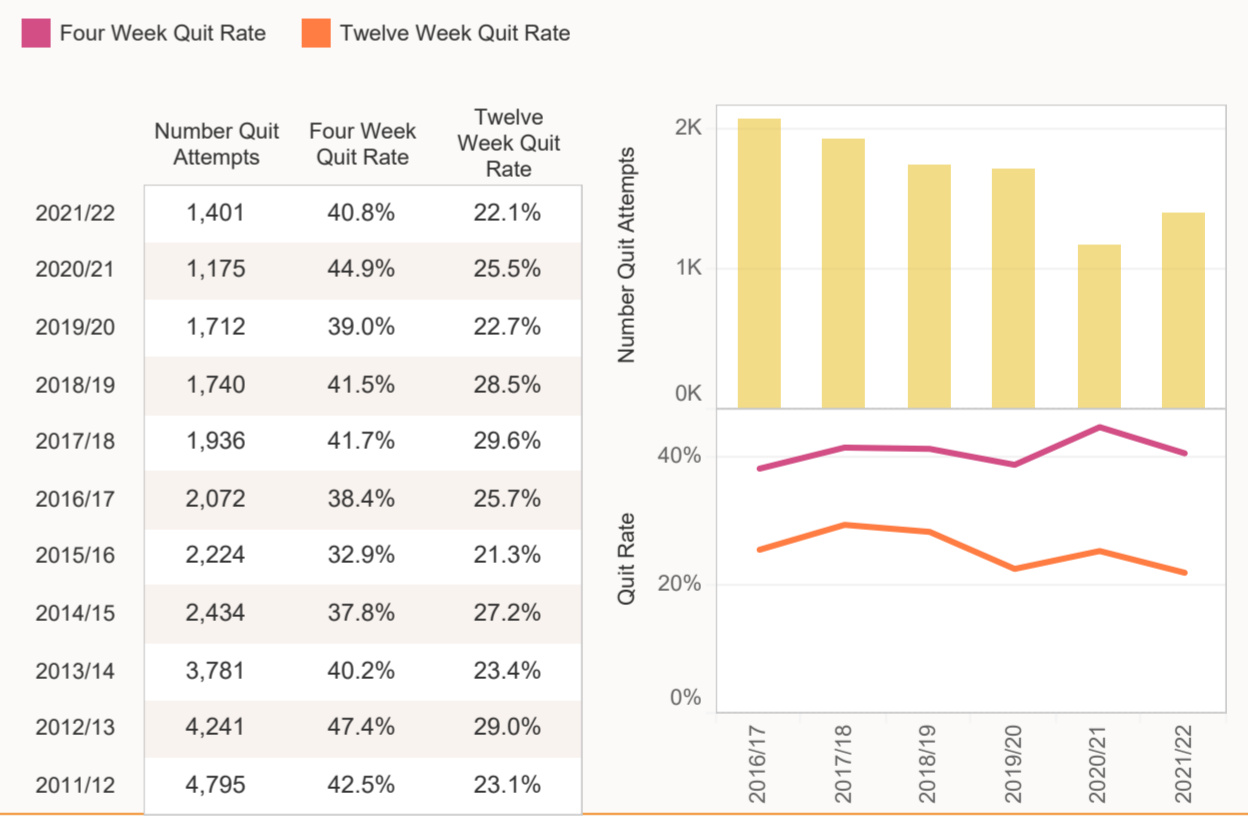
ALCOHOL AND DRUG RELATED ADMISSIONS



SEXUAL HEALTH - TOTAL CLINIC ATTENDANCES (inc Phone, Virtual & F2F)



SMOKING CESSATION



STRATEGY

SUITABLE HOMES

	Major Adaptations	Minor Adaptations	Community Alarm	Telecare package	Very Sheltered Housing
2019/20	410	654	1,569	1,234	2,382
2020/21	63	295	3,105		2,382
2021/22	156	610	1,313	1,230	2,382
2022/23			1,365	1,242	2,382

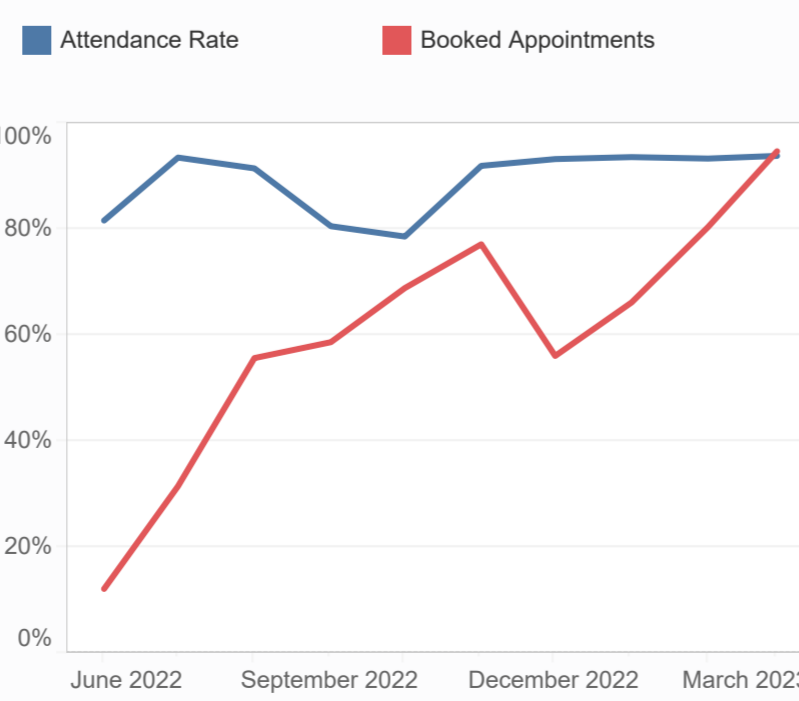
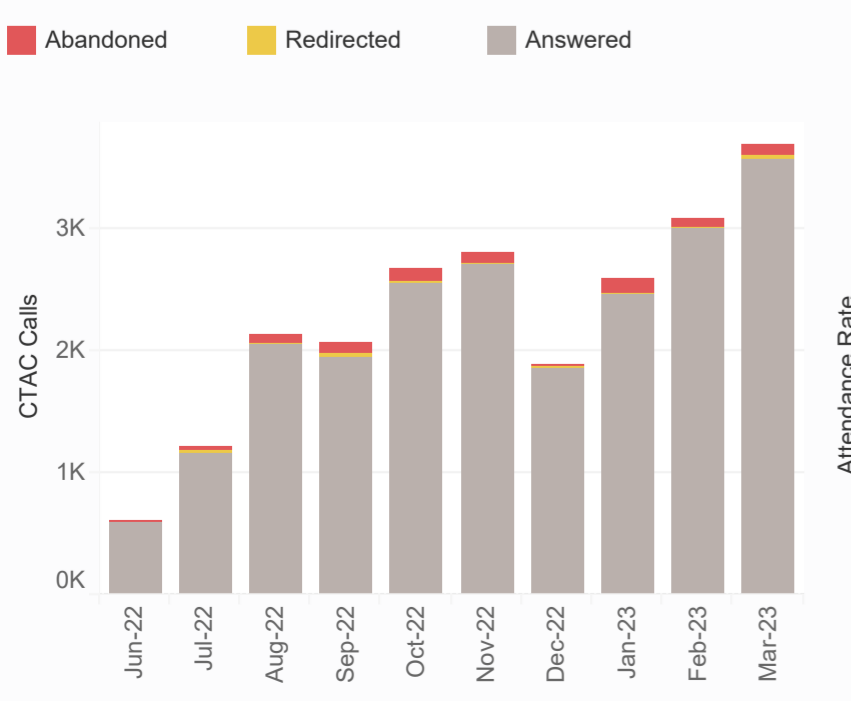
CARERS SUPPORTED

2021/22	594
2022/23	1018 ▲ 71.3%

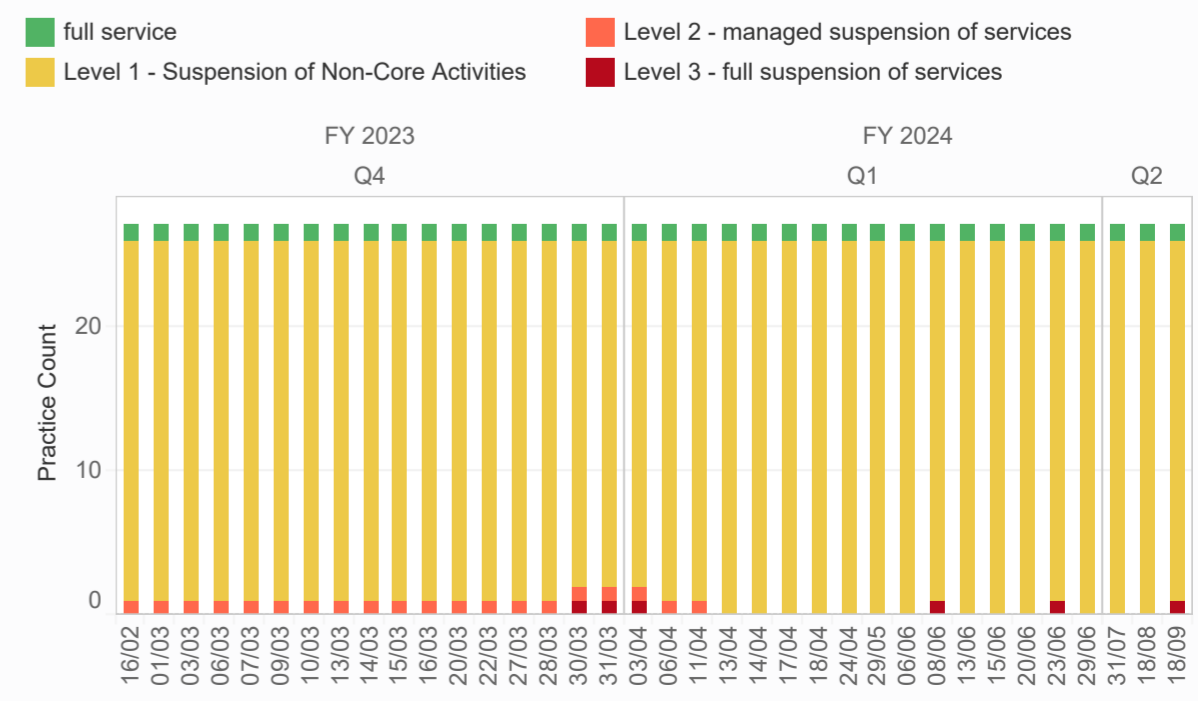
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PRIMARY CARE

COMMUNITY TREATMENT AND CARE- (CTAC)



PRIMARY CARE STABILITY LEVELS (Non-standard update frequency)



DEFINITIONS

METRICS USED

Datix	Falls	This is taken from DATIX as all falls listed under the ABCITY organisation where the incident result is provided as HARM/NO HARM/NEAR MISS.	Primary Care	CTAC calls and attendance	Provided by ACHSCP. Community Treatment and Care services appointments booked and attended. Call numbers and results also included.
Delayed Discharges	Complex and Code 100 Bed Days	As above however only for complex and Code 100 delays. Code 100 cases are for extremely complex cases and are typically ongoing discharge cases with bespoke requirements. Code 100 cases are not considered delayed discharges in the usual sense and are not published. Complex codes for ward and care home closures have been excluded.	Rosewell House	Primary Care Stability Levels	Supplied by the Primary Care Contracts Team. Practices contact the team with their current 'Level' which can range from full services to full suspension of services.
	Complex Delays	A delay meeting the definition for delayed discharge for which the reason for delay is considered a 'Complex' reason (full delay reason codes available via PHS). These are typically delays where the HSCP has less control (i.e. Adults with Incapacity, Guardianship, Specialist Facility requirements).		% Step Up (RWH) -	There are beds which are allocated for people who are presenting as unwell but not requiring an admission to an acute hospital setting. These beds may prevent the person from an avoidable admission to hospital or a crisis driven avoidable admission to a mainstream care home. For the dashboard these are identified using the IsFirstWard flag.
	Delayed Discharges	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date and 48 hours after social work has been contacted. It is very important that, while the clinician in charge has ultimate responsibility for the decision to discharge, the decision must be made as part of a multi-disciplinary process and focuses on the needs of the individual patient.	SOARS	Ward Starts (RWH) -	Admission to Rosewell House wards from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for the given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements.
	Monthly Bed Days	The total number of bed days in a month occupied by a delayed discharge. Note this is not the total length of delay.		Average LOS	Calculated as the number of hours between the ward start and the end date divided by 24 to give a decimal day value. This value is expressed as an average for all ward end dates (discharges and transfers) during the given date range.
Hospital at Home	Standard Delays	A delay meeting the definition for delayed discharge for which the reason for delay is considered a 'Standard' reason (full delay reason codes available via PHS).	Social Care	Average Occupancy % -	Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds available for the applicable ward(s), given as a percentage.
	Allocated Beds Available	Allocated beds is pulled directly from the applicable field in Trakcare for that ward.		Max LOS	As above however, only the maximum LOS value for a discharge that has occurred in the given date range.
	Average % Occupancy	Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds available for the applicable ward(s), given as a percentage.		Ward Starts -	Admission to SOARS wards from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for the given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements.
	Hospital at Home Admissions	Admission to Hospital at Home wards from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for the given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements.		Care Searches in Place	Provided by ACHSCP. The total number of cases which remain open and awaiting care (a single client can have multiple cases).
Mental Health	Overnight Occupancy	The total number of occupied beds at midnight for The given date.	Strategy	Clients with Unmet Needs	Provided by ACHSCP. The number of clients who have been waiting over 14 days for one or more open cases for social care.
	Probable Suicides	'Probable suicides' refers to deaths from intentional self-harm and events of undetermined intent. The latter category includes cases where it is not clear whether the death is a suicide. Data used for this chart is from published data.		Weekly Carer Hours	Provided by ACHSCP. The total number of hours required to satisfy the care requirements for all open cases.
	RCH Average Overnight Occupancy	Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds available for the applicable ward(s), given as a percentage.		Weekly Unmet Needs Carer Hours	Provided by ACHSCP. The total number of hours required to satisfy the care requirements for all open cases that have been open for 14+ days.
Prevention	Alcohol and Drug Related Admissions	These are admissions which have ICD10 codes given below. Note that this figure can vary and lag as diagnosis is determined and amended on Trakcare - this can take a few months to appear within the data. Recent data should be considered as changable. Alcohol Related- F10 codes. Drug Related - F11 - F19 codes.	Ward 102	Adaptations	Provided by ACHSCP. Adaptations completed split by major/minor.
	Sexual Health Clinic Activity	Provided by ACHSCP for the dashboard and include face to face and phone/virtual visits.		Telecare	Provided by ACHSCP. Telecare and community alarm clients.
				Daily Boarders -	A patient who is physically located on a different ward but should have been admitted to the given ward, however no bed was available to admit them. For example a patient who is under the care of Ward 102 may use a bed in another ward.
				Ward 102 Ward Starts	Admission to Ward 102 from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for a given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements.

