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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 17 February 2025

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 25 FEBRUARY 2025 at 10.00 am.**

ALAN THOMSON
INTERIM CHIEF OFFICER - GOVERNANCE

BUSINESS

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

- 1.1 Members are requested to intimate any declarations of interest or 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 3 December 2024 (Pages 3 - 8)
- 3.2 Business Planner (Pages 9 - 12)

GOVERNANCE

- 4.1 Annual Review of Financial Regulations and Reserves Policy - HSCP.25.011 (Pages 13 - 44)

AUDIT

5.1 Internal Audit Update Report - HSCP.25.012 (Pages 45 - 56)

5.2 Internal Audit Plan 2025-28 - HSCP.25.013 (Pages 57 - 68)

PERFORMANCE

6.1 Quarterly Performance Reports against the Delivery Plan - Q3 Update - HSCP.25.014 (Pages 69 - 98)

EXEMPT / CONFIDENTIAL BUSINESS

7.1 None at the time of issuing the agenda.

COMMITTEE DATES

8.1 Date of Next Meeting - 30 April 2025

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, 3 December 2024
10.00 am Virtual - Remote Meeting

ABERDEEN, 3 December 2024. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present: Councillor Martin Greig Chair; and Councillor John Cooke, Ritchie Johnson and Hussein Patwa.

Also in attendance: Martin Allan, Jonathan Belford, Fraser Bell (Chief Officer - Governance), Shona Omand-Smith (Lead Commissioner) and Jamie Dale (Chief Internal Auditor).

Apologies: Michael Oliphant and Alex Stephen.

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. There were no Declarations of Interest or Transparency Statements.

MEMBERS ARE REQUESTED TO DETERMINE THAT ANY EXEMPT BUSINESS BE CONSIDERED WITH THE PRESS AND PUBLIC EXCLUDED

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 10 SEPTEMBER 2024

3. The Committee had before it the minute of its previous meeting of 10 September 2024, for approval.

The Committee resolved:-

to approve the minute as a correct record.

BUSINESS PLANNER

RISK, AUDIT AND PERFORMANCE COMMITTEE

3 December 2024

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

The Committee resolved:-

- (i) to note the reasons outlined for the removal of the reports at lines 18, 19 and 20 (Quarterly Financial Monitoring Report to September 2024, Primary Care Improvement Plan and DwD Financial Consequences);
- (ii) to agree that the Primary Care Improvement Plan would be reported to the IJB annually and also to RAPC annually as an interim report mid-cycle;
- (iii) to agree that lines 22, 23 and 25 (Financial Position Update, Quarterly Financial Monitoring Report to December 2024 and Quarterly Financial Monitoring Report to March 2025) would be consolidated into one report for 25 February 2025 entitled Finance Update Report; and
- (iv) to otherwise agree the Planner.

INTERNAL AUDIT UPDATE REPORT - HSCP.24.090

5. The Committee had before it a report prepared by the Chief Internal Auditor providing an update on Internal Audit's recent work on the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters.

The report recommended:-

that the Committee:

- (a) note the contents of the RAPC - Internal Audit Update Report December 2024 as appended at Appendix A, and the work of Internal Audit since the last update; and
- (b) note the progress against the approved 2023/24 and 2024/25 Internal Audit plans as detailed in the Internal Audit Update Report.

The Committee resolved:-

to agree the recommendations.

INTERNAL AUDIT REPORT - SOCIAL CARE FINANCIAL ASSESSMENTS - HSCP.24.106

6. The Committee had before it a report prepared by the Chief Internal Auditor presenting the outcome from the planned audit of Social Care Financial Assessments Services that had been included in the Internal Audit Plan.

The report recommended:-

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

3 December 2024

The Committee resolved:-

- (i) to instruct the Chief Officer Adult Social Work to report back to the Committee in summer 2025 in respect of the non- Residential Charging Policy; and
- (ii) to otherwise note the information provided.

INTERNAL AUDIT REPORT - IJB BUDGET SETTING AND MONITORING - HSCP.24.107

7. The Committee had before it a report prepared by the Chief Internal Auditor, presenting the outcome from the planned audit of the IJB Budget Setting and Monitoring that had been included in the Internal Audit Plan.

The report recommended:-

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

The Committee resolved:-

to note the information provided.

INTERNAL AUDIT REPORT - IJB COUNTER FRAUD - HSCP.24.108

8. The Committee had before it a report prepared by the Chief Internal Auditor presenting the outcome from the planned audit of the IJB Counter Fraud that had been included in the Internal Audit Plan.

The report recommended:-

that the Committee Review, discuss and comment on the issues raised in the report.

The Committee resolved:-

to note the information provided.

FINANCE POSITION - HSCP.24.112

9. The Committee had before it a report prepared by the Chief Operating Officer, providing an update on actions to address the Budget Recovery Plan and External Audit Recommendations as approved at the meeting of the IJB on 19 November 2024.

The report recommended:-

that the Committee:

RISK, AUDIT AND PERFORMANCE COMMITTEE

3 December 2024

- (a) note the decision of the Integration Joint Board at its meeting on 19 November 2024 to approve a Budget Recovery Plan, the actions underway to implement the Recovery Plan, and the potential impact to performance;
- (b) note the recommendations made by External Audit in their Annual Audit Report 23/24 and the actions underway to address those recommendation; and
- (c) note that the Chief Finance Officer will report to the Risk, Audit and Performance Committee on 25 February 2025 with a further update on the Budget Recovery Plan, the Quarter 3 position, and progress towards addressing External Audit Recommendations.

The Committee resolved:-

to agree the recommendations.

DIRECTIONS TRACKER - HSCP.24.094

10. The Committee had before it a report prepared by the Strategy and Transformation Lead providing the six-monthly update on the status of Directions made by the IJB to Aberdeen City Council (ACC) and NHS Grampian.

The report recommended:-

that the Committee note the detail and updates contained within the report and the three appendices.

The Committee resolved:-

to note the information provided.

STRATEGIC RISK REGISTER AND RISK APPETITE STATEMENT - HSCP.24.089

11. The Committee had before it a report prepared by the Business, Resilience and Communications Lead presenting the IJB's Risk Appetite Statement and an updated version of the Strategic Risk Register.

The report recommended:-

that the Committee:

- (a) approve the approach proposed to align the Risk Appetite Statement and Strategic Risk Register with the refreshed Strategic Plan and Medium-Term Financial Framework as detailed at section 4.3 of the report; and
- (b) approve the IJB revised Strategic Risk Register at Appendix B.

The Committee resolved:-

to agree the recommendations.

RISK, AUDIT AND PERFORMANCE COMMITTEE

3 December 2024

ACHSCP/IJB EMERGENCY ACTIVATION PLAN - HSCP.24.099

12. The Committee had before it a report prepared by the Business, Resilience and Communications Lead presenting the IJB's Emergency Activation Plan, as part of its duties under the Civil Contingencies Act 2004.

The report recommended:-

that the Committee:

- (a) instruct the Business, Resilience and Communications Lead to undertake a review of what consultation had been carried out with citizens on the potential impact of the Plan;
- (b) note the IJB Emergency Activation Plan as detailed in the Appendix to the report; and
- (c) instruct the Chief Officer to make and implement any reasonable and necessary arrangements regarding the response duties of the Senior Managers On Call (and other Aberdeen City Council and NHS Grampian employees) connected to the IJB's work as a Category One Responder under the Civil Contingencies Act 2004 (including appropriate delegations where necessary), to support the attached Emergency Activation Plan (as detailed at Sections 4.8 and 4.9 to the report).

The Committee resolved:-

to agree the recommendations.

JUSTICE SOCIAL WORK DELIVERY PLAN UPDATE 2023-24 AND PERFORMANCE REPORT - HSCP.24.092

13. The Committee had before it a report prepared by the Strategic Service Manager - Justice Social Work Service, presenting the Justice Social Work Service Annual Performance Report for 2023/24.

The report recommended:-

that the Committee note the Justice Social Work Annual Update and Performance Report 2023-24 at Appendix 1 of the report, which provided assurance about progress made over the year.

The Committee resolved:-

to note the information provided.

ADULT SUPPORT AND PROTECTION - BIENNIAL REPORT - HSCP.24.095

RISK, AUDIT AND PERFORMANCE COMMITTEE

3 December 2024

14. The Committee had before it a report prepared by the Strategic Service Manager - Justice Social Work Service, presenting the Adult Protection Committee Independent Convener's Biennial Report for 2022-24, for assurance purposes in terms of the delivery and impact of adult support and protection in the City.

The report recommended:-

that the Committee note the Justice Social Work Annual Update and Performance Report 2023-24 at Appendix 1, which provided assurance about progress made over the year.

The Committee resolved:-

to note the information provided.

QUARTERLY PERFORMANCE REPORT AGAINST THE DELIVERY PLAN - HSCP.24.097

15. The Committee had before it a report provided by the Transformation Programme Manager providing an update on the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership Strategy Plan 2022-2025.

The report recommended:-

that the Committee note the Delivery Plan Quarter 2 Summary, the Tracker and Dashboard as appended to the report.

The Committee resolved:-

to note the information provided.

DATE OF NEXT MEETING - 25 FEBRUARY 2025

16. The Committee had before it the date of the next meeting: Tuesday 25 February 2025 at 10am.

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

	A	B	C	D	E	F	G	H	I	J
2	RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER									
3	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.									
4	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
5	25 February 2025									
6	Standing Item	Annual Review of Financial Regulations and Reserves Policy	To present the findings of a financial governance review, a revised version of the IJB's Financial Regulations and an updated Reserves Policy for approval.	HSCP.25.011	Sarah Gibbon	Amy McDonald	ACHSCP	Deferred from September due to staff vacancy. Financial Regulations and Reserves Policy added 080125 following discussion with Sarah Gibbon.		
7	Standing Item	Internal Audit Update Report	To provide an update on Internal Audit's work since the last update: progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters.	HSCP.25.012	Jamie Dale	Chief Internal Auditor	Internal Audit			
8		Internal Audit Plan 2025-28	To seek approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2025-28.	HSCP.25.013	Jamie Dale	Chief Internal Auditor	Internal Audit			
9	30.11.22	Quarterly Performance Reports against the Delivery Plan - Q3 Update	to provide assurance and update on progress of the Delivery Plan as set out within the ACHSCP Strategy Plan 2022-2025	HSCP.25.014	Calum Leask	Alison Macleod	Strategy and Transformation Team			
10	19.11.24	Financial Position Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.	HSCP.25.010	Amy McDonald	Amy McDonald	ACHSCP		D	Request to defer due to the additional Special Meeting of the IJB on 28 February 2025.
11	Standing Item	Whistleblowing Updates	Quarterly update		Martin Allan	Business Manager	ACHSCP		R	There are no whistleblowing incidents to report this quarter - per Martin Allan on 8 January 2025.
12	30 April 2025									
13	19.11.24	Financial Position Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.							
14	07.09.23	Strategic Risk Register and Risk Appetite Statement	To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register.		Martin Allan	Business and Resilience Manager	ACHSCP	Last presented to RAPC on 2 April 2024		
15		Internal Audit Plan	To seek approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2025-28		Jamie Dale	Chief Internal Auditor	Governance	Last presented to RAPC on 2 April 2024		
16	Standing Item	External Audit Strategy 2024/25	To provide a summary of the work plan for Audit Scotland's 2024/25 external audit of Aberdeen City Integration Joint Board (IJB).		Anne MacDonald	Audit Scotland	Audit Scotland	Last considered at RAPC 2 April 2024		
17	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	Last presented 2 April 2024	D	Request to defer to 17 June 2025 in order to take account of the new Strategic Plan.
18	17 June 2025									
19	19.11.24	Financial Position Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.							