GLOSSARY OF ADDITIONAL TERMS

Creative breaks	Creative Breaks is a funding programme of the Short Breaks Fund, operated by Shared Care Scotland on behalf of the Scottish Government. The purpose of the Short Breaks Fund is to increase the range, availability, and choice of short breaks for carers and those they care for across Scotland. The Short Breaks Fund aims to make a lasting positive impact to carers and the people that they care for, to funded organisations, and to wider short breaks policy and practice. The Creative Breaks programme provides grant funding to third sector organisations to develop and deliver short breaks projects and services for carers of adults (aged 21 years), and young carers (caring for children or adults), and the people that they care for.
Criteria led discharge	This term is used to describe a discharge process which is led by certain criteria that will enable the person to be discharged safely. During the persons stay the doctors, nurses and other staff will work with them to observe and record their progress with certain "goals". The term 'goal' refers to what the healthcare team want they person to achieve for their individual health needs. Discharge from hospital happens when they are medically ready to go and their healthcare team have confirmed they have met their goals as an inpatient. Criteria Led Discharge goals may include: <ul style="list-style-type: none"> • Ability to transfer safely – this doesn't necessarily mean walking, but means they can safely transfer from bed to a chair etc. with any equipment assessed necessary for their needs. • that their blood pressure and temperature are within the required range. • their discharge destination is ready, safe for them to return to and they have any required care packages/equipment in place.
Delayed Discharge	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date. It is very important that, while the clinician in charge has ultimate responsibility for the decision to discharge, the decision must be made as part of a multi-disciplinary process and focuses on the needs of the individual patient
Delayed Transfer of Care	A 'delayed transfer of care' occurs when a patient is ready to leave their current bed but requires some further care in another facility or community hospital but is still occupying an acute bed. Delayed transfers – also referred to as 'DTCs' or sometimes, often in the media, described as 'bed-blocking' – can cause considerable distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients
Discharge to Assess,	Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person
Emergency discharge beds	This is provision of care in a care home setting for the care of people who are medically fit for discharge however, there is no placement in the current system able to support them with their preferred placement. They may also need a bit more nursing or support to recover completely before moving onto their selected placement. The placement may be required due to a lack of care at home care availability or a place in their preferred care home or Very Sheltered housing scheme not being available. Emergency discharge beds tend to be purchased as a result of increased pressure and demand on the system to support people to move on from the hospital and release bed capacity.
Hospital at home	Is a short-term, targeted intervention that aims to provide a level of acute hospital care in a person's own home or normal place of care that is equivalent to that provided within a hospital.
Hospital Homecoming	A two year volunteer project with nine test sites, at the time of writing, to support people up to 12 weeks after they have been discharged from hospital. Services the volunteers offer include shopping, prescription collections, transport to appointments, befriending and dog walking.
Interim placement	There will be times when a patient in hospital, or the community cannot access the service they require, be that a Care Home, alternative housing with care, or a Care at Home service and therefore a variety of interim options are required. This avoids risk or harm to patients by reducing unnecessary delays for individuals being discharged from hospital but also to avoid where possible unnecessary admissions to hospital.
Reablement	The reablement approach supports people to do things for themselves and helps people to retain or regain their skills and confidence so they can learn to manage again after a period of illness. It is usually provided in the person's own home and aims to assist people to continue to live as they wish and to enable the individual to do ordinary activities like cooking meals, washing, dressing, moving about the home and going out. Reablement may be used to support discharge from hospital, prevent readmission or enable an individual to remain living at home. (from SCIE)
Rehabilitation	Person-centred interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment. Rehabilitation may be required following an injury, surgery, disease or illness or because their functioning has declined with age. Rehabilitation can help to reduce, manage or prevent complications associated with many health conditions, such as spinal cord injury, stroke, or a fracture. Rehabilitation is provided by a multidisciplinary workforce including physiotherapists, occupational therapists, speech and language therapists, audiologists, orthotists and prosthetists, clinical psychologists, physical medicine and rehabilitation doctors, and rehabilitation nurses. It addresses underlying conditions such as pain and supports people to overcome difficulties with movement, communication, eating, thinking, seeing, hearing. It helps the person be as independent as possible in everyday activities and enables participation in education, work, recreation and meaningful roles. (WHO)
Respite	An opportunity for carers and those that they care for to have a break from their current circumstances in a residential setting such as a care home or very sheltered housing complex. Respite may be planned in advance, or unplanned where there is a sudden change in someone's situation or as a place of safety, in response to an Adult Protection situation and/or emergency response to risk allowing time to forward plan and make arrangements.
Step down beds	These are rehabilitation beds when people need a bit more time to recover after a period of time when they have been unwell or after surgery. The person is generally well but require a time of support to help them rehabilitate with input from Allied health Professions such as Occupational Therapists and Physiotherapists.
Step up beds	There are beds which are allocated for people who are presenting as unwell but not requiring an admission to an acute hospital setting. This may be in a care home for example which provide 24 hour care and support to a person who may be requiring additional care and support and in some cases nursing input. These beds may prevent the person from an avoidable admission to hospital or a crisis driven avoidable admission to a mainstream care home.

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	28 November 2023
Report Title	ACHSCP Workforce Plan Annual Report
Report Number	HSCP.23.080.
Lead Officer	Sandy Reid, People and Organisation
Report Author Details	Grace Milne Senior Project Manager gracemilne@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a. ACHSCP Workforce Plan Annual Report 2022-23
Terms of Reference	4. Approve, monitor and review a performance framework for the IJB in respect of its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other appropriate local objectives and priorities.

1. Purpose of the Report

- 1.1. This report presents to the Risk Audit and Performance Committee the 2022/23 Annual Report for Aberdeen City Health and Social Care Partnership Workforce Plan. This report gives an overview of our current workforce and the progress made against the Workforce Plan Priorities.

2. Recommendations



RISK, AUDIT AND PERFORMANCE COMMITTEE

2.1. It is recommended that the Risk, Audit and Performance Committee:

- a) Notes the progress of the Workforce Plan to date.

3. Strategic Plan Context

3.1. The ACHSCP Workforce Plan 2022 – 2025 aligns directly with the ACHSCP strategic plan 2022 – 2025, specifically in relation to our enabler for workforce. The strategic plan sets out the context for our workforce and, directly linked to the delivery plan, our ACHSCP Workforce Plan 2022 - 2025 sets out the measures and how we will achieve our goals. This report provides an update on the progress made over the previous 12 months.

4. Summary of Key Information

4.1. On 29 November 2022, IJB approved the Aberdeen City Health and Social Care Partnership (ACHSCP) Workforce Plan 2022-2025. As required by Scottish Government and the IJB, the plan contains detailed information on; a summary of population health statistics, an overview of ACHSCP workforce, our progress since 2019, alignment with the development of NHS plan for the future, ACC workforce plan, ACHSCP strategic plan, and our financial planning, feedback from the most recent workforce survey, shared learning from the impact of COVID-19 and the challenges we face, clear aims and key actions required over the next three years together with the improvement measures and expected impact.

4.2. Our workforce plan is aligned to our Strategic Plan 2022 – 2025 and we continue to engage and collaborate with our ACC and NHSG colleagues on the development of their respective workforce plans to ensure they work in parallel and complement each other avoiding duplication where possible. We have relevant representatives from organisations across the partnership who are members of the oversight and specific workstreams to ensure we continue to work together effectively to better support and develop our workforce.

4.3. IJB instructed that the annual report on the workforce plan progress is reported to RAPC. Appendix A outlines the current workforce and highlights progress since the workforce plan came into place. This includes an encouraging increase in headcount and FTE/ WTE (Full Time Equivalent or Whole Time Equivalent) across the partnership. There has also been a decrease in staff turnover which suggests some stabilisation since the pandemic period.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 4.4.** The report also includes updates on the areas of focus for the next 12 months outlining the approach to supporting the delivery of key aims of the workforce plan. The three priority workstreams will have responsibility for the delivery of the key aims and actions within the plan and will be made up of relevant representatives from across the workforce. The workstreams will also be considering the actions of testing the Health and Social Care (Staffing) (Scotland) Act 2019 and towards launch in April 2024, pending further feedback from Scottish Government.
- 4.5.** On 1 April 2024 it is expected that the Health and Care (Staffing) (Scotland) Act 2019 will be enacted. Every Integration Authority must have regard to the guiding principles of the Act, guidance that is issued by Scottish Ministers, duties relating to staffing for care providers, and publishing an annual report including information about risk related to staffing levels. In collaboration with the Care Inspectorate, ACHSCP are part of a volunteer group to help test some of the guidance which is due to conclude by early 2024.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

The ACHSCP Workforce Plan 2022 - 2025 aims to have a positive impact on all staff across the workforce including those with protected characteristics as defined in the Equality Act (2010). Prior to the introduction of the new Integrated Impact Assessment (IIA) and guidance approved by IJB on 25 April 2023 a Stage 3 Health Inequalities Impact Assessment (HIIA) was completed for the workforce plan which can be found [here](#). There are no further IIAs required for this particular report.

5.2. Financial

There are no direct financial implications arising from the recommendations of this report.

5.3. Workforce

The ACHSCP Workforce Plan 2022 – 2025 will focusses on three key themes for the ACHSCP workforce; recruitment and retention, health & wellbeing, and growth & development opportunities. The ACHSCP Workforce Plan Annual Report 2022-23 outlines progress to date and sets out how improvements will be made over the next 12 months. This will be



RISK, AUDIT AND PERFORMANCE COMMITTEE

delivered by the specific workstreams and monitored by the Workforce Plan Oversight Group.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report.

5.5. Unpaid Carers

The key themes identified in the ACHSCP Workforce Plan 2022 – 2025 will have a positive impact on unpaid carers as part of our workforce and the priorities set out in our ACHSCP Strategic Plan 2022 - 2025. The importance of the advice and guidance required to support unpaid carers as part of our workforce forms part of our working culture. The plan was developed alongside our new Carer's strategy which has specific actions to support unpaid carers as part of our wider workforce and to value their role within the health and social care system.

5.6. Information Governance

There are no direct informational governance implications arising from the recommendations of this report.

5.7. Environmental Impacts

There are no direct environment implications arising from the recommendations of this report.

5.8. Sustainability

There are no direct sustainability implications arising from the recommendations of this report.

6. Management of Risk

6.1. Identified risks(s)

Risks that if there is not a focus on Recruitment and Retention and supporting people into careers at Health and Social Care would cause more vacancy issues across the partnership, affecting service delivery.



RISK, AUDIT AND PERFORMANCE COMMITTEE

Risks that if there is not focus on Staff Mental Health and Wellbeing that staff turnover increases as well as continued high absence rates, again affecting service delivery across the partnership.

The ACHSCP workforce plan 2022 – 2025 will focus on three key themes for the ACHSCP workforce over the next three years; *recruitment and retention, health & wellbeing, and growth & opportunities*. The plan clearly sets out how changes and improvements will be made and how the progress and impact of the plan will be measured. These actions directly contribute to the controls and mitigations required in relation to the risks identified above.

6.2. Link to risks on strategic or operational risk register:

Risk 1 - Cause: Relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) in areas such as governance, human resources; and performance

Event: Relationships are not managed in order to maximise the full potential of integrated & collaborative working.

Consequence: Failure to deliver the strategic plan and reputational damage

Risk 7 – Cause: The ongoing recruitment and retention of staff

Event: Insufficient staff to provide patients/clients with services required.

Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.

A joint session was conducted on 13 October 2023, to consider risks 1 and 7 in a 'deep dive' of how we are mitigating and how we can develop and strengthen our mitigation of these risks.

Specifically, for Risk 1, the main proposal to help provide further assurance was: A joint approach to be taken to mitigate the risk.

- There are further opportunities to collaborate
- Mutual aid approach can be examined.
- Services continue work together to keep people safe and prevent hospital admission.

It is proposed that the partnership working continue through the Workforce Priority workstreams to support each other with best practices, shared learning and resources.



RISK, AUDIT AND PERFORMANCE COMMITTEE

Specifically in relation to Risk 7, the main proposals raised/assurances given were: Improve the application processes; promote retention opportunities; look at guaranteed interview schemes, change advertising processes; utilise the untapped workforce refugees and asylum seekers and support them in to our workforce; promote shadowing opportunities; the holding of the Partnership's recruitment fair; and streamline information for the workforce. These are all main themes and actions of the Recruitment and Retention workstream and will be explored and delivered collaboratively to support whole system workforce.



Aberdeen City Health & Social Care Partnership

A caring partnership



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- Recruitment and Retention
- Growth and Opportunities

Workstream Approach and Future Development

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2023/2024 Priorities

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Foreword

This report is the first annual report for the Aberdeen City Health and Social Care Partnership Workforce Plan 2022 – 2025. This report gives an overview of our current workforce and the progress made against the Workforce Plan Priorities.

Staff Health and Wellbeing

Recruitment and Retention

Growth and Development Opportunities

2022/23 has been a year for recovering and remobilising services. Our progress across the partnership is being recognised nationwide, this is down to our dedicated workforce. For further information on our Partnership progress across our services, please see our [Annual Performance Report 2022/23](#) here.

Our teams have enjoyed moving back to face-to-face and getting back into communities again where possible. There have been challenges for our staff to help, support and encourage patients and service users to come back to face-to-face services.

Further details about our future development and Workstream Approach is at page 15. This sets out the focus and structure to progress the Workforce Plan priorities. We welcome our partners to join workstreams and thank everyone for their contributions to our Workforce plan to date.

Priorities for 2023/24 include a calendar of Workforce engagement events, focussing on keeping everyone informed and recognising our achievements. Recruitment events and wider promotion to support working for health and social care in Aberdeen City. Mapping our resources, training and technologies to enable and support our workforce across the partnership.

Our workforce plan is aligned to our Strategic Plan 2022 – 2025 and we continue to engage and collaborate with our ACC and NHSG colleagues on the development of their respective workforce plans to ensure they work in parallel and complement each other avoiding duplication where possible. We have relevant representatives from organisations across the partnership who are members of the oversight group and specific workstreams to ensure we continue to work together effectively to better support and develop our workforce.