	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
4										
33	19.11.24	Financial Position Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.							
34	2026 and TBC									
35	20.08.2024	Accounts Commission: IJB Finance and Performance Report 2025? (TBC Sarah Gibbon)	To provide a summary of the Accounts Commission's Finance and Performance Report for IJBs in 2025 and to provide assurance across the Accounts Commission's recommendations.		Sarah Gibbon	Amy McDonald	ACHSCP	HSCP.24.072 report reported to RAPC on 10 September 2024.		
36		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. Last reported on 28 November 2023.		Stuart Lamberton / Grace Milne	Sandy Reid	ACHSCP	Members agreed on 3 December 2024 to defer to a date (TBC) in 2025 in order to allow the officers involved to complete time limited work on ACHSCP strategic plan, premises review and budget saving proposals.		
37	12.06.2024	Adult Support and Protection - Biennial Report	To share the Adult Protection Committee (APC) Independent Convener's Biennial Report for 2024-26 for assurance purposes, in terms of the delivery and impact of 'adult support and protection' in the City.		Val Vertigans/ Claire Wilson	Claire Wilson	ACHSCP	Last reported 3 December 2024 - due late 2026		

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INTEGRATION JOINT BOARD

Date of Meeting	25 February 2025
Report Title	Annual Review of Financial Regulations and Reserves Policy
Report Number	HSCP.25.011
Lead Officer	Amy McDonald, Chief Finance Officer
Report Author Details	Amy McDonald, Chief Finance Officer
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A. Financial Regulations (Feb 2025) B. Reserves Policy (Feb 2025)
Terms of Reference	18. Receive and review regular financial monitoring reports, financial statements, significant financial returns to regulators and any financial information contained in other official documents, including the Annual Governance Statement.

1. Purpose of the Report

- 1.1. The purpose of this report is to present the Risk, Audit & Performance Committee with the findings of a financial governance review, a revised version of the Integration Joint Board (IJB's) Financial Regulations and an updated Reserves Policy for approval.

2. Recommendations

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



INTEGRATION JOINT BOARD

- a) Approves the revised Financial Regulations, as at appendix A;
- b) Approves the revised Reserves Policy, as at appendix B; and
- c) Instructs the Chief Finance Officer to review the IJB's Financial Regulations and the Reserves Policy and present those to the Risk, Audit and Performance committee for agreement.

3. Strategic Plan Context

- 3.1. Finance is identified as an enabler in the current approved version of the strategic plan, emphasising the need to make best use of available funding.

4. Summary of Key Information

Review of Financial Regulations

- 4.1. The IJB directs services to be delivered on its behalf by its partner organisations, Aberdeen City Council and NHS Grampian. The management of services delivered within these organisations are governed by their own financial regulations.
- 4.2. Under the Local Government (Scotland) Act 1973, the IJB is required to make arrangements for the administration of its financial affairs. The IJB has an agreed set of Financial Regulations, which details the responsibilities, policies and procedures that govern the IJB and these regulations should be reviewed regularly.
- 4.3. The revised Financial Regulations, with tracked changes are attached at appendix A to this report.

Review of Reserves Policy

- 4.4. The Reserves Policy should be subject to annual review and the revised version is attached at Appendix B. This has been updated to reflect the most recent guidance from the Chartered Institute of Public Finance and Accountancy (CIPFA), and a protocol for the use of the reserve has been added to the end of the policy.



INTEGRATION JOINT BOARD

5. Implications for IJB

- 5.1. **Equalities, Fairer Scotland and Health Inequality:** there are no direct equalities, Fairer Scotland or Health Inequality implications arising from the recommendations of this report.
- 5.2. **Financial:** These financial regulations detail the financial responsibilities, and policies and procedures that govern the IJB. Ensuring that the financial governance arrangements are robust, regularly reviewed and aligned (where appropriate) will help ensure that there is sufficient control over IJB finances, reducing the risk of overspend or misuse of public funding.
- 5.3. **Workforce:** There are no direct workforce implications arising from the recommendations of this report.
- 5.4. **Legal:** approval of these financial regulations will allow the IJB to comply with its obligation to make arrangements for its financial affairs under the Local Government (Scotland) Act 1973.
- 5.5. **Unpaid Carers:** There are no direct implications for unpaid carers arising from the recommendations of this report.
- 5.6. **Information Governance:** There are no direct implications relating to information governance arising from the recommendations of this report.
- 5.7. **Environmental Impacts** There are no direct environmental implications arising from the recommendations of this report.
- 5.8. **Sustainability:** There are no direct sustainability implications arising from the recommendations of this report.
- 5.9. **Other:** There are no other direct implications arising from the recommendations of this report.

6. Management of Risk

- 6.1. **Identified risks(s):** This report does not raise any additional risks however it does provide additional controls and assurances against financial risk.
- 6.2. **Link to risks on strategic or operational risk register:**



INTEGRATION JOINT BOARD

- 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.

6.3 How might the content of this report impact or mitigate the known risks: Review of the financial regulations and reserves policy provides additional assurance on the quality of controls to mitigate this known risk.



ABERDEEN CITY INTEGRATION JOINT BOARD

FINANCIAL REGULATIONS

<u>Date Created</u>	<u>Date Implemented</u>	<u>Review Date</u>
<u>11 March 2016</u>	<u>1 April 2016</u>	<u>4 June 2024</u>

<u>Developed By</u> <u>Chief Finance Officer</u>

VERSION 5.1 Reviewed 8 January 2025 by Chief Finance Officer



1. INTRODUCTION and INTERPRETATION

2. CORPORATE GOVERNANCE

3. ROLES and RESPONSIBILITIES

3.1 INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITIES

3.2 CHIEF OFFICER RESPONSIBILITIES

3.3 CHIEF FINANCE OFFICER RESPONSIBILITIES

4. FINANCIAL PLANNING and MANAGEMENT

4.1 ANNUAL REVENUE BUDGET

4.2 CAPITAL PLANNING

4.3 ACCOUNTING POLICIES

4.4 BUDGET MANAGEMENT & CONTROL

4.5 BUDGET MONITORING

4.6 VIREMENT

4.7 FINAL ACCOUNTS PREPARATION

4.8 TREASURY MANAGEMENT

4.9 RESERVES

4.10 GRANT FUNDING APPLICATIONS

5. FINANCIAL SYSTEMS and PROCEDURES

5.1 INCOME

5.2 AUTHORITY TO INCUR EXPENDITURE

5.3 SCHEME OF DELEGATION

5.4 PROCUREMENT & COMMISSIONING

5.5 IMPRESTS

6. FINANCIAL ASSURANCE

6.1 RISK, AUDIT AND PERFORMANCE COMMITTEE

6.2 EXTERNAL AUDIT

6.3 INTERNAL AUDIT – RESPONSIBILITY

6.4 INTERNAL AUDIT – AUTHORITY

6.5 FRAUD, CORRUPTION & BRIBERY

6.6 INSURANCE

6.7 VAT

6.8 GIFTS and HOSPITALITY / REGISTER of INTERESTS

7. REVIEW OF FINANCIAL REGULATIONS



1. INTRODUCTION and INTERPRETATION

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and provides a framework for the effective integration of adult health and social care services. The Act required the submission of a partnership agreement, known as the Integration Scheme for approval by the Scottish Government. Following a detailed consultation process, the scheme was submitted for approval in December 2015. Following approval by the Cabinet Secretary for Health, Wellbeing and Sport an Order was laid before the Scottish Parliament on 8 January 2016 and the Aberdeen City Integration Joint Board was established as an autonomous legal entity with effect from 6 February 2016. 1.2 .
- 1.2. Aberdeen City Council and NHS Grampian recognise that they each have continuing financial governance responsibilities and operate under their own Financial Regulations / Standing Financial instructions in the operational delivery of services. As this service delivery will continue to be carried out within the Council and the Health Board, these Financial Regulations relate specifically to the affairs of the Aberdeen City Integrated Joint Board (IJB) and are therefore limited and focussed in scope .
- 1.3. The main objective of these Financial Regulations is to detail the financial responsibilities and policies and procedures that govern the Integration Joint Board. Representatives and Committees of Aberdeen City IJB must comply with these Financial Regulations in dealing with the financial affairs of Aberdeen City IJB and its committees.
- 1.4. The Aberdeen City IJB Chief Officer will be the accountable officer of the Integration Joint Board in all matters except finance where there is joint accountability with the Chief Finance Officer. The Chief Officer is accountable to the Chief Executives of NHS Grampian and Aberdeen City Council.
- 1.5. The Aberdeen City IJB Chief Finance Officer is the proper officer for the purposes of Section 95 of the Local Government (Scotland) Act 1973. The Chief Finance Officer has a statutory duty to ensure that proper financial administration of the financial affairs of Aberdeen City IJB is maintained. The Aberdeen City IJB has regard to the current [CIPFA guidance on the role of the Chief Finance Officer in Local Government](#) through the job profile of the Chief Finance Officer.

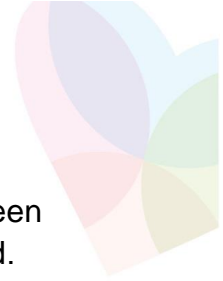


- 1.6. Should any difficulties arise regarding the interpretation or application of these financial regulations, individuals must seek advice from the Chief Finance Officer before any action is taken.
- 1.7. Any breach or non-compliance with these Regulations must, on discovery, be reported immediately to the Chief Officer or the Chief Finance Officer of Aberdeen City IJB. The Chief Officer or the Chief Finance Officer must then consult with the Chief Executives of NHS Grampian and Aberdeen City Council or another nominated or authorised person, as appropriate, to decide what action should be taken.
- 1.8. For the avoidance of doubt the breach of or non-compliance with these Regulations may result in disciplinary action being taken against the relevant individuals in line with the policies of the employing organisation.
- 1.9. These financial regulations should be read in conjunction with the Financial Regulations of NHS Grampian and Aberdeen City Council:

- [Aberdeen City Council Financial Regulations](#)
- [NHS Grampian Standing Financial Regulations \(due review March 2025\)](#)

2. CORPORATE GOVERNANCE

- 2.1. Corporate Governance is about the structures and processes for decision making, accountability, controls and behaviour throughout the Aberdeen City IJB. The basic principles of corporate governance are as follows:
 - 2.1.1. *Openness* – Anyone with an interest in the affairs of the Aberdeen City IJB should have confidence in the decision making and management processes and the individuals involved in them. This confidence is gained through openness in its affairs and providing full, accurate and clear information which leads to effective and timely action and scrutiny.
 - 2.1.2. *Integrity* – There should be honesty, selflessness, objectivity and high standards of conduct in how the Aberdeen City IJB's funds and affairs are managed. Integrity depends on the effectiveness of the control framework and on the personal standards and professionalism of members and officers involved in the running of its affairs.
 - 2.1.3. *Accountability* – There needs to be a clear understanding by everyone involved in the Aberdeen City IJB's affairs of their roles and responsibilities. There should also be a process which provides appropriate independent



examination of the decisions and actions of those involved in the Aberdeen City IJB's affairs, including how the funds and performance are managed.

- 2.2. These Financial Regulations are an essential part of the corporate governance of the Aberdeen City IJB.
- 2.3. Members of the Aberdeen City IJB are required to follow any applicable formally agreed national codes of conduct.

3. ROLES and RESPONSIBILITIES

3.1. INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITY

The Aberdeen City IJB :

- Will continuously work to secure best value for money in how the IB directs its resources, to ensure efficiency, effectiveness, safety and quality outcomes can be achieved.
- Are responsible for ensuring that proper accounting records are kept, which disclose at any time, the true and fair financial position and enable the preparation of financial statements that comply with the applicable Code of Practice.
- Are also responsible for ensuring that procedures are in place to ensure compliance with all statutory obligations.

3.2. CHIEF OFFICER RESPONSIBILITIES

- 3.2.1. The Chief Officer has a direct line of accountability to the Chief Executives of NHS Grampian and Aberdeen City Council and is jointly line managed by the Chief Executives of NHS Grampian and Aberdeen City Council for the delivery of integrated services. The Chief Officer is responsible for ensuring that progress is being made in achieving the National Outcomes and that any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators (including financial) will demonstrate progress.
- 3.2.2. The Chief Officer is responsible for ensuring that the decisions of the Board are carried out.
- 3.2.3. The Chief Officer shall ensure that the Financial Regulations and all associated procedure manuals and documents are made known to appropriate staff members and shall ensure full compliance with them.