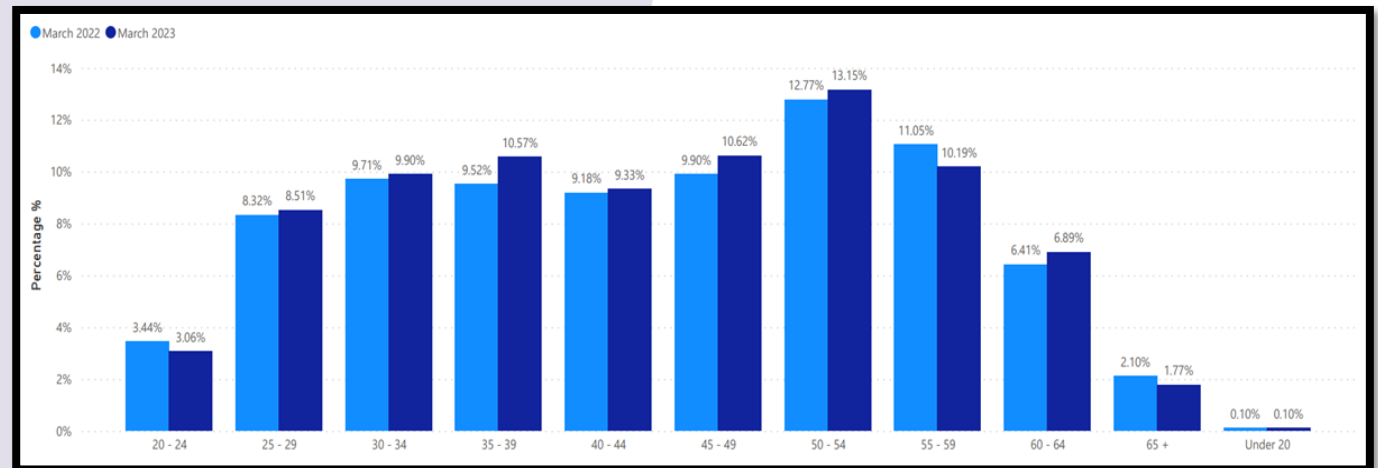
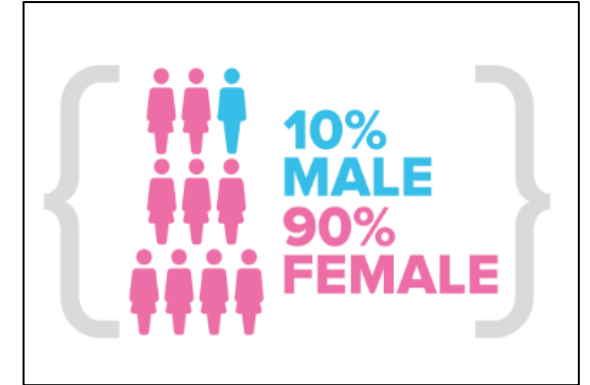
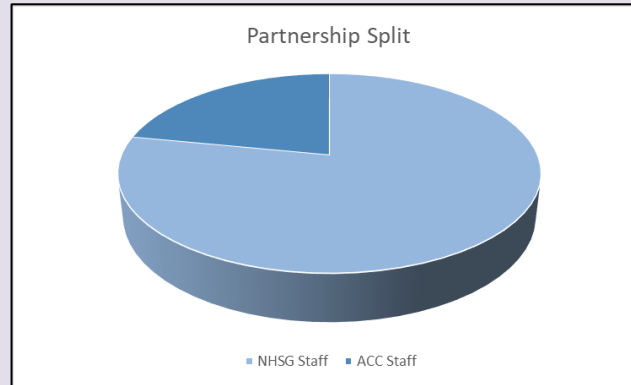
Workforce Overview

Our workforce over 2022 – 2023 has supported a year for recovery for Health and Social Care in the community, remobilising services from the pandemic period and supporting patients back to face to face appointments and services.

Increased headcount and Whole Time Equivalent (WTE) posts, will support the increased demand on our services. Our Workforce Plan reported that we will have a percentage of our staff due to retire in the next 15 years, our figures show that there has been increases from the previous year in our younger staff demographics, which helps support our succession planning and staff development for the future of our services. However, there is still work to do to support Grow our Own and future staff development.

Our internal services are split between NHSG Staff (78.25%) and ACC Staff (21.75%) which 90 percent of our staff are females. Our Commissioned workforce is also a large part stretching across 166 Contracts across Aberdeen, supporting people across Aberdeen City.

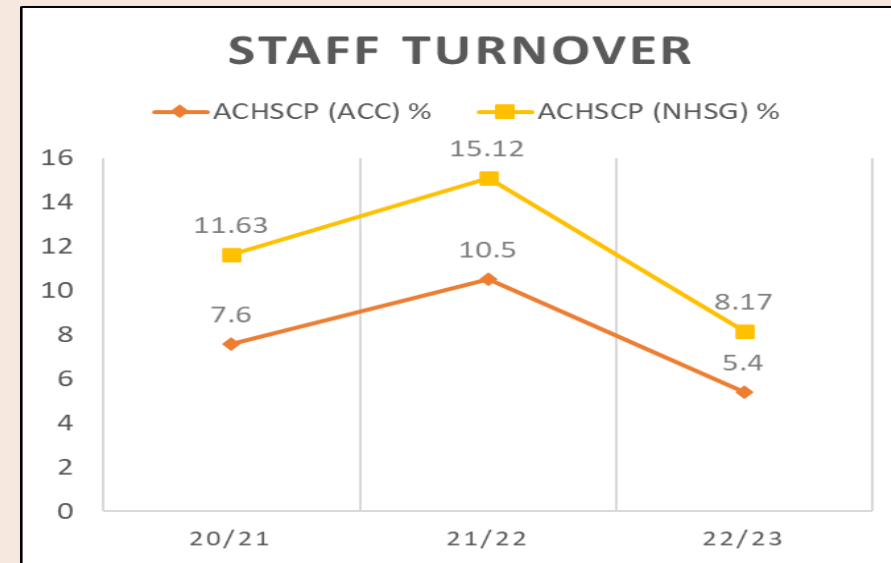
ACHSCP Actual WTE (Whole Time Equivalent) and Headcount							
2020		2021		2022		2023	
Actual WTE	Head Count	Actual WTE	Head Count	Actual WTE	Head Count	Actual WTE	Head Count
1744.21	2164	1741.31	2122	1830.54	2197	1933.13	2265





Staff Turnover

ACHSCP Staff Turnover has stabilised this year dropping to 7% for employed NHSG Staff and 5% for employed ACC staff.



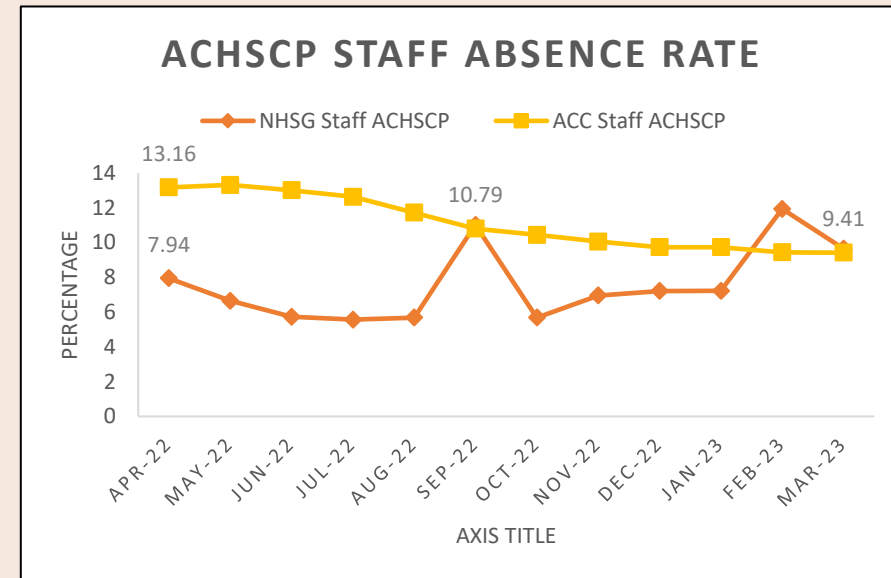
Absence

Absence are represented here for our services, with main causes being reported as;-

Colds, Coughs and Flu

Gastro and Stomach related issues

Anxiety, Stress and Mental Health related issues



Wider Partnership

Granite Care Consortium

Now almost at their 2 year anniversary, Granite Care Consortium produced their first annual report in 2022 [here](#). It details Consortium model working and learnings to bring into our workforce workstreams.

Bon Accord Care

BAC headcount and FTE figures show a small decrease this year, these figures include permanent and relief staff. BAC has **13 trainee staff** split across full time and part time roles. BAC are heavily involved with the new workstreams ensuring we can share resources and best practice. Bon Accord Cares Annual Impact Report is [here](#) and new Strategic Plan 2023 -2026 is now published [here](#).

Bon Accord Care Headcount/ FTE				
	2020	2021	2022	2023
Headcount	1128	1092	1154	1037
Actual FTE	589	604	595	586

Staffing groups and services across ACHSCP include;

- ▶ Community Nursing
- ▶ Allied Health Professionals
- ▶ Community Mental Health service
- ▶ Public Health services
- ▶ Substance Misuse and Alcohol services
- ▶ Sexual Health services
- ▶ Public Dental services
- ▶ Primary Care
(General Medical; General Dental, General Ophthalmic, Community Pharmacy)
- ▶ Social Work services for adults and older people
(including Criminal Justice services and physical disabilities)
- ▶ Support for people with learning disabilities and mental health conditions
- ▶ Specialist older adults & rehabilitations services
- ▶ Granite Care Consortium
- ▶ Bon Accord Care
- ▶ Strategy & Transformation Team





**STAFF
MENTAL HEALTH
and WELLBEING**



**RECRUITMENT
and RETENTION**



**GROWTH and
DEVELOPMENT
OPPORTUNITIES**



STAFF MENTAL HEALTH and WELLBEING



Progress against Staff Mental Health and Wellbeing

We have 4 in against the workforce plan to help support Staff Mental Health and Wellbeing, which includes a wide range of actions. There are a few main actions against this priority that will be prudent in 23/24 (page 16) . However there has been great progress in 22/23.

Wellbeing initiatives such as Healthy Working Lives and We Care have a vast range of activities available to all staff. We encourage our teams and managers to allow space for staff to attend if they wish. We recognise that this can be easier for some teams than others.

The following page gives a summary of some data and feedback on the numbers of those attending these initiatives. It is encouraging that we are able to work in partnership to use resources to better equip and support staff in their mental health and wellbeing.

Aim 4 has been a point of discussion of our Staff Mental Health and Wellbeing workstream, and although we understand the importance of staff time and appropriate meetings, the workstream thought it would be hard to show progress against a reduction of meetings. It is more appropriate to support the aim by developing a meeting protocol, supporting hybrid meetings to the best of their ability, sharing good practice and staff feeling they are attending meetings that support their day-to-day work.

Aim 1; Support staff to achieve a healthy work/life balance by exploring what works best in relation to flexible working whilst meeting the needs of services.

Aim 1; Work In Progress

Well established health and wellbeing initiatives in place to support work/life balance with increased uptake. Work to progress to 2025 on improving flexible working arrangements and additional support initiatives

Aim 2; Build on our 'We Care' approach to develop & implement a framework for our values which contains a programme of mental health & wellbeing and a range of QI approaches/Champions to support the mental health & wellbeing of staff.

Aim 2; Work in Progress

Staff engaged with the We Care Framework and values, linked with health and wellbeing initiatives in Aim 1, we will look to increase uptake and support promotion across wider partnership services year on year.

Aim 3; Develop & implement a 'keeping us informed' forum for all staff within ACHSCP and recognise & celebrate the achievements of staff.

Aim 3; Started

Priority for 22/23, this aim will look to re-establish staff engagement events. Calendar of Events and celebrating achievements.

Aim 4; Reduce the number of meetings that staff are required to attend by 20%.

Aim 4; Started

Initiated by IJB on best practice of hybrid meetings and shared learning, a meeting protocol will support staff time and appropriate meetings



"the therapists are absolutely lovely"

"I really appreciate the work you do, the therapy is wonderful and just what I needed"

Healthy Working Lives

There has been **979** staff and colleagues attending Healthy Working Lives initiatives this year. Initiatives such as, complimentary therapies, reflexology, pedicures, reiki, reflexology and mindfulness sessions. These are delivered by the partnership to help support work and life balance and wellbeing.

Understanding, Developing and Maintaining Individual Resilience

The Organisational Development Team have piloted sessions to build on staff individual resilience. The feedback from this initial sessions will help support future programme of sessions for staff to attend.

WE CARE

We Care is a staff health and wellbeing programme established to deliver, co-ordinate and enhance staff wellbeing across NHS Grampian and Health and Social Care Partnerships. Our workstream will look to further promote and embed the programme within the workforce teams across the partnership and record its impact. More information here on the [We Care Hub](#)

WE CARE

...because you care

Wellbeing support for all health and social care staff across Grampian

ACC Learn Courses

Mental Health Awareness for Managers 1/2 day course

11 ACHSCP Staff have attended over the last year.

Scottish Mental Health First Aid 2 day training:

19 ACHSCP Staff have attended over the last year.

There are many other wellbeing initiatives and session run through ACC available to partnership staff, we will be working on increasing partnership staff uptake for 23/24.

RECRUITMENT and RETENTION



Progress against Recruitment and Retention

3 main aims for the Recruitment and Retention priority is essential for ensuring the future of our services. It vital that we encourage and support new people into our sector. Having a continued presence in the recruitment sector and showcasing the wide range of roles that Health and Social Care has to offer in Aberdeen City. We also need to encourage different pathways and avenues into our workforce such as apprenticeships, work experience and trainee positions.

It is also important that we retain our trained and experienced staff, actions across the entire workplan priorities should have this as a focus. This is how we show the value and importance of our workforce.

Staffing and Recruitment challenges is a recurring theme in our Clinical and Care Governance reports, and although we are making improvements, there is much more work to do to help close our vacancy and training gaps.

Finally, we want to have Aberdeen City Health and Social Care Partnership as a recognised good place to work. We hold our Strategic Values, Vision and Strategic Aims in high regard, and what best way to do that is to make sure that all new staff is inducted into our organisation with these as set standard.

Aim 1; Develop a recruitment schedule which includes: Specific ACHSCP recruitment days which are delivered twice a year at suitable locations in the City. This will be supported and aligned with an increased social media presence to support the recruitment of staff.

A programme is developed to regularly attend recruitment days within Education settings and continue to support & develop projects such as Career Ready and Project Search.