- 3.2.4. The Chief Officer shall prepare budgets following consultation with the Chief Finance Officer. The Chief Officer is also responsible for the preparation of Service Plans and relevant business cases relating to the Services. The Chief Officer shall ensure that the Chief Finance Officer is informed of financial matters that will have a significant impact on the Services, seeking financial advice where necessary.

3.3. CHIEF FINANCE OFFICER RESPONSIBILITIES

- 3.3.1. The [Aberdeen City IJB Roles and Responsibilities document](#) explains the remit of the statutory officers within the IJB, namely, the Chief Officer and Chief Finance Officer and other key personnel within the Aberdeen City Health & Social Care Partnership.
- 3.3.2. The Chief Finance Officer is responsible for governance of the Aberdeen City IJB's financial resources, ensuring NHSG and Aberdeen City Council utilise these in accordance with the Aberdeen City IJB Strategic Plan and that the Strategic Plan delivers best value.
- 3.3.3. The Chief Finance Officer shall ensure that suitable accounting records are maintained and is responsible for the preparation of the Aberdeen City IJB's Financial Statements following the Code of Practice on Local Authority Accounting in the UK.
- 3.3.4. The Chief Finance Officer shall ensure that these Financial Regulations are reviewed and kept up to date.
- 3.3.5. The Chief Finance Officer shall provide the Chief Officer and the Aberdeen City IJB with an Annual Governance Statement.
- 3.3.6. The Chief Finance Officer shall be entitled to report upon the financial implications of any matter coming before Aberdeen City IJB. To allow the Chief Finance Officer to fulfil this obligation, the Chief Officer will consult with the Chief Finance Officer on all matters involving a potential financial implication that is likely to result in a report to the Aberdeen City IJB.
- 3.3.7. The Chief Financial Officer shall ensure that arrangements are in place to properly establish the correct liability, process and accounting for Value Added Tax (VAT).
- 3.3.8. The Chief Finance Officer, with support from the appropriate finance managers within the partner organisations, will ensure that budget managers receive appropriate advice, guidance and support and appropriate information to enable them to affect control over expenditure and income.



4. FINANCIAL PLANNING and MANAGEMENT

4.1. ANNUAL REVENUE BUDGET

- 4.1.1. The Chief Finance Officer will report to Aberdeen City IJB each year on the process, timetable, format and key assumptions in drafting the annual budget.
- 4.1.2. The Chief Finance Officer of Aberdeen City IJB, Section 95 Officer of Aberdeen City Council and the Director of Finance of NHS Grampian will agree a timetable for preparation of the annual budget of Aberdeen City IJB and the exchange of information between Aberdeen City IJB, Aberdeen City Council and NHS Grampian. This will ensure required deadlines as set out in the Integration Scheme are met.
- 4.1.3. The Aberdeen City IJB will approve a Strategic Plan which sets out arrangements for planning and directing the functions delegated to it by Aberdeen City Council and NHS Grampian. The Strategic Plan will cover a minimum three-year period and will determine the budgets required to deliver operational services in-line with the Plan, recognising the need to provide indicative in figures in future years. The Strategic Plan will be aligned to, and presented with alignment to the Medium Term Financial Strategy. The Strategic Plan will detail the reason for any projected surplus or deficit and how this will be used / addressed.
- 4.1.4. The Chief Officer and the Chief Finance Officer will develop a case for the Integrated Budget based on the Strategic Plan and present it to the Council and NHS Grampian for consideration and agreement as part of the annual budget setting process.
- 4.1.5. The Chief Finance Officer will prepare and issue guidance, instructions and a timetable to all involved in the preparation of the annual budget.
- 4.1.6. Following agreement of the Strategic Plan by the Board, and confirmation of the Integrated Budget by the Partners, the Chief Officer will provide Directions in writing to the Partners regarding operational delivery of the Strategic Plan. The Directions will include the functions that are being directed, how they are to be delivered and the resources to be used in delivery of the direction in accordance with the Strategic Plan. Directions will be confirmed by the Chief Officer by 31 March of the financial year proceeding the financial year under Direction.



- 4.1.7. The Chief Officer will hold an operational role for both Aberdeen City Council and NHS Grampian for the management of the operational delivery of services directed by the Aberdeen City IJB and a line of accountability to the Chief Executives of both organisations for the financial management of the operational budgets.

4.2. CAPITAL PLANNING

- 4.2.1. The Aberdeen City IJB is not empowered to own capital assets, and accordingly the management of assets remains the responsibility of the Partner organisation. There is a need to ensure clear planning, scrutiny and governance of assets to ensure the appropriate assets are in place to allow for the delivery of the delegated functions
- 4.2.2. Aberdeen City IJB has in place a "City Premises Group" who's membership includes key officers from ACHSCP. The City Premises Group reports to the IJB and the NHSG Asset Management Group who report directly to the NHSG Board.

4.3. ACCOUNTING POLICIES

- 4.3.1. The IJB is subject to the audit and accounts provisions of a body under section 106 of the Local Government (Scotland) Act 1973. The Chief Finance Officer is responsible for the preparation of the Board's Financial Statements following the Code of Practice on Local Authority Accounting in the UK.

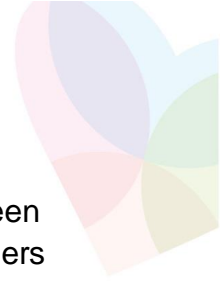
4.4. BUDGET MANAGEMENT & CONTROL

- 4.4.1. Budget holders/managers within Aberdeen City Council and NHS Grampian will be accountable for all budgets within their control as directed by the Aberdeen City IJB in line with its Strategic Plan. The Aberdeen City IJB will ensure appropriate arrangements are in place to support good financial management and planning.
- 4.4.2. It is the joint responsibility of the Chief Officer and Chief Financial Officer of the Aberdeen City IJB to report regularly and timeously on all budgetary control matters, comparing projected outturn with the approved financial plan to the Aberdeen City IJB.
- 4.4.3. The NHS Grampian Director of Finance and the Section 95 Officer of Moray Council shall, along with the Aberdeen City IJB Chief Financial Officer put in place a system of budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the Aberdeen City IJB in aggregate.