Aim 1; Started and Developing
More information about Career Ready programme on page 12, we are encouraging more mentors and teams to engage for 22/23.

First Recruitment Fair Event scheduled for 23/24 hosted by ACHSCP, as well as increased engagement with other Employability events and networks.

Aim 2; Support the development of the 'grow our own' approach and ensure future career pathways are available within ACHSCP.

Aim 2; Started and Developing
Similar to Aim 1, through the workstreams and employability networks forming closer working relationships with schools, colleges and universities to encourage career pathways into Health and Social Care.

Aim 3; Develop and introduce an induction for all new ACHSCP staff.

Aim 3; Not Started
ACHSCP to review what was done previously with ACHSCP Induction, this will support, development to start early 2024.

RECRUITMENT and RETENTION



Care Experience Work Placements

ACHSCP has had 2 Care Experience Work Placements working within Learning Disability services. Brilliant initiative to support Care Experience people into the workforce, more opportunities to be explored across other services within the partnership. 12-week funded programmes are available with ACC services.

Recruitment Talks

There has been number of sessions with Employability Key Workers at ABZ Works and DWP for those looking positions within Health and Social Care. Majority of these are for entry level positions in which we have high number of vacancies for and the most staff turnover. We would look to continue sessions like this and review the impact of these sessions into 2023/24.

Mental Health Officer Award PgCert

Robert Gordon University have confirmed that all three ACHSCP trainee Mental Health Officers (MHO) have successfully completed the Mental Health Officer award PgCert. They will have officially graduated in September 2023. These numbers will support the widening mental health officer shortages that is likely to impact ACHSCP over the next couple years.

It has been agreed for four students to start the 2023-24 MHO award PgCert in September 2023. This takes place over one academic year.

BAC Apprenticeships

The Young Workforce team at Bon Accord Care have successfully expanded the provision of Apprenticeships due to the demand on the Health & Social Care sector, and the positive reputation of Bon Accord Care's 'Classroom to Career' pipeline. We work across Social Services & Healthcare, Business Administration and Business Management frameworks. Also supporting school placements for Career Ready pupils who complete summer internships to boost their employability skills.

The Young Workforce Team has delivered Apprenticeships in the following frameworks during 2022-2023

- Foundation Apprentices (Social Services and Healthcare) – 22
- Modern Apprentices (Care) - 10
- Modern Apprentices (Business Admin) - 5
- Graduate Apprentices (Business Management) – 5
- Career Ready (Summer Internships) – 2

RECRUITMENT and RETENTION



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Career Ready

Aberdeen City Health and Social Care Partnership (ACHSCP) have been supporting young people through the Career Ready mentoring scheme since 2018. The mentoring scheme matches mentors in the Partnership with young people in S5. The programme runs for 18 months and includes a 4 week paid internship where the young people attend work within the Partnership.

The cohort of young people for 2022/2024 undertook their internships during July 2023. There were 4 young people who were mentored by Partnership staff and 1 additional young person who was mentored by an Aberdeen City Council colleague but who undertook their internship in the Partnership.

The 5 interns were very enthusiastic and were involved in a whole range of activities across the Partnership, including community nursing, clinical psychology, pharmacy, public health and wellbeing. On their last day they did presentations to their mentors, teachers and representatives of Career Ready where they outlined what they had done during the 4 weeks, what they had learned and also how the experience had helped them in terms of their career aspirations.

Supporting the Career Ready programme not only helps the young people, but also increases mentoring skills in the Partnership and helps promote the work of the Partnership whilst showcasing the Council and NHS Grampian as potential future employers, thus assisting the Partnership's Workforce Plan.

Future development of the young workforce will continue to be progressed through the Recruitment and Retention Workstream of the Workforce Plan.

GROWTH and DEVELOPMENT OPPORTUNITIES



Progress against Growth and Development Opportunities

22/23 has seen the development of a few projects to support the workforce in the use of digital technologies and new platforms to support our workforce.

Implementation of D365 for Adult Social Care systems and MORSE within some of our NHSG Teams all helps towards utilised better technologies and reduce duplication. We know that there is still always work to be done to support better partnership working.

Our Growth and Development Opportunities workstream will be focusing on mapping out what is available to utilise across the partnership in 23/24. This will help support emerging National Care Service and any new working practices this may bring.

Our delivery plan has many projects that impacts our workforce, service reviews, new technologies and working practices. This workstream priority will help support collating these to showcase good practice and shared learning.

For instance, we are working to support a Tech First Approach to care assessments and are running a pilot at present with Scottish Care and Granite Care Consortium to run the Digital Support Hub, so far the numbers of people supported are impressive and the retirement is coming from people who are not physically able to do a caring/health role anymore but still have the knowledge and drive to support the digital hub.

Aim 1; Embrace the use of digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff.

Aim 1; Started

Projects such as MORSE and D365 has seen significant changes. Workstream to continue development of aim into 23/24 and 24/25

Aim 2; Reduce the volume of administrative documentation required.

Aim 2; Started

Incorporated in Aim 1, but will develop further into 23/24

Aim 3; Staff are supported in the roll out of the National Care Service and any new working practices that this may bring.

Aim 3; Started/ On hold

As shown on page 14, awaiting further update for project timelines.

Aim 4; Develop & implement smarter working policies which support staff to adjust and adapt as required.

Aim 4; Not Started

Although work undertaken by parent organisations, focus for ACHSCP specific policies have not started. Discussions to start with workstream early 2024

Aim 5; Overhaul the current ACHSCP recruitment process and introduce a new streamlined, collaborative, and combined process which is easy to understand and navigate.

Aim 5; Not Started/ Move

Moving aim to Recruitment and Retention workstream to support and be key focus for their other actions and developments.

Aim 6; Re-design and adapt services where required.

Aim 6; In Progress

Delivery Plan, service and project review findings, supporting best practice and test of change to expand across partnership services.

GROWTH and DEVELOPMENT OPPORTUNITIES

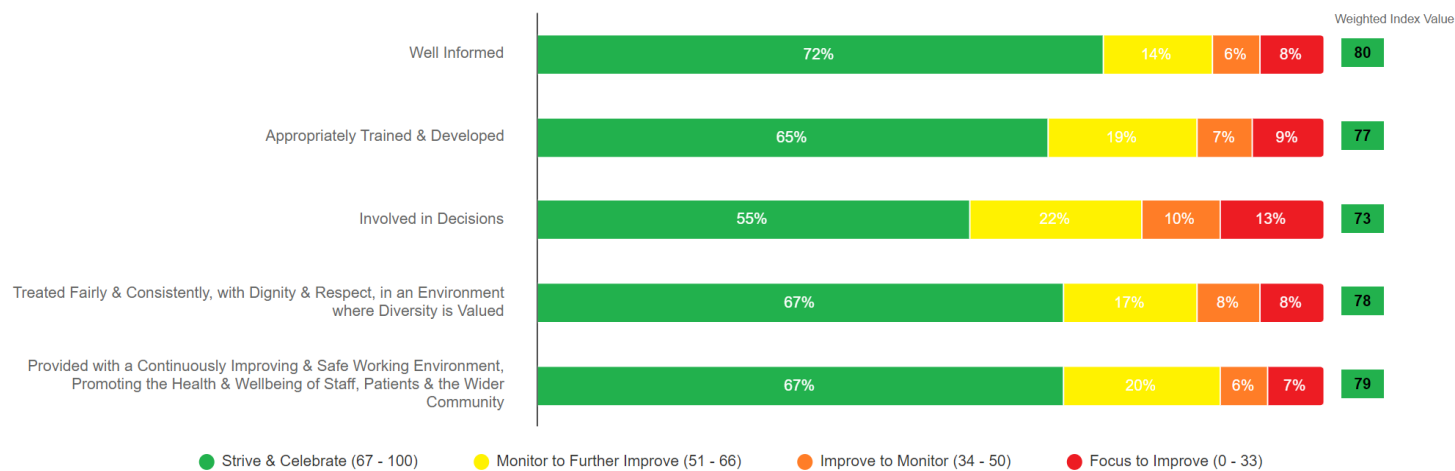


iMatter – Staff Annual Survey

Improvement in response rates and completed actions plans this year. Continued development and encouragement for services to engage with this annually. Survey results are generally positive across the partnership with high scores. The trend for responses relating to 'Involved in Decisions' are and have been in previous years lower than the other topics. This is a focus area to work on and challenges services, teams and management to consider how we involve or engage with our workforce to link our decisions to our discussions.

October 22

Staff Governance Standards - Strand Scores



National Care Service

The Aberdeen City National Care Service Programme Board was established in 2022 to prepare for the possible creation of a National Care Service in Scotland. The multi-agency Board is chaired by the ACHSCP Chief Operating Officer. One of the Board's workstreams is to monitor and prepare for any potential impact on workforce. The detail of how a National Care Service may operate in practice, including any impact on workforce, is currently going through a process of co-design. The ACHSCP will continue to actively engage with the process.

iMatter Response Rates				
	2019	2021	2022	2023
Annual response rate	63%	58%	58%	64%
Completed Action plans	48%	35%	39%	45%

Workstream Approach and Future Developments

It was agreed at the August Senior Leadership Team meeting, a new approach to structure the actions and progress priorities from the Workforce plan.

Three Workstreams for each priority was to be created and have oversight group of Senior Leadership members and partnership colleagues. This is to work in partnership and provide updates to the Joint Staff Forum and information to feed up into the Grampian Integrated Workforce Planners Meeting.

Each workstream has an action plan to progress over the lifespan of the Workplan. We anticipate that this new approach will help support annual reports in the coming years and be a focus to support and assure the IJB with Workforce Strategic risk mitigations.

Staff Mental Health and Wellbeing Actions include; -

Continued support for Health Working Lives initiatives

Broaden use of We Care approach and framework

Re-establish annual workforce engagement events and celebrating achievements

Recruitment and Retention Actions include;-

Recruitment Events and ACHSCP Job Promotion Media

Induction and Training Review

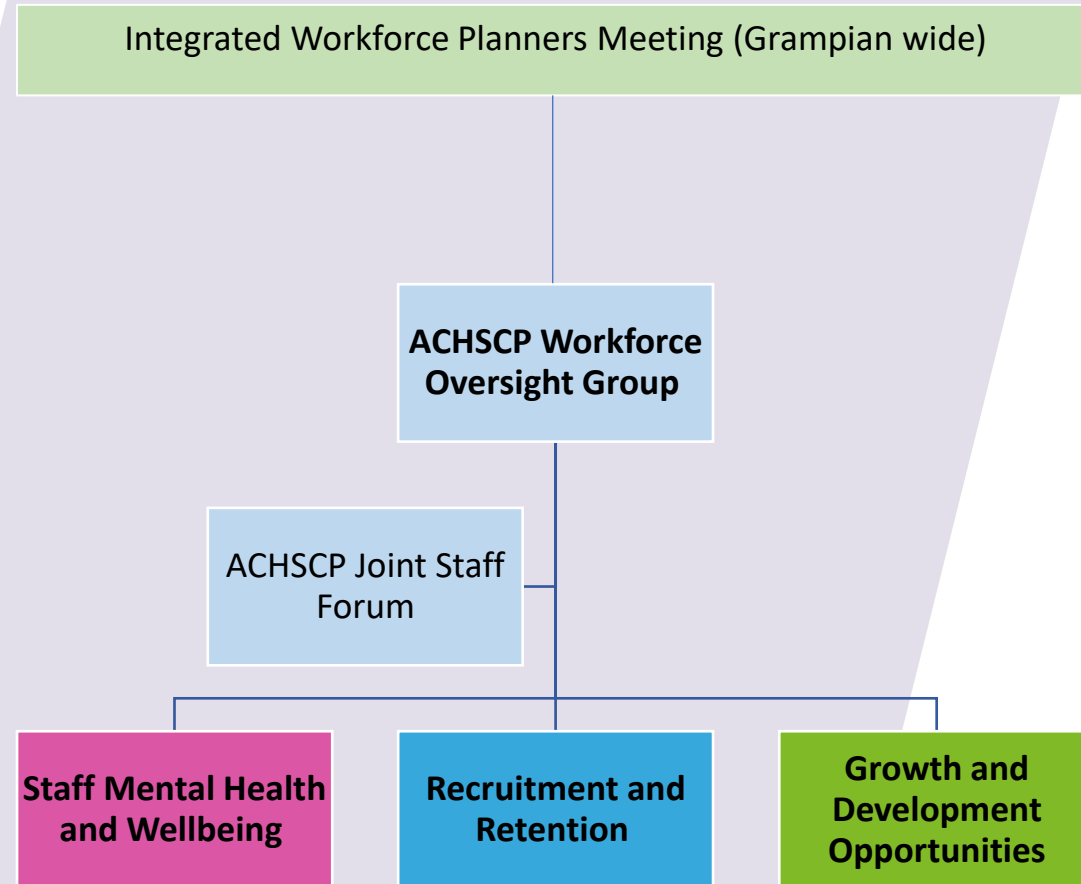
Developing Young Workforce

Growth and Development Opportunities Actions include;-

Map and explore emerging technologies to support staff

Continued promotion of iMatter and other Staff Feedback

Shared learning and best practice, including test of change ideas



Workforce Plan Priorities 2023/24

- Recruitment Events Calendar – including media such as promotion videos for Aberdeen City Health and Social Care Partnership.
- Re-establishment of Workforce engagement events and celebrating achievements
- Map and information of resources, training and technologies to support Partnership Staff.



Aberdeen City Health & Social Care Partnership
A caring partnership

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RISK AUDIT & PERFORMANCE COMMITTEE

Date of Meeting	28 November 2023
Report Title	Primary Care Improvement Plan (Update)
Report Number	HSCP 23.079
Lead Officer	Susie Downie Acting Primary Care Lead susie.downie1@nhs.scot
Report Author Details	Alison Penman PCIP Programme Manager alison.penman1@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	<p>4. Approve, monitor and review a performance framework for the IJB in respect of its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other appropriate local objectives and priorities.</p> <p>5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.</p>



RISK AUDIT & PERFORMANCE COMMITTEE

1. Purpose of the Report

- 1.1. This report presents the Risk, Audit & Performance Committee (RAPC) with an update regarding progress implementing the Primary Care Improvement Plan (PCIP).

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
 - a) Note the update presented on the PCIP, as outlined in this report.
 - b) Notes that the annual PCIP Update report was presented to the meeting of the Integration Joint Board at its meeting on 10th October 2023.

3. Strategic Plan Context

- 3.1. The PCIP is identified as a key priority within the IJB's Strategic Plan 2022-2025. The delivery of PCIP is recognised as an important transformational tool for creating capacity and improving patient experience of General Practitioner (GP) services. It seeks to add additional capacity in the form of alternative professional roles to support GPs as well as delivering some services in a different way, improving access for patients and improving outcomes.