4.5. BUDGET MONITORING

- 4.5.1. It is the joint responsibility of the Chief Officer and the Chief Finance Officer of the Aberdeen City Integration Joint Board to report to the Board regularly, timeously and accurately on all matters of budget management and control. The reports should include projections for the full financial year and any implications for the following financial years. These reports will include recovery action or corrective measures proposed where a year end budget variance is identified.
- 4.5.2. The Director of Finance, NHS Grampian and the Section 95 Officer, Aberdeen City Council will provide the Chief Finance Officer of the Aberdeen City Integration Joint Board with information regarding the costs incurred for the services directly managed by them. Information should be provided based on an agreed format and timetable.
- 4.5.3. The Director of Finance, NHS Grampian will provide the Chief Finance Officer of Aberdeen City Integration Joint Board with financial information on a monthly basis regarding the hosted services. Information should be in an agreed format and produced timely to enable inclusion in the financial monitoring reports.
- 4.5.4. The Director of Finance, NHS Grampian will provide the Chief Finance Officer of Aberdeen City Integration Joint Board with information regarding the use of the amounts set aside for hospital services. A frequency will be formally agreed but as a minimum, information will be provided on a quarterly basis.
- 4.5.5. The Chief Finance Officer will report monthly to the Chief Officer on the financial performance and position. These reports will be timely, relevant and reliable and will include information, analysis and explanation in relation to:
- Reviewing budget savings proposals
 - Actual income and expenditure
 - Forecast outturns and annual budget
 - Explanations of significant variances
 - Reviewing action required in response to significant variances
 - Identifying and analysing financial risks
 - Use of reserves
 - Any adjustments to the annual budget (e.g. new funding allocations)



4.5.6. The Chief Finance Officer will work with the Section 95 Officer of Aberdeen City Council and Director of Finance of NHS Grampian to ensure managers are provided with monthly financial reports that are timely, relevant and reliable. These reports will include information and analysis in relation to:

- Budget available to managers
- Actual income and expenditure
- Forecast outturns.

4.5.7. The Chief Finance Officer will be consulted on all reports being submitted to the Board to ensure that any financial implications arising have been considered. Each Board report should include a Financial Implications section.

4.5.8. It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that an annual performance report is presented to the Board and the financial contents therein should comply with the requirements as set out in the Act.

4.6. VIREMENT

4.6.1. Virement is defined by CIPFA as “the transfer of an underspend on one budget head to finance additional spending on another budget head, in accordance with and Authority’s Financial Regulations”. In effect virement is the process of transferring budget between budget headings with no change to the overall net budget.

4.6.2. The Chief Officer is expected to deliver the agreed outcomes contained in the Strategic Plan within the total delegated budget. Any virement must not create additional overall budget liability.

4.6.3. Any proposal for virement involving a new policy, or variation of existing policy, which will impact upon the strategic plans of the Aberdeen City IJB, will be subject to the approval of the Aberdeen City Integration Joint Board.

4.6.4. Virement can be used in the following situations and with reference to the flow chart at **APPENDIX 1**;

- The Chief Finance Officer has been notified; and
- The virement does not create an additional financial commitment into future financial years unless funded by additional income.

4.6.5. The virement process cannot be used in the following situations:



- for transfers between IJB and non-IJB budgets;
- for expected savings on finance costs or recharges;
- for recurring items of expenditure in place of non-recurring savings
- for staffing changes that would increase the joint workforce
- or property items such as rates and utilities;
- any savings against a property which has been declared surplus under the Council's or NHS's surplus asset procedure;
- to reinstate an item deleted by the Integration Joint Board during budget considerations unless approved by the Integration Joint Board.

4.6.6. The Chief Finance Officer must maintain separate budgets for any hosted services managed on behalf of Grampian wide partners. Virement to and from these to Integration Joint Boards requires authorisation of all the three Integration Joint Boards before being implemented.

4.6.7. Aberdeen City Council and NHS Grampian shall agree any virement that would transfer budget between either organisation

4.7. FINAL ACCOUNTS PREPARATION

4.7.1. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Aberdeen City Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under Section 105 of the Local Government (Scotland) Act 1973).

4.7.2. Financial statements will be prepared to comply with the Code of Practice on Local Authority Accounting and other relevant professional guidance.

4.7.3. The unaudited annual accounts shall be submitted to the External Auditors and to those Risk, Audit and Performance Committee members charged with governance for their consideration.

4.7.4. The audited annual accounts shall be submitted to those charged with governance for their consideration and approval and the Auditors report thereon shall be submitted to the Aberdeen City IJB for consideration.



- 4.7.5. The timetable for audit and publication of Aberdeen City IJB's annual accounts shall be agreed in advance with the external auditors of Aberdeen City Council and NHS Grampian.

4.8. TREASURY MANAGEMENT

- 4.8.1. The Integration Joint Board will not undertake any cash transactions but rather these will be on a notional basis through the Direction of expenditure undertaken by the Partners. Any cash correction arising as a result of the direction by the Board will be undertaken directly between the Partners.

- 4.8.2. The Integration Joint Board will not operate a bank account.

4.9. RESERVES

- 4.9.1. The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the Integration Joint Boards to hold reserves, which should be accounted for in the financial accounts and records of Aberdeen City Integration Joint Board. Aberdeen City IJB has a Reserves Policy [\[ADD LINK ONCE APPROVED – RAPC Committee\]](#) which is reviewed regularly and should be read alongside these financial regulations.

- 4.9.2. Unless otherwise agreed, any unspent budget will be transferred into the reserves of the Aberdeen City IJB at the end of each financial year.

4.10. GRANT FUNDING APPLICATIONS

- 4.10.1. Where opportunities arise to attract external funding, relevant officers shall consider the conditions surrounding the funding to ensure they are consistent with the aims and objectives of Aberdeen City IJB and the Strategic Plan.
- 4.10.2. Grant funding to be secured by the Aberdeen City Integration Joint Board from external bodies is required to receive approval from the Integration Joint Board prior to an application being made by the accountable body to ensure that any match funding requirements are considered. Where the match funding required is greater than £50,000 and has either been agreed by the Integration Joint Board previously or is included within the current revenue budget, then approval by the Integration Joint Board is not required prior to bidding for grants. Where the match funding element is less than £50,000 and is included within the current revenue budget then approval by the Integration Joint Board is not required prior to bidding for grants. The Chief Finance Officer will be responsible for determining whether funding is contained within the current revenue budget and should be consulted before any grant funding bids are made by officers.



4.10.3. The Chief Finance Officer shall ensure that arrangements are in place to:-

- receive and properly record such income in the accounts of the accountable body;
- ensure the audit and accounting arrangements are met; and
- ensure the funding requirements are considered prior to entering into any agreements.

4.10.4. The Chief Officer of the service receiving grant funding must ensure that arrangements for receiving and recording income are complied with. They must also ensure that the project progresses in accordance with the agreed terms of the funding agreement and that claims are made from the funding body timeously and in accordance with any conditions of the grant award.

5. FINANCIAL SYSTEMS and PROCEDURES

5.1. INCOME

5.1.1. There is no income to the Integration Joint Board by way of cash transaction. Transfer of resources will be made by NHS Grampian and Aberdeen City Council in respect of the agreed delegated functions. A budget transfer is then made to the relevant account line as per the terms of a Direction to Aberdeen City Council or NHS Grampian. The accounting for these transactions will be via book entries in the ledgers of NHS Grampian and Aberdeen City Council.

5.2. AUTHORITY TO INCUR EXPENDITURE

5.2.1. The Chief Officer shall have the authority to incur expenditure within the approved delegated resources from Aberdeen City Integration Joint Board to Aberdeen City Council and NHS Grampian in-line with any supplementary budget that has been approved by the Aberdeen City Integration Joint Board, and subject to the provisions of these Financial Regulations.

5.2.2. Expenditure shall be aligned with the Strategic Plan. The Chief Officer and Chief Finance Officer will make sure that Aberdeen City IJB only commits to expenditure that it is legally able to commit to and is within scope of the approved Integration Scheme and Strategic Plan. Where this is not clear they will consult with the section 95 Officer of the Council and the Director of Finance of NHS Grampian and seek appropriate legal advice.

5.3. SCHEME of DELEGATION



5.3.1. Detail included in separate documentation, see below:

- [Integration Joint Board Integration Scheme](#)
- [Aberdeen City HSCP Scheme of Governance – Roles & Responsibilities](#)

5.4. PROCUREMENT and COMMISSIONING

- 5.4.1. The Public Bodies (Joint Working) (Scotland) Act 2014 provides that the Aberdeen City Integration Joint Board may enter into a contract with any other person in relation to the provision to the Integration Joint Board of goods and services for the purposes of carrying out functions conferred on it by the Act.
- 5.4.2. Procurement activity will be undertaken in accordance with the guidance prevailing in the Partner organisation to which the Board has given operational Direction for the use of financial resources.

5.5. IMPRESTS

- 5.5.1. There will be no facility for petty cash unless authorised by the Aberdeen City IJB Chief Finance Officer and the necessary security arrangements have been established and have been deemed adequate.
- 5.5.2. Imprest facilities will be operated within NHS Grampian and Aberdeen City Council and will be contained within their respective established arrangements.

6. FINANCIAL ASSURANCE

6.1. RISK, AUDIT AND PERFORMANCE COMMITTEE

- 6.1.1. Aberdeen City IJB is required to make appropriate and proportionate arrangements for overseeing the system of corporate governance and internal controls. For this purpose the Aberdeen City Integration Joint Board has agreed to the establishment of an audit committee (the Risk, Audit and Performance Committee) and will approve terms of reference. This Committee should operate in accordance with Financial Reporting Council professional guidance for Audit Committees.

6.2. EXTERNAL AUDIT



- 6.2.1. The Accounts Commission will appoint the external auditors to the Aberdeen City Integration Joint Board.
- 6.2.2. External Audit will be required to submit an annual plan to the Aberdeen City Integration Joint Board / Risk, Audit and Performance Committee.
- 6.2.3. External Audit will be required to submit a final report to Aberdeen City Integration Joint Board / Risk, Audit and Performance Committee.
- 6.2.4. The External Auditor appointed to Aberdeen City Integration Joint Board for the purposes of conducting their work, shall:-
 - Have a right of access to all records, assets, personnel and premises, including those of partner organisations in carrying out their duties in relation to Integration Joint Board activity.
 - Have access to all records, documents and correspondence relating to any financial and other transactions of the Board and those of partner organisations where it relates to their business with the Board.
 - Require and receive such explanations as are necessary concerning any matter under examination.

6.3. INTERNAL AUDIT – RESPONSIBILITY

- 6.3.1. The role of Internal Audit is to understand the key risks faced by the Aberdeen City IJB and to examine and evaluate the adequacy and effectiveness of the system of risk management and internal control as in support of the governance arrangements operated by the Board.
- 6.3.2. The Aberdeen City IJB shall secure the provision of an internal audit service to provide an independent and objective opinion on the control environment comprising risk management, governance and control of the delegated resources. The delivery of internal audit services is currently undertaken by the Internal Audit Section of the Aberdeen City Council.
- 6.3.3. Where the internal audit services are provided by either NHS Grampian or Aberdeen City Council (or indeed a shared service), such provision should be subject to a formal service level agreement and subject to periodic review.



- 6.3.4. The operational delivery of internal audit services within NHS Grampian and Aberdeen City Council will be contained within their respective established arrangements.
- 6.3.5. The Internal Audit Service provided to Aberdeen City IJB will undertake its work in compliance with the Public Sector Internal Audit Standards.
- 6.3.6. Prior to the start of each financial year the Chief Internal Auditor of the Internal Audit Service (Aberdeen City Council) will prepare and submit a strategic risk based audit plan to the Aberdeen City Integration Joint Board for approval. It is preferable that this be shared with the relevant Committees of NHS Grampian and Aberdeen City Council.
- 6.3.7. The Chief Internal Auditor shall report to the Integration Joint Board via the Risk, Audit and Performance Committee at regular intervals throughout the year on the outcomes of audit work completed and on progress towards delivery of the agreed annual plan; and provide an annual assurance opinion based on the overall findings from the audit.
- 6.3.8. Such Internal Audit work shall not absolve senior management of the responsibility to ensure that all financial transactions are undertaken in accordance with the Financial Regulations and Standing Orders and that adequate systems of internal control exist to safeguard assets and secure the accuracy and reliability of records.
- 6.3.9. It shall be the responsibility of senior management to ensure that access and explanations requested by Internal Audit are provided in a timely manner.
- 6.3.10. The Chief Internal Auditor has the right to report direct to the Integration Joint Board in any instance where he or she deems it inappropriate to report to the Chief Officer, Chief Finance Officer or Risk, Audit and Performance Committee.
- 6.3.11. Where recommendations resulting from Internal Audit work have been agreed, the Chief Officer shall ensure that these are implemented within the agreed timescale. Regular progress reports will be sought by Internal Audit and it is the responsibility of the Chief Officer to ensure that these are provided when requested along with explanations of any recommendations not implemented within the agreed timescale.