4. Summary of Key Information

4.1. Background to the PCIP

An agreement between the Scottish Government (SG) and the Scottish General Practitioners Committee of the British Medical Association (SGPC) (known as the Revised Memorandum of Understanding 2021-2023), is designed to enable improvement within primary care as envisaged by the General Medical Services (GMS) contract. It was published in July 2021, taking into account the learning and experience from previous iterations of the contract.

A new memorandum of understanding (MOU2 2021-2023) for the GMS contract implementation for Primary Care Improvement was published, taking into account the learning and experience to inform next iteration.

The MoU2 is accessible via [this link](#).

The MOU2 2021-2023, which the PCIP supports the delivery of, is due to end in 2023. The role of the PCIP will be the subject of consideration by a Grampian General Practice Vision Board which is looking at longer term options for a more sustainable general practice model.

An update letter was received on 27 September 2023 from the SG addressing the MOU2 and going forward all Health and Social Care Partnerships in Scotland have



RISK AUDIT & PERFORMANCE COMMITTEE

been invited to submit a bid to enhance the delivery of Pharmacotherapy and CTAC services. It should be noted that only three HSCP's will be selected to take this initiative forward and to demonstrate realistic models for delivery of services that may be rolled out to all partnerships. Funding will be available to the successful bidders and the timescale to deliver the project will be 18 months. Successful bidders will be informed by the end of the year.

All six MoU areas remain areas of focus, however, the focus on full delivery should be on the following three priority services:

- a) Community Treatment & Care (CTAC) Services
- b) Pharmacotherapy Service
- c) Vaccination Transformation Programme (VTP)

4.2. ACHSCP PCIP Implementation Update

In terms of progress against MOU2 all city practices receive at least a partial PCIP allocation and detailed commentary is in the sections below with operational updates. The Scottish Government letter (September 2023) stated that the three Priority Areas which are to be focused on will remain as Vaccination Transformation Programme, Community Treatment & Care centres, and Pharmacotherapy. Therefore our planning process going forward will take cognisance of this.

In Grampian, the delivery of the 2018 GMS contract, the Memorandum of Understanding 2021-2023 and the Aberdeen City PCIP has been challenging. This is due to a number of factors, including, recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. Whilst the number of practices and General Practitioners (GPs) has reduced in number during the last ten years, the list size per GP has increased by approximately 10%.

In light of the challenges, NHS Grampian with the Integration Joint Boards has commissioned work to develop the new vision with associated strategic objectives for General Practice in Grampian. The output of this will be a delivery plan for a Grampian General Practice Strategy. This will provide an opportunity to deliver General Practice in a way influenced by local needs and pressures.

A Programme Board has been set up with representation from NHS Grampian, the HSCP's, GP Sub Committee and LMC. To ensure that the views and opinions of key stakeholders across the system are taken account of we have set up a series of Facilitated Workshop Events to gather this information. The first workshop has taken place on the 27th September, 2023 and 2 further workshops if November, 2023

CTAC



RISK AUDIT & PERFORMANCE COMMITTEE

The CTAC service provides basic cover for phlebotomy, suture removal, basic wound care, chronic disease monitoring and blood pressure monitoring.

A service review was conducted over the summer of 2023 using the CTAC blueprint (2019) as a benchmark with its aim to deliver 4,000 x 15 minute appointments per week within the ACHSCP. In order to understand current demand and activity a "Week of Care audit" was completed during the w/c 5 June, 2023 and the outcome was the service delivered 3,855 appointments during one week across the practices in ACHSCP.

There is on-going work around processes and a new ECG (Electrocardiogram) policy has been distributed to all practices (at 31s July 2023). This is enabling ECG's to be available in three CTAC clinics in addition to the practices.

CTAC is now being delivered in eight clinic sites although the South of the city using a shared space and this is a risk to this not being a sustainable option in the longer term. The South accommodation is a priority and alternative accommodation is being actively looked at.

In terms of recruitment all posts have been filled to meet the blue print that is the current plan.

As part of the improvement to service delivery a project to implement Shared Services (Federated Vision) has gained pace and is a Grampian wide initiative that is being led by the ACHSCP. Shared Services is an IT platform that will enable PCIP staff to safely access patient details from the GP practice IT system. It is a streamlined approach to logging into practice systems. This will be particularly helpful to CTAC staff as they will be able to access patient information at any practice by using a single sign on thus saving time that can be allocated to clinical appointments. The project is in the early stages and an implementation date will be agreed in the project plan.

Pharmacotherapy

The Pharmacotherapy service provides support to GP Practices and this includes medicines reconciliation. The service also supports the practices by proactively taking actions from hospital discharge letters, medication reviews and this includes acute and repeat requests. The model is flexible in terms of what individual practices choose to use the service to deliver.

The service is delivered by Pharmacy Technicians and Pharmacists based on a ratio of 1.25 WTE PCIP staff per 10,000 patients. However, the service model approved by the IJB in the 2018 PCIP is insufficient to deliver all the demands on the service. Nationally and locally it is recognised that a model that is closer to be able to deliver the full remit of the MOU 2021-2023 would realistically need to be a ratio of 2.5 WTE PCIP staff per 10,000 patients (double the current capacity). This is due to the long term trends nationally with patients living longer and use of



RISK AUDIT & PERFORMANCE COMMITTEE

medicines to support chronic disease management. In addition longer outpatient waiting lists also impact medication requirements in the community as people await treatment.

The service still faces the on-going challenges in terms of recruitment and the recent position (at June 2023) was a vacancy level of 9.1 WTE. Recruitment is on a rolling basis and is based on the 1.25 WTE PCIP staff per 10.000 patients as in the current plan.

VTP – Vaccination Transformation/Immunisation Programme

The VTP has been delivered and is supported by the PCIP. The programme currently includes school age, adult routine i.e. adult flu, and pregnancy and travel vaccinations.

The service has recently moved into a new premises within the city centre giving the opportunity to set up a Priority Intervention Hub and enabling a Making Every Opportunity Count (MEOC) approach across the city. MEOC is a simple intervention, a light touch health conversation, being rolled out in Grampian to enable service users to live as well as they can. The new Priority Intervention Hub uses this approach to signpost service users to appropriate services when attending the hub for vaccination appointments.

Under the MOU 2021-2023, the remaining Multi-disciplinary Team services listed below should be maintained but progressed at a slower pace.

Community Link Workers

The monitoring of the contract with SAMH is now being undertaken by the PCIP Programme Manager from the 1st April, 2023.

A review of the service is currently being undertaken by the PCIP project team. Reviewing activity for last financial year and looking at communication processes to practices are the highest priorities to ensure engagement with the GP practices and maximising capacity.

Additional capacity has been identified within the Vaccination Centre located within the Bon Accord Centre. This will provide 2 safe spaces for face to face appointments and also space for Link workers to do the admin elements of the service they provide. This will be a benefit as the lack of available space within GP practices meaning it is difficult to gain access space to see patients.



RISK AUDIT & PERFORMANCE COMMITTEE

The referral criteria remains the same i.e. GP practice referrals and the criteria for referral is as follows:

- Money/Finance
- Benefits
- Housing/Homelessness
- Mental Health
- Managing Condition

Urgent Care/City Visits (Advanced Practitioners)

Services are delivered within the patient's own home and the team have their base at Woodend Hospital. The service provides assessment, diagnosis and initial management in patients' own home for on the day urgent consultations. This includes phlebotomy, clinical observations, ECG monitoring and bladder scanning. The service is delivered by a team of qualified and trainee Advanced Clinical Practitioners and Health Care Support Workers (HCSWs).

A review of the service was undertaken earlier in the year with an aim to confirm equity of allocation to practices. A number of recommendations were identified and agreed and work continues to look at a "Week of Care audit" and the unmatched demand which will assist in identifying any gap in delivery.

The GP practices were fully engaged with the review process and a presentation was given by the service lead at a recent citywide event.

MSK (Musculoskeletal): First Contact Physiotherapists (FCP's)

The FCP is a Primary Care model that provides patients with direct access to a physiotherapist and most commonly for the assessment and management of musculoskeletal disorders, without the need for prior assessment or referral from a GP.

The funding in the current plan is for 15 WTE posts and currently there are 10.7 WTE FCP staff in post. This is a vacancy level of 33% and securing a skilled workforce is the main issue to recruitment.

A review of the current delivery model is underway and the PCIP Project Delivery group suggested that the service should explore different models of delivery of service and this will assist in understanding the on-going recruitment issue and the allocation of support to practices.

A questionnaire was distributed to all city practices requesting feedback on three models of delivery. The most favoured option was to maintain the status quo and continue to deliver the service within the GP practices



RISK AUDIT & PERFORMANCE COMMITTEE

5.5. **Other:**
None.

6. Management of Risk

Risk Appetite Statement

6.1. **Identified risks(s)**

There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.

6.2. **Link to risks on strategic or operational risk register:**

As recorded in the strategic risk register, delivery of the PCIP (and subsequently the implementation of the GMS contract) is a mitigating action against the risk identified above.



Risk Audit and Performance Committee

Date of Meeting	28-11-2023
Report Title	Justice Social Work Annual Performance Report 2022-23
Report Number	HSCP.23.085
Lead Officer	Claire Wilson
Report Author Details	<i>Name:</i> Liz Cameron/Lesley Simpson <i>Job Title:</i> Service Manager <i>Email Address:</i> elcameron@aberdeencity.gov.uk lsimpson@aberdeencity.gov.uk
Consultation Checklist Completed	No
Directions Required	No
Exempt	No
Appendices	Appendix 1 - JSW Annual Performance Report 2022/23 Appendix 2 – JSW Community Payback Order Annual Report 2021/22
Terms of Reference	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB’s Risk Appetite Statement. 6. Instruct Performance Reviews and related processes.

1. Purpose of the Report

The purpose of this report is to present the Risk, Audit and Performance Committee with the updated Justice Social Work Annual Performance Report 2022/23.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:



Risk Audit and Performance Committee

- a) Notes the JSW Annual Performance Report 2022-23 (Appendix 1).

3. Strategic Plan Context

- 3.1.** Justice Social Work is delegated by Aberdeen City Council to the Integration Joint Board (IJB) as set out in the Aberdeen City Integration created under the Public Bodies (Joint Working) (Scotland) Act 2014. The Justice Delivery Plan 2021-2024 aligns with the ambitions set out in the HSCP Strategic plan, contributes to the Local Outcome Improvement Plan (LOIP) and incorporates the indicators for the national Community Justice Outcome Improvement Plan (CJOIP). Work will soon commence on a refreshed Justice Delivery Plan based on the new Strategic Plan, the LOIP refresh and the Community Justice Framework coming into effect in April 2024 that will replace the CJOIP. It is envisaged the new 3 year Justice Plan will be in place the later part of 2024.

4. Summary of Key information

- 4.1.** The Justice Delivery Plan Annual Update 2022-23 was provided to and noted by the RAPC on 19 September 2023. It had been intended for the Justice Social Work (JSW) Annual Performance Report 2022-23 to have been presented to the RAPC on the same date, however, this was not possible for reasons explained at that time and agreement was reached for this to be submitted to the RAPC meeting of 28 November 2023.

This Annual Performance Report reflects the effectiveness of the Justice Service in 2022-23 and operational activity around covid recovery and resuming normal service.

In addition to the above, there has been the implementation of legislation for Bail Supervision and Electronic Monitoring on Bail resulting in the need for increased resources and action planning around the implementation of this. This has been the focus for the service to ensure the new legislation is embedded into service delivery.

- 4.2.** In 2021 the IJB approved the revised Delivery Plan with an instruction that an Annual Update and Annual Performance Report was presented to the Risk Audit and Performance Committee on the progress being made.
- 4.3.** Whilst recovering from the pandemic there have been various issues affecting the service such as the withdrawal of the Level of Service/Case



Risk Audit and Performance Committee

Management Inventory (LS/CM) risk/needs assessment tool due to glitches in the system. This was a national issue affecting all areas of JSW and service users in communities as well as in custody. Remediation of this took over 18 months during which time paper based assessments were utilised which impacted on the time taken to complete these as well as issues transferring to other local authorities and prison settings. However, the LS/CMI system was reinstated in its entirety in August 2023 and JSW are now working through inputting the backlog of assessments into the system whilst returning to full use of the system for new assessments.

The transition from the social work recording system, Carefirst to the newly created D365 system had some impact of the system in terms of workers confidence with a new system but a lot of work has been undertaken with in house training and support from the Analytic and Insights team. The ability to obtain specific statistics continues to present some challenges due to specific fields not being completed or in place to be able to pull the data. It is hoped that any issues will be overcome in the coming months. Justice social work have a D365 working group with Social Workers, Support Workers and Admin Workers who will be meet on a regular basis to ensure shared knowledge, skills and identify best practice for the use of the system. Service Managers, justice social work D365 Product Owner and the Analytics and Insight Team meet weekly at present to ensure appropriate information is being captured and identifying any irregularities to mitigate risks.

- 4.4. National changes made as a result of covid have continued beyond the pandemic and will impact on justice social work such as the Court's stated intention to increase the use of virtual courts for individuals in custody due to prisoner transport issues. As the Pre-Disposal Team are based in the Court building and are able to meet with those who have Community Disposals imposed immediately after sentence, the outcome of this is likely to affect aspects of our Delivery Plan and Performance Reporting as this will affect the timescale for contact with service users.
- 4.5 We have seen a welcomed increase in Structured Deferred Sentence and Bail Supervision over the past year. This continues to reduce the number of statutory orders that are imposed and meets our ambition for early intervention and prevention. This places an emphasis on providing support to individuals at a time when this is most needed and an opportunity for them to address issues affecting them without the requirement of statutory supervision.



Risk Audit and Performance Committee

The Court continues to address the high level of backlog as a result of the pandemic. Remand figures remain significantly high and Justice Social Work are working with partners to address this issue at a national and local level by increasing Bail Supervision Orders. The impact of this is JSW are providing appropriate support in the community to those on Bail Supervision whilst minimising the impact on the Scottish Prison Service and whilst numbers have not reduced significantly, the number of those remanded in custody has not increased.

- 4.6 We are aware that improvement is required in terms of collating feedback from our service users. Much of this information is collated by the use of Exit Questionnaires and whilst there has been some indication of an increase in the return of these in the past year we consider the feedback from these essential and intend to progress this further. This is discussed in our practice issues meetings and we are looking at ways to improve this, we are currently considering IT options, the current paper based options and any other method which might result in increasing the feedback received. Feedback provides us with useful information regarding what we are doing well and where we need to improve to support service users not only in completing their Community Payback Orders but also in making meaningful positive changes in their lives and their lifestyle.

Within the Criminal Procedure (Scotland) Act 1995 which provides the legislative framework for Community Payback Orders, under S227ZM there is a requirement for each Local Authority that, as soon as practicable after the end of the reporting year, to prepare a report on the operation of community payback orders within their area during that reporting year.

As the annual Community Payback Order Report for 2022/23 has not yet been completed due to issues with D365, please see Appendix 2, Community Payback Order Annual Report 2021/22 which provides an overview of practice outcomes, work undertaken and its impact of both clients and recipients of the service during that period.

5. Implications for IJB

There are no direct legal implications arising from the recommendations set out in the report as it is a noting report.



Risk Audit and Performance Committee

5.1. Equalities, Fairer Scotland and Health Inequality

There are no Equalities, Fairer Scotland Duty or Health Inequality issues arising from this report.

5.2. Financial

There are no direct financial implications arising from the recommendations of this report.

5.3. Workforce

There are no direct workforce implications arising from the recommendations of this report.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report.

5.5. Unpaid Carers

N/A

5.6. Information Governance

There are no direct information governance implications arising from the recommendations in this report.

5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.

5.8. Sustainability

N/A

6. Management of Risk

6.1. Identified risks(s)



Risk Audit and Performance Committee

Failing to continue implementation and delivery of the Justice Delivery Plan following the inspection of justice services would have a detrimental impact on the overall ambition and improvement work for justice in Aberdeen. There is a risk that the implementation of D365 until fully developed will impact on the significant data required for national reporting.

6.2. Link to risks on strategic or operational risk register:

There is a risk that the IJB and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally determined performance standards as set by the Board itself. This may result in harm or risk of harm to people.

There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across Health and Social Care.

Justice Social Work

Annual Performance Report 2022-23

1) Introduction

The Justice Social Work (JSW) service continues to be diverse, complex and busy and consists of Caledonian, Community Payback Orders (CPO), Connections (Women's Centre), Pre-Disposal, Throughcare, Unpaid Work, Support Work and Admin. teams. Its primary remit is to provide statutory supervision and support to individuals who have offended, using interventions which are proportionate to risk and need. This supervision ranges from low level for those on Diversion from Prosecution to very high level, usually with support from Multi Agency Public Protection Arrangements (MAPPA), for the "critical few" who pose significant public protection concerns.

The individuals with whom the service works may have mental health problems, learning difficulties, personality disorders, drug and/or alcohol problems, behavioural/anger management problems, neurodiversity issues etc., often undiagnosed, and a poverty of aspiration for themselves. JSW staff are responsive to these increasingly complex needs and risks and accept their professional responsibilities to respond accordingly in a person-centred manner in order to deliver individual and statutory outcomes.

This Annual Report reflects the performance and effectiveness of the service in 2022-23. It has been a challenging year in many respects but particularly in relation to: the Covid created backlog of cases coming through courts; the crossover between social work information systems Carefirst and Dynamic 365; the inability to use the national LSCMI risk/needs assessment database for the entire year; and the need to relocate our Unpaid Work Team and premises to four separate locations. These have resulted in logistical, resource, staffing and morale issues across the year and have impacted upon clients.

In spite of these challenges the report demonstrates the continuing commitment that the service has to fulfilling the JSW Delivery Plan's vision that "Every person that we work with achieves the best possible individual and statutory outcomes".

2) Background

The Justice service Performance Management Board (PMB) first initiated the development of a service-specific performance management framework in 2019 as a means of highlighting the effectiveness of the diverse, complex and busy service.

Following the very positive Care Inspectorate Report for Community Payback Orders in Aberdeen, published in February 2021, with only 2 recommendations being taken forward by the service, the Performance Framework continues to be an important tool for continued quality assurance and service improvement.

The Risk, Audit and Performance Committee agreed in June 2021 that the Performance Framework should be used as the basis for a report outlining the performance of the justice service and that this should be presented to the committee on an annual basis for its consideration and scrutiny.

3) Strategic Context

Justice social work is delegated by Aberdeen City Council to the Aberdeen Health and Social Care Partnership's (ACHSCP) Integration Joint Board (IJB) as set out by the Public Bodies (Joint Working) (Scotland) Act 2014. The partnership's Strategic Plan 2022-25 sets out the priority objectives for all of the delegated functions and services. In addition, the Scottish Government have outlined those [national health and wellbeing outcomes](#) which all partnerships must strive towards.

ACHSCP is a statutory member of the local community planning partnership, 'Community Planning Aberdeen'. The Community Empowerment (Scotland) Act 2015 sets out how public bodies should work together with their local communities to design and deliver better services. There is a strong alignment between the integration partnership's strategic plan and the community planning partnership's [Local Outcome Improvement Plan 2016-26](#). This improvement plan outlines our "Vision for Aberdeen City" with "Prosperous People" stretch outcomes that will be sought to promote the safety and wellbeing of the local population and contribute to the city's overall prosperity.

AHSCP is also a statutory community justice partner and as such has a shared responsibility for the strategic planning and delivery of local community justice services. The community justice model is underpinned by the Community Justice (Scotland) Act 2016 which sets out the [Outcomes, Performance and Improvement Framework](#) as guidance to community justice partners on how to improve their local outcomes. Community Justice Scotland, the national corporate body has also produced a [National Strategy for Community Justice](#) designed to help community justice partners prioritise key areas, facilitate improvement and support communities to realise its vision of the country being safer, fairer and more inclusive.

4) Covid Recovery

The pandemic had a significant impact on the JSW ambition to build on the very positive Care Inspectorate inspection report and put in place further developments and improvements for the benefit of the individuals that the service works with, the service workforce and other stakeholders.

There were many challenges with our recovery from the pandemic, on our own service delivery models and also on the wider justice system. This involved having to respond to legislative and operational changes brought in by other agencies such as the Scottish Government, the Justice Directorate, the Procurator Fiscal Service, Police Scotland, the Courts, Scottish Prison Service, housing and third sector organisations. Court backlogs resulted in increased Court hearings and, in some instances, virtual Courts were used due to prisoner transport issues with individuals appearing from prison settings which affected JSW having contact with the service users within expected timescales if released. The implementation of new Bail

Supervision and Electronic Monitoring legislation in May 2022 resulted in a significant increase in Bail Supervision assessments undertaken and Orders being imposed by the Court.

Further impacting this was the withdrawal of the computer based LS/CMI risk/needs assessment tool due to glitches in the system which meant resorting to a paper based format which had resource implications. This was a national issue affecting all areas of JSW and service users in communities as well as in custody. Also, the transition from the social work information system, Carefirst to the newly created D365 system had some impact in terms of workers confidence with a new system, however, a lot of work has been undertaken with in house training and support from the Analytic and Insights team.

Whilst in the midst of recovery from the pandemic, the Unpaid Work team had to vacate their premises at the end of January 2023 and relocate to other council buildings on a temporary basis. Thus far the service has coped well with the contingency arrangements and without a significant impact on service users or service delivery. However, this involves the use of council buildings which may require to be vacated in the coming months due to upcoming plans for these sites and identifying alternate permanent premises is proving difficult. Discussion and negotiations with the relevant departments are ongoing and alternate premises are being pursued with some urgency.

Despite the above noted challenges, JSW have increased staffing levels in the pre-disposal team, the commitment of staff in all departments has been very positive and has reduced the impact of these and our collaborations with partner agencies, which were already of a high standard has remained close with continued joint working.

Table 1 below gives an indication of the effects of the pandemic recovery on some aspects of the JSW workload with 2019/20 as the pre-Covid benchmark (see also Appendix 1 for the 2021-22 CPO Annual Report).

Table 1: Covid Impact on Service Volumes

	2019/20	2020/21	2021/22	2022/23
Justice Social Work Reports	1,126	715	935	1271
Community Payback Orders	1,055	506	667	909
Diversion commenced	114	150	168	149
Bail Supervision commenced	45	4	26	117
Structured Deferred Sentence	25	11	30	40
Throughcare cases commenced in the community	32	38	40	39
Total no. of hours of Unpaid Work completed	52,854	32,153	36,683	*Unavailable as yet

*It is anticipated this figure will be available on completion of the CPO return to the Government in November 2023.

As these figures indicate, Justice Social Work Reports and Community Payback Orders are increasing to pre-pandemic levels. Diversions from Prosecution have remained steady, there is a significant increase in Bail Supervision assessments and Orders and Structured Deferred Sentence is increasing also which may be reflective of the commitment to reducing the number of people remanded in custody.

During the pandemic Justice Social Work continued face to face contact with all individuals coming out of court/custody for those considered to pose a high risk of harm to others and those considered to be particularly vulnerable. This has resumed for all service users.

The Scottish Government allocated additional funding to JSW in May 2021 to address backlogs and support recovery with an additional amount specifically for third sector. The funding was originally only available to 31st March 2022 which meant that the recruitment of additional staff could only be on a fixed-term basis exacerbating issues as the recruitment to vacancies already in establishment was difficult during Covid. This additional funding has since been confirmed to continue until 2026 and following a recruitment drive during 2022/23 the service is now almost fully staffed.

5) Headlines

Despite the significant and sustained impact of the pandemic on our service delivery, the recovery process has been ongoing over the past year and there have been notable aspects that are worth highlighting and commenting upon.

Diversion from Prosecution numbers have been sustained and is considered to be very positive. While it may be indicative of the need to reduce court backlogs by using alternatives to prosecution, it enables individuals who have committed offences and have significant underlying needs to be diverted into support and, ideally out of offending and Court processes, at an early stage. This disposal, particularly when imposed by the Problem-Solving Court, is again intended both as a lower level, albeit intensive, intervention and as a diversion from custody.

The increase in Bail Supervision is significant when compared to pre pandemic levels and the additional service demands are being met by an increase in staffing levels to support this service. This offers a robust and credible alternative to remand in custody, whereby people accused or convicted of an offence (or offences) are assessed as requiring a level of supervision, monitoring, and support to adhere to bail conditions. Those who the court may decide would otherwise be held on remand pending trial or for reports after conviction are instead released on bail on the condition that they meet with a bail supervisor (or nominated worker from a relevant agency) 3 of times per week, subject to an assessment of suitability and compliance management. The overarching aim of bail supervision is therefore to reduce the use of remand by giving confidence to the court that people bailed in the community will be supported to comply with the conditions of bail, and that any non-compliance will be robustly managed. Bail supervision involves Bail Supervision assessments being provided to the Court with a proposed a package of supervision and support to the person. This can include the provision of direct support, as well as signposting and assistance to access relevant support services, including accommodation, employability, drug and alcohol services, or mental health support. Access to appropriate support services whilst subject to bail supervision is dependent on statutory and third sector services provided in local areas. As such, local collaboration between community justice partners is critical.

In terms of the Caledonian Programme, whilst it is believed that domestic offences increased during the pandemic, this did not increase the number of Caledonian Programme

assessments undertaken nor requirements imposed. There was in 2021-22, however, a 35% increase in the number of Caledonian cases on workers caseloads which was reflective of the difficulty in delivering programmatic groupwork during the pandemic and the timescale of orders having to be extended to complete. Whilst this was problematic, in 2022/23 the Groupwork resumed to 3 groups per week ongoing and with the National Caledonian Training programme has also resumed, new workers are again accessing this training therefore this is gradually reducing the caseload of individual workers.

6) Objectives

The JSW Delivery Plan 2021-2024 has four key objectives which seek to make Aberdeen a safer place in which to live, and which the service is working towards although again, the specific activities and initiatives aligned to each objective was significantly impacted by the pandemic. These four objectives also form the basis of the Performance Framework together with a number of relevant, objective-specific metrics to enable the service to reflect on how well it is meeting or progressing towards each particular objective.

Please note that national data from 2022-23 has not yet been collected by the Scottish Government, therefore to a large extent 2021-22 has been referenced for comparative purposes.

To contribute to the creation of safer and fairer communities

One of the wider outcomes from supporting individuals with their assessed needs, helping them complete their orders and in doing so, assessing, and managing any risks that present themselves is the positive impact on our communities with the result that Aberdeen is a safer place to live and work.

A) Delivery of Community Payback Orders was a huge challenge during Covid when we prioritised workloads in respect of risk and need with those assessed as highest risk, most vulnerable, released from custody and those who did not have telephones being seen face to face.

During this current reporting period the CPO service delivery has largely resumed to pre-covid practice. Workers have continued with what worked well such as increasing appointments in the community rather than office based and maintaining regular virtual contact with clients where appropriate for additional support.

We continue to focus on attending to needs such as benefits/housing/health/stabilising drug and alcohol use as early as possible into the Order (or ideally from first contact with the service) to enable individuals to concentrate on offence focussed work and CBT interventions such as: Caledonian, MFMC, drug and alcohol interventions, anger management and bespoke programmes of work responsive to risk/needs of individual clients. Referrals are also made to JSW support work, Venture Trust and any other agency which will provide specific support.

The recent and positive additional post of a Development Officer for Justice Social Work and Alcohol and Drugs Action supports our service users to access the Assertive Outreach Service which can offer support to those who are struggling with substance

misuse to receive appropriate support at the time they most need it. This enables service users to stabilise the issues affecting them which improves their ability to engage with their supervision and reduces their likelihood of further offending.

There was a 52% drop in CPO numbers between 19/20 and 20/21, however, 2022/23 reflects that numbers are now returning to pre-covid levels as noted below.

Unfortunately, with the introduction of the new D365 information system we are not yet able to provide exact numbers of male and female service users although we understand this will be available in the coming weeks. See also Table 7: Exit Questionnaires.

Table 2: Number of Community Payback Orders

	Aberdeen			
	19/20	20/21	21/22	22/23
Orders	1,055	506	669	1271
Male	894	441	570	
Female	161	65	99	
Under 18	17	7	5	

B) The Unpaid Work team resumed to normal service during the recovery from covid, however, had to vacate their premises at the end of January 2023 and relocate to other council buildings on a temporary basis. Thus far the service has coped well with the contingency arrangements and without a significant impact on service users or service delivery. The service has continued some practices which were implemented during covid such as retaining the use of Learning Packs and home working projects for those where their health precludes them from participating in a work party or craft workshop environment. During 21/22, 36,683 hours of unpaid work were undertaken. See (Table 1) and Table 7: Exit Questionnaires

C) The number of individuals in custody on 31st March 2023 where Aberdeen have Throughcare supervision responsibility was 121 and those in the community subject to licence conditions and Supervised Release Orders was 52. There has been a high percentage of remand prisoners and the Government's introduction of Bail Supervision and Electronic Monitoring in May 2022 as a direct alternative to remand does not appear to have had a significant impact on this as SPS indicate that remands have not reduced significantly during this period. On the other hand, in light of the notable increase in Supervised Bail Orders imposed in Aberdeen from 26 in 2021/22 to 117 in 2022/23 it would appear that this increased Bail Supervision is supportive of preventing the number of remands being significantly higher. (See Table 8: Other Interventions).

Table 3: Number of Individuals Released on Licence

	2019/20	2020/21	2021/22	2022/23
Female	1	1	1	1
Male	37	39	32	39

D) Multi-Agency Public Protection Arrangements (MAPPA) places a statutory duty on the responsible authorities in a local authority area to jointly establish arrangements for assessing and managing the risk posed by certain categories of offenders. This includes all registered sex offenders under MAPPA Category 1 and those assessed as presenting a high risk of serious harm under MAPPA Category 3 for violent offenders.

The MAPPA Co-ordination Unit provided statistics which reflect that on 31 March 2023 there were 8 active cases in Aberdeen managed under MAPPA Level 2 for Category 1 Sexual Offending. Throughout the year there were 46 cases referred to MAPPA in total, however, many of these cases were referred due to Parole Qualifying dates whilst in custody and where release was not granted during the 2022-23 period.

In terms of MAPPA Cat 3 cases for violent offenders, there were 7 active cases managed in the community under MAPPA Level 2 as at 31 March 2023, 36 were referred to Mappa over the course of the year and 26 of those referred were managed in the community under MAPPA arrangements at some point during the 2022-23 period however, 11 of these individuals were removed from MAPPA under review where their risk/needs were considered to no longer require the intense risk management of MAPPA processes and without further offending. The remainder were returned to custody.

Again, we continue to see a significant increase in MAPPA Category 3 referrals for domestic abuse offenders, primarily from HMP Grampian which in recent years is at odds with the national picture. This may be explained by changes in practice within prison based social work at HMP Grampian who are very pro-active in undertaking Risk of Serious Harm Assessments and referring into MAPPA. It is our experience that this has a positive impact on risk management and victim safety planning as once a robust risk management plan is in place and agreed actions completed, some of these cases are removed from MAPPA when under further review it is considered that active and alert multi-agency risk management is no longer required.

E) The scheduled Quality Assurance programme has been fully re-established during 2022/23. This forms part of the JSW Delivery Plan and Action Plan and there are quotas which Senior Social Workers meet for each Performance Management Board Meeting which is chaired by the Chief Social Work Officer for Adult Services. Whilst Quality Assurance suffered during the pandemic with the demands of delivering the justice service at that time, there is evidence that QA's have resumed and being undertaken appropriately.

[To fairly, effectively, and proportionately implement court orders and release licences](#)

This objective is largely process-driven but in saying that, being able to say that JSW, as diverse, complex, and busy as it is, is an efficient service and that this contributes very significantly, to the effectiveness of the service and the achievement of positive individual and statutory outcomes is a noteworthy statement to make.

F) In 2020/21, 75.6% of Community Payback Orders (CPOs) were completed successfully, above the Scottish average of 73%. In 21/22 we increased this to 78.5%. It is however difficult to draw meaningful conclusions from CPO data as the imposition of orders was significantly affected by the pandemic such that numbers were down compared with pre-pandemic years. For example, the number of women made subject to orders decreased from 17% to 13% but was that because: the tenacious outreach and support delivered by the staff in the Connections Women's Centre was successful; women complied with lockdown so offended less; or the Courts were prioritising higher risk cases. The answer may be any one of these explanations but is more likely to be a weighted combination of them all.

We are unable to provide the update for CPO completions in terms of 2022/23 as yet due to the transition in information systems from Carefirst to D365 and also with the Scotland data not being available at present. There are indications that should will be available in the coming weeks.

G) The Court and associated Pre-Disposal Team is effectively the front door to the Justice Social Work service and was impacted drastically during covid, again this service has in many respects returned to pre covid levels. The concern currently is that due to prisoner transport issues which have also been discussed nationally in the media, the Court continue to use virtual Courts in some cases. This impacts on our ability to meet with service users within timescales as they are often released from custody late in the day or they can be released from prisons across Scotland with lengthy travel requirements for the individual to return to Aberdeen. We do not have a clear picture of the overall impact of this as yet, however, we are working with prison based social work and SPS in order to maintain some contact with individuals who are released from custody under statutory supervision or who require a voluntary service to ensure they have the support they need and to offer appointments at the earliest opportunity.

There were 909 CPO's imposed in Aberdeen in 2022/23, however, due to the transition from Carefirst to D365 we are unable to report accurately in terms of the number of first inductions/case management meetings within 5 days at this time. We are also unable to provide the average figures for Scotland for comparison purposes due to Scotland Data not being available as yet.

H) We continued to deliver MAPPA, MARAC and any other multi agency public protection meetings throughout the pandemic, as with many other meetings, the format for these changed from in person to Teams meetings in collaboration with partner agencies. Therefore, there has been no change and these meetings continue as normal.

I) JSW in Aberdeen is accredited to deliver the Caledonian System which includes a Men's Programme for higher risk perpetrators of domestic abuse in tandem with a support service for women and children harmed. The majority of Justice Social Work reports to court for offences of a domestic nature are assessed for Caledonian with approximately a third resulting in the imposition of Community Payback Orders with 2-year Caledonian Requirements. Where a Supervision Requirement is imposed without a Caledonian

requirement the individual will still be supervised by Caledonian trained workers because of the nature of the offence.

Table 6 shows assessments in 20/21 when court business was reduced and an increase in assessments and CPOs imposed the following year. This appears to have reduced again in 2022/23 and it may be that the increase in 2021/22 was reflective of the Court prioritising these cases within the Court backlog. Domestic abuse accounts for a significant amount of the workload across the service for Admin, support work, social work, MARAC, MAPPA and Throughcare.

Table 6: Number of Caledonian Assessments undertaken, and Requirements imposed

	2020/21	2021/22	2022/23
Assessments	171	202	161
Orders	49	64	49

J) The computer based LS/CMI risk/needs assessment is utilised by JSW nationally from Justice Social Work Report stage to ongoing assessment and case/risk management planning throughout the statutory supervision process. Whilst recovering from the pandemic the LS/CMI risk/needs assessment tool was withdrawn from use in March 2022 due to glitches in the system resulting in incorrect risk/needs scoring outcomes. This was a national issue which received national media attention due to concerns in public confidence and service user concerns in terms of their case and risk management which may have been impacted by this and affected all areas of JSW and service users in communities as well as in custody. During the entire reporting period of 2022-23 JSW had to resort to paper based assessments which impacted on the time taken to complete these as well as issues transferring to other local authorities and prison settings.

During this time the Scottish Government as lead agency along with the Risk Management Authority commenced remediation work with the LS/CMI service provider where the entire system was shut down and scrutinised and all affected cases were identified. During this time JSW Service Managers attended the monthly national meetings to ensure Aberdeen JSW were aware of any developments and took part in the remedial and investigative work required. Fortunately, Aberdeen were affected by only 12 such cases and once these were investigated there was evidence that the case and risk management plans for the individual service users concerned reflected that workers had implemented appropriate planning in each case with no adverse affects from the assessment and therefore no issues arose from these.

However, there will be an impact from this ongoing as there is a requirement to upload the paper based assessments following completion of the remediation work. A process has been agreed at a national level and steps are being taken to support this.

Training in the use of LS/CMI was further impacted by covid due to the lack of training available during the pandemic, however, the Risk Management Authority have reinstated a rolling training programme in respect of Risk of Serious Harm Assessments and associated Risk Management Plans.

To reduce offending by promoting desistance

The essence of this objective is our JSW value base. This is what we do every day and what we do to the best of our ability. Despite the impact of the pandemic we prioritised, assessed, supported and sometimes fed. We gave out phones so that we could remain in contact with individuals. We worked creatively to overcome Covid challenges including adapting unpaid work to provide home learning and craft home working packs to support service users to undertake their unpaid work hours. We collaborated very closely with 3rd sector agencies and built upon already existing relationships.

During the pandemic we learned how to work more creatively to support service users in very difficult circumstances and following this we have evaluated these practices. We have continued to pursue what we did well during covid and have continued virtual contact where appropriate, we continue to support those affected by physical and mental health issues by providing the home learning and craft home working packs to undertake their unpaid work. We built on existing relationships with our housing colleagues and where necessary we can now provide support to prepare tenancies with basic supplies and identify potential issues with utility connections prior to the service user being released from custody. We also continue working closely alongside SPS, Housing and Substance Misuse services to ensure that everyone leaving prison has suitable accommodation, medication, and support.

K) "Desistance is the process of abstaining from crime amongst those who previously had engaged in sustained offending." It is neither quick nor easy and can take a considerable time to change thinking, behaviours and underlying problems. Desistance research emphasises the need to: adopt an individualised approach; develop positive relationships as individuals are influenced to change by those whose advice they respect and whose support they value; recognise and build on people's strengths.

L) It is important that individual outcomes as well as statutory outcomes are achieved as a result of the engagement between our staff and the individuals that they supervise and support. We know that many, if not most of our clients have experienced bereavement and adversity in childhood which has significantly impacted on their thinking and behaviour. We are very aware of the need to listen to our clients as to what works for them and seek their views on how they think services could be improved. We are also very mindful of the factors that have led people to offend and seek to reduce the influence of these on an individual's behaviour. Getting feedback about what has worked is beneficial to the ongoing improvement of our person-centred service delivery.

M) In respect of feedback from CPOs, there was a slight increase in the number of Supervision Exit questionnaires completed in 2022/23, however, Unpaid Work Exit questionnaires increased by approximately 50%. It is notable and extremely positive that 98.5% of JSW service users experienced improvements in at least one domain. Many individuals reported significant improvements in all domains: Housing, Education and Employment, Drugs, Alcohol, Personal Relationships, Self Esteem, Mental Health, Physical Health, Money Issues and Coping Skills. These positive outcomes are perhaps reflective of increased access to most services as well as specialist services post Covid and of the people-centred service they get from JSW.

It is recognised that improvement is required in terms of service user feedback in order to effectively evaluate our service, identifying what we are getting right and what we need to improve in order to provide the best service to those working with us. Exit questionnaires are a valuable resource to achieving this and increasing the number of Exit questionnaires it is part of the Justice Social Work Delivery Plan which is being progressed to develop this further.

Table 7: Number of Exit Questionnaires and comparison of 'Before' and 'After' Supervision Improvements

	21/22 Q1 & 2		21/22 Q3 & 4		22/23 Q1 & 2		22/23 Q3 & 4	
Responses	26		30		20		31	
	People/ Improvement		People/ Improvement		People/ Improvement		People/ Improvement	
People reporting improvement in at least one area	19	84%	23	91%	16	100%	37	97%
Housing	11	64%	9	67%	3	100%	9	89%
Education and Employment	6	67%	11	73%	8	63%	7	100%
Drugs	6	67%	7	86%	5	100%	7	86%
Alcohol	4	75%	4	75%	6	100%	13	100%
Personal Relationships	10	70%	15	53%	7	86%	13	100%
Self Esteem	12	75%	11	82%	8	100%	14	100%
Mental Health	15	80%	18	83%	10	100%	19	89%
Physical Health	4	75%	7	43%	4	75%	7	86%
Money Issues	8	63%	9	78%	5	100%	11	100%
Coping Skills	13	85%	12	92%	6	100%	16	94%

To promote the social inclusion of people with convictions

This objective is about improving outcomes for people in the justice system by intervening at the lowest possible level, providing both supervision and support, linking into other services and agencies as appropriate and, ideally, linking individuals into community supports in the longer term.

N) A Fiscal Work Order is a Direct Measure offered by the Procurator Fiscal as an alternative to Court and the numbers of these tend to fluctuate, however, have remained consistently

low in recent years. Diversion from Prosecution is also an alternative to Court and in Aberdeen all 16/17 year olds are referred to Barnardo's while individuals aged 18 and over are offered a bespoke service tailored to their individual needs. This is overseen, and is largely delivered by JSW however, clients are at times referred on to whatever service best meets their needs e.g. mental health, Children's services, ADA, Housing. Figures continue to remain steady with 149 Diversions being imposed in 2022/23 and it is considered that a positive of Covid recovery is that, in trying to reduce court backlogs, individuals with slightly higher risk/ needs offending than previously are increasingly being referred for Diversion thus allowing us to assess and address underlying needs at an early stage. The use of Structured Deferred Sentences has increased by 25% in 2022/23 from that in 2021/22 and is continuing to rise. This disposal, particularly when imposed by the Problem-Solving Court, is again intended both as a lower level, albeit intensive, intervention and as a diversion from custody. The significant increase in Bail Supervision is attributed to the legislation imposed for Bail Supervision and Electronic Monitoring in May 2022. It is anticipated this will support the long term goal to reduce the number of individuals remanded in custody whilst providing intense intervention and support services to the person.

Table 8: Other Interventions

	20/21	21/22	22/23
Fiscal work orders	16	7	12
Diversion From Prosecution	150	168	149
Structured Deferred Sentence	11	30	40
Bail Supervision	4	26	117
Drug Treatment and Testing Order	0	13	10

O) Improved partnership working across a range of services achieved during covid continues to be built upon, an example of which is the developing a shared care model with mental health and substance misuse services. This has been further improved by the recruitment of a dedicated Development Officer liaising between Justice Social Work and Alcohol and Drugs Action involving improved access to services via the Assertive Outreach project which supports service users to obtain necessary assessment and prescribed medication when other routinely available routes have been unsuccessful or for various reasons their prescriptions have been withdrawn. We also commission services from Aberdeen Foyer to deliver Other Activity and Employability services and there are opportunities for wider collaboration and development through this service as well as Adult Learning and Community Education.

7) Conclusion

As this report shows, we continue to improve our service delivery during and post covid and due to the committed endeavours of the entire justice workforce, we kept the service open

throughout covid, prioritising individuals with the highest risk and greatest vulnerability. We continue to improve and build upon the improvements made and close working relationships with partner agencies to provide a meaningful, person centred approach to those we work with.

As referenced earlier, particular highlights included the significant increase in Bail Supervision, structured deferred sentences and whilst diversion from prosecution remains similar to the previous year, indications are that these are steadily increasing in recent months. Despite the Unpaid Work Team being displaced at present due to the landlord serving a notice to quit the long standing Unpaid Work premises in the centre of Aberdeen, largely due to commitments of the staff who are located in various Council buildings and the Council who have endeavoured to assist with identifying these temporary and permanent premises, there appears to have been minimal affect on the service or service users. The Caledonian Programme for Domestic Abuse and the Moving Forward Making Changes Programme for sexual offenders have fully resumed group work. Along with this National Training has resumed fully with a combination of virtual training platforms as well as face to face enabling JSW to strive to have workers fully trained in Caledonian and MFMC as well as undertaking the necessary training for Risk of Serious Harm Training. This is reducing the impact of covid and the recovery process on long standing workers who were already trained in these areas and whom we relied upon to undertake the majority of this work whilst awaiting training opportunities for newly appointed workers.

The recruitment issues experienced during and post covid now appear to be resolved with JSW being almost fully staffed. Once all staff have undertaken the necessary training, most of which is on a rolling training programme nationally, this will continue to promote improved working and service provision.

We are continuing to be impacted by Court backlogs and the issues experienced by the Court in relation to prisoner transport for Court appearances resulting in the Court's continued use of virtual Courts post pandemic in order to ensure Court hearings are taking place as scheduled. We are working closely with SPS, Prison based social work, housing and other partner agencies to ensure where possible that those released directly from custody in such cases receive an appropriate service and support for their individual circumstances whilst recognising this may impact on our service delivery in terms of timescales for first appointments etc. The national withdrawal of the LSCMI Risk/ Needs assessment database, resource implications and teething problems experienced in extracting data from the new social work system D365 have also impacted the service and workers. However, it is expected that these issues are being resolved and whilst resource intensive at present, additional resources are being provided at least for D365 with continued support from the Analytical and Insight Team. These issues are not expected to continue into 2023-24.

On a more positive note, during covid JSW learned some unexpected strengths of their service users and workers as well as partner agencies and will continue with the positive adaptations made to services where appropriate and will continue to support service users to build resilience and make positive changes.

In conclusion, the Justice Social Work service has made very positive progress during 2022/23 with covid recovery which featured significant increases in MAPPA referrals, changes in legislation and practice in terms of Court business and Supervised Bail aimed at reducing remands in custody. We are aware of the impact of the past 3 years on our workforce where at times workers may have felt additional pressures in a fast changing environment due the issues noted above and we are committed to supporting workers to progress, maintain their professionalism and continue to provide the high quality of service ongoing. JSW are confident that it will continue to provide robust, person-centred support that will keep our communities safe through the effective assessment and management of risk and also deliver positive individual and statutory outcomes by helping our service users to address the impacts of the multiple disadvantages that they have experienced in and throughout their lives.

COMMUNITY PAYBACK ORDER ANNUAL REPORT

FINANCIAL YEAR: **2021/22**

LOCAL AUTHORITY: **Aberdeen City**



1) In this section, please give examples of work with people subject to CPOs specifically to **address offending behaviours and the risk of reoffending**. (Bullet points will suffice. Max 300 words.)

Attending to needs such as benefits/housing/health/stabilising drug and alcohol use as early as possible into the Order (or ideally from first contact with the service) to enable individuals to concentrate on offence focussed work and CBT interventions such as: Caledonian, MFMC, drug and alcohol interventions, anger management and bespoke programmes of work responsive to risk/needs of individual clients. Referrals are also made to JSW support work, Venture Trust and any other agency which will provide specific support.

Comments from exit questionnaires evidence that the process of supervision is in itself “transformative”. More specifically, the quotes below demonstrate the impact that Caledonian and MFMC have on higher risk individuals.

- “In my opinion the work done in Moving Forward Making Changes has helped me develop better thinking styles and coping mechanisms that will help me not to reoffend”
- “More than anything else, realising to what quite extent the offending behaviour was wrong. Having given it, and its impact, a lot of thought, I deliberately steer clear from situations (and thoughts) that could potentially lead to re-offending. Although I also think a different, greatly improved mindset and lifestyle now compared to then has also been a big help”
- “The Caledonian order has made me view a lot of things differently and approach situations with a different and a much better manner.”
- “My worker has been excellent. I have told lies in the past, I now feel guilty & I was able to be honest with group facilitators too. I was dreading the course (Caledonian), the groupwork requirement but now I am glad that I went on it.”
- “I think it would be something to do with gaining coping strategies, being challenged on my own thinking styles and this has made me reconsider things and admit I'm wrong sometimes.”

2) In this section, please give a summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of a Supervision Requirement**. (Bullet points will suffice. Max 300 words.)

78.5% of CPOs were successfully completed with feedback from Exit Questionnaires evidencing the almost universally positive impact that supervision had on individuals' lives. It is significant that out of the 10 EQ domains, and at a time of considerable stress, clients particularly reported improvements in their Mental Health, Coping Skills and Self-Esteem, likely due to the support they had received, and in Education, just maybe attributable to Unpaid Work Learning Packs.

Clients identified a range of skills learned; positive self talk, consequential thinking, the link between emotions and behaviour, self-reflection, self-calming techniques etc. and highlighted the importance of feeling valued.

- “I had really bad moments during the first months of my supervision. However, I felt that someone care about me, even though I felt really bad about myself. I was able to share my concerns and to work towards improvements in my mental health”

- “With the support of my SW, I realised that alcohol had been indeed a problem of mine. I had to give it up for several months only to find out how good it is to be free from addiction. I was reminding myself that alcohol helped me somehow to cope with my life, emotions, or nonsenses like that. Now I don't drink and I'm happier than ever”
- “I had plenty of advice from my SW about how I should have worked with myself to change my attitudes and beliefs about relationships. I am happy single but I have understood that the issue was always in me and to have a happy, successful relationship I must first change myself. I keep working on it”
- “Despite there being a few hiccups along the way I listened to the advice being given to me and i haven't come to the attention of the Police since being on the order”

3) In this section, please report on the following:

- Types of **unpaid work projects** carried out
- Example(s) that demonstrate(s) **how communities benefited** from unpaid work (Bullet points will suffice. Max 300 words.)

- Home working on:
 - Woodwork Design Project
 - Upcycling furniture
 - Art therapy
 - Knitting
- Painting and decorating of:
 - Ukrainian Refugee properties and supporting the community engagement officers in delivering donated starter home packs
 - Learning Centre in preparation for the opening of pilot scheme to bring learning centres into the heart of communities
 - Fit Like Hubs - a group of services working together to support Children and young people's mental wellbeing across the city offering practical and emotional support
 - Indoor spaces in Pupil Support Centre and associated charity organisations
- Helping to establish:
 - A safe outdoor space for children with garden furniture, planters and storage shed
 - Ongoing project in partnership with Cornhill Hospital and funded by Historic Scotland to establish a new outdoor space for service users. UPWs are involved in laying of new slabs, cutting in new wildflower beds, laying new gravel pathways, removing dead hedges and refurbishing of current Garden furniture.
 - An allotment and outdoor space to provide a safe outdoor learning environment for adults with LD. This project was a steep learning curve for all and this year they produced a great harvest.
 - Edible Community Garden and ongoing maintenance - UPWs planted memory trees with the local community and laid new paths. UPWs in the workshop made planters, benches, signs and erecting a shed.

- Community Garden at Springhill, the UPW's built new compost bays with pallets, cut back bushes, cut grass, established paths, lots of new skills for UPW's to learn. Positive feedback on social media from the Community
- Beach and community clean ups.

4) Summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of an Unpaid Work Requirement**. (Bullet points will suffice. Max 300 words.)

The following quotes from unpaid workers demonstrate the importance of the role of Task Supervisors and the impact they have.

- "I have loved coming to Community Services (sic), X has been amazing with me helping me learn about Woodwork. Y has also been amazing with the Walking Tours. I have learnt a lot about my city. Overall 10/10 experience"
- "The unpaid work supervisors were great, friendly and helpful. Feel a little more confident having been out of work a while"
- "The Supervisors at the Park are good at what they do. Coming to Unpaid Work is a lot easier when the supervisors are good with people of all sorts but still able to get them to do the tasks at hand. Good examples for any young person headed the wrong way in life"
- "I was surprised by what I learnt at Community Service and feel i have developed good skills which are beneficial. X was a great supervisor and helped lots"
- "I enjoyed the Unpaid Work because I was trusted to do the work and get on with it and had a sense of pride in attending and never missed a day. Helped to fill my week whilst I was out of work"
- "St Vincent de Paul charitable foodbank which I thoroughly enjoyed and have continued to do it voluntary"
- "I did my unpaid work at Auchmill (golf course) at which I plan to keep working with on a voluntary basis".

5) **Types of 'Other Activity'** carried out as part of an Unpaid Work Requirement. You may want to comment on the impact of completing Other Activities, for individuals or for the community. (Bullet points will suffice. Max 300 words.)

Given the restrictions on premises, vehicles, lack of individual placements and reduction in third sector services we have had to be as flexible and creative as possible in blending other activity with home/ workshop/ outdoor work to support completion of orders. For example:

- "I did 3 craft packs, which were sanded then painted, then in the Joiner's Workshop"
- "Workshop design pack, Blended Learning pack and 2 Home wood packs"
- "I contributed to the shed I designed"
- "The tour walks with quizzes, open university courses from home and initial work from home packs"

Other Activities primarily fall into the following categories:

Learning - Blended Learning educational packs, online courses, alcohol awareness courses, woodwork design project, adult learning courses and qualifications, artwork

Volunteering/ Coaching - local boxing club, 8 ball pool, Care Hub, Foodbanks, community outreach group, charity shops, caring for others, drug/alcohol support, home schooling

Training - Driving lessons funded by transitions fund, Forklift driving, CSCS Cards, employment training, craft packs, woodwork design project,

Third sector/ Other - Venture Trust, Foyer employability and support service, Historical walks

6) Summary of feedback, may include quotes, from beneficiaries **about the impact of Unpaid Work on the community**. (Bullet point will suffice. Max 300 words.)

A sample of responses to our Customer Satisfaction Survey all rated the quality of the work and the attitude and behaviour of Unpaid Workers as very good. All felt that they had benefitted from the work undertaken and would recommend the service to others.

“There had been few people helping with the garden since Covid and the gardens were becoming unmanageable for the people who *were* trying to maintain them. The larger jobs in particular had been put aside for a couple of years due to the enormity of them. The team ‘rescued’ the garden and provided a place where people feel included and welcomed”

“The tenant told me what a difference getting their garden done had made to their life. Relief of the anxiety felt before and after the job was done - ‘neighbours not looking and judging anymore’. ‘daughter can play in garden now”

“We were at risk of losing our community allotment before they stepped in as we could not get on top of the work. So not only did they help us keep it they have continued to support us by building us a compost and levelling ground to make it safe for all. So, the group can now support people who are unsteady on their feet as the ground is much safer for them. They helped clear the general path too making it safer for all the allotment users not just our group. They continue to support us by making signs for our vegetables, picking up sheeting for our shed roof and taking away rubbish”

When asked what improvements the service could make one beneficiary said:
“I think the only thing I would suggest is that you sing your praises more. You make a significant difference to the communities that you work in”

7) What **organisational challenges** have there been in completing orders effectively this year, both those with Unpaid Work and those with Supervision Requirements? Issues may or may not be related to the covid pandemic. (Bullet points will suffice. Max 300 words.)

The main organisational challenges have been:

- Responding flexibly to frequent Covid related changes to process and practice in the wider criminal justice system. Virtual courts, PF/ court priorities, backlogs, working from home, reduction in third sector services have all had an impact on JSW and required changes to practice.
- Recruitment and training of staff, both QSW and support workers, has proved difficult and has increased the pressure on existing workers.
- Covid and staffing issues have meant that we have been unable to consistently deliver CPO first contact after court. We hope to be able to reestablish this early engagement contact, plus an enhanced support work service, when we have staff in post.
- Practical issues have also impacted on our ability to deliver JSW services. For example, during Covid we couldn't transport clients in UPW vehicles and, now that we are allowed, we can't get the vehicles we were due to get 2 years ago because shortage of materials is affecting manufacturing.
- Only a small increase in new Caledonian requirements but big increase in Caledonian cases on caseloads because throughput has been challenging (no groups during Covid) and extensions have had to be requested. On top of that we have had recruitment difficulties and, when new workers do come into post, they cannot be trained until they have been fully inducted (up to a year) and training is available.
- Getting some people, both staff and clients, out of their homes and back into the building has proved harder and slower than expected.

8) Outline the **main barriers, if any, to accessing community support and wider services** (eg drug and alcohol services, mental health services). How have these barriers been addressed?

Drug and alcohol services are inconsistent and fragmented. Whilst there are pockets of good practice, this needs to be consistent across all services. An 18month JSW/ ADP drug and alcohol development officer has recently been appointed to develop a "shared care" model between substance misuse services and JSW.

Mental Health services continue to be hard to access. We carried out a brief survey where 12 JSW staff were questioned about current clients' mental health, both to give the service a better picture of the issues and to find out if we were asking the right questions. The responses covered a total of 253 clients, 71% of whom had Mental health issues to a greater or lesser extent.

The main findings were that:

- The prevalence of mental health issues is high amongst those subject to statutory supervision
- There is little point in asking solely about mental health without asking about drug/alcohol use and prescribed medication
- We are asking some, but not all, of the right questions

- Need for a shared language
- Need for improved pathways into services
- Need for training for workers

These initial findings have been passed to substance misuse and mental health services, including the Forensic Pathways Review Group, and a more comprehensive survey will be carried out in 2023.

Appropriate training is being sought.

9) Is there **any other relevant information** you wish to highlight? For example, this may include:

- Areas for improvement and planned next steps
- New ways of working and benefits achieved from these.
- Examples of work carried out in collaboration with community justice partners and wider community partners, including the third sector, to deliver CPOs

(Bullet points will suffice. Max 300 words).

Our commitment to relational practice means that we aim to have a consistent SW for the duration of supervision and, if an individual returns to the service, they will wherever possible be supervised by their previous worker.

“I have had the same worker for four years. There should be a category for amazing. She has helped me out so much and supported me through all my difficult times and has really helped. I feel positive about moving forward but I am going to miss her support”. In Exit Questionnaires relationships with workers are all described as good or very good.

Still on relationships we piloted an UPW Order/Task supervisor hybrid post (now permanent) to work with higher needs women. This has been very successful in supporting women to complete their orders by integrating UPW, other activities, adult learning, group work and tenacious outreach.

We also have an Order Supervisor who takes clients on historical walks/ talks around Aberdeen. Not only does this improve health, it also sparks up interest in their city and promotes civic responsibility. These tours are very popular with clients who see their city in a new light and who clearly then cascade their new knowledge to family and friends.

Partnership working with Adult Learning and employability services, greatly reduced during Covid, are now working to capacity and we have plans to further develop our partnerships with these resources.

And a final quote, “I've not offended in over 2 years and I can't be any more proud, all I need to do now is focus on the future and hope for the best”.

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Appendix 2