6.4. INTERNAL AUDIT – AUTHORITY



6.4.1. The Chief Internal Auditor or their representatives shall have the authority, on production of identification to obtain entry at all reasonable times to any premises or land used or operated by Aberdeen City IJB in order to review, appraise and report on the areas detailed below:-

- The adequacy and effectiveness of the systems of financial, operational and management control and their operation in practice in relation to the business risks to be addressed.
- The governance arrangements in place by reviewing the systems of internal control, risk management practices and financial procedures.
- The extent of compliance with policies, standards, plans and procedures approved by the Aberdeen City IJB and the extent of compliance with regulations and reporting requirements of regulatory bodies.
- The suitability, accuracy, reliability and integrity of financial and other management information and the means used to identify, measure and report such information.

6.4.2. In addition, the Chief Internal Auditor or their representatives, for the purposes of conducting their work, shall:-

- Have a right of access to all records, assets, personnel and premises, when carrying out their duties in relation to Integration Joint Board activity.
- Have access to all records, documents and correspondence relating to any financial and other transactions of the Board and those of partner organisations where it relates to their business with the Board.
- Require and receive such explanations as are necessary concerning any matter under examination.

6.5. FRAUD, CORRUPTION & BRIBERY

6.5.1. Every member of Aberdeen City IJB and its representatives shall observe these Financial Regulations within the sphere of their responsibility. They have a duty to bring to the immediate attention of the Chief Finance Officer / Chief Internal Auditor any suspected fraud or irregularity in any matter that would contravene these regulations.



6.5.2. There are a range of confidential routes available to the Aberdeen City Integration Joint Board and its representatives who wish to ask for advice or to report suspected fraudulent activity;

- Your Line Manager
- Your HR Manager
- NHS Counter Fraud Services (CFS) Fraud Hotline on – 08000 15 16 28
- NHS Counter Fraud Services Website on: NHS CFS Website
- NHS Grampian's Fraud Liaison Officer – Assistant Director of Finance (Financial Services) on 07966 336548
- NHS Grampian's Deputy Fraud Liaison Officer – Financial Governance Manager on 01224 556103
- Aberdeen City Council's Corporate Investigations Team on 01224 523526

6.5.3. All information provided is treated in the strictest of confidence and individuals who raise genuine concerns are protected by law, regardless of the outcome of any investigation that they initiate.

6.5.4. The fraud policies of both NHS Grampian and Aberdeen City Council are available here:

- [Aberdeen City Council - Control Fraud Policy \(2021\)](#)
- [NHS Grampian Counter Fraud, Theft and Corruption Policy \(NB intranet link and under review as of January 2025\)](#)

6.5.5. When a matter arises where it is suspected that an irregularity exists in the exercise of the functions of Aberdeen City Integration Joint Board, the Chief Finance Officer in conjunction with the Chief Internal Auditor and the Chief Officer, will take such steps as may be considered necessary by way of investigation and report.

6.6. INSURANCE

6.6.1. The Chief Officer in conjunction with the Chief Finance Officer will ensure that the risks faced by the Board are identified and quantified and that effective measures are taken to reduce, eliminate or insure against them.

6.6.2. Aberdeen City IJB is a member of the Clinical Negligence and Other Risks Scheme (CNORIS). The cover provided is in relation to indemnity for Aberdeen City Integration Joint Board Members only, in respect of decisions



made by the members in their capacity on the Board. All other cover required is provided by NHS Grampian and Aberdeen City Council.

- 6.6.3. The Chief Officer is responsible for ensuring that there are adequate systems in place for the prompt notification in writing to the Chief Finance Officer of any loss, liability, damage or injury which may give rise to a claim, by or against the Board.
- 6.6.4. The Chief Officer in conjunction with the Chief Finance Officer shall annually or at such other period as may be considered necessary, review all insurances. Any required changes should be reported to Aberdeen City Integration Joint Board.
- 6.6.5. The Chief Officer in conjunction with the Chief Finance Officer of Aberdeen City Integration Joint Board will review the requirement for membership of the Scottish Government (CNORIS) on an annual basis.

6.7. VAT

- 6.7.1. HMRC have confirmed that there is no VAT registration requirement for Integration Joint Boards under the VAT Act 1994 as it will not be delivering any services that fall within the scope of VAT.
- 6.7.2. Should the activities of the Aberdeen City IJB change in time and it becomes empowered to provide services, then it is essential the VAT treatment of any future activities or services delivered are considered in detail by the Chief Finance Officer to establish if there is a legal requirement for the Integration Joint Boards to register for VAT.
- 6.7.3. The Chief Officer and Chief Finance Officer must remain cognisant of possible VAT implications arising from the delivery of the Strategic Plan. The Partner organisations should be consulted in early course on proposals which may have VAT related implications for them.

6.8. GIFTS and HOSPITALITY / REGISTER of INTEREST

- 6.9. Members and employees should comply with their respective codes of conduct when offered gifts, gratuities and hospitality. NHS Grampian and Aberdeen City Council both maintain a register of gifts and hospitality offered.
- 6.10. A central register of gifts and hospitality will be maintained by the Aberdeen City Integration Joint Board. For the offers of any hospitality or gift, approval must be sought from the relevant line manager prior to acceptance and for



offers exceeding £30 details must be intimated in writing for including in the register. Reference should be made to the respective codes of conduct.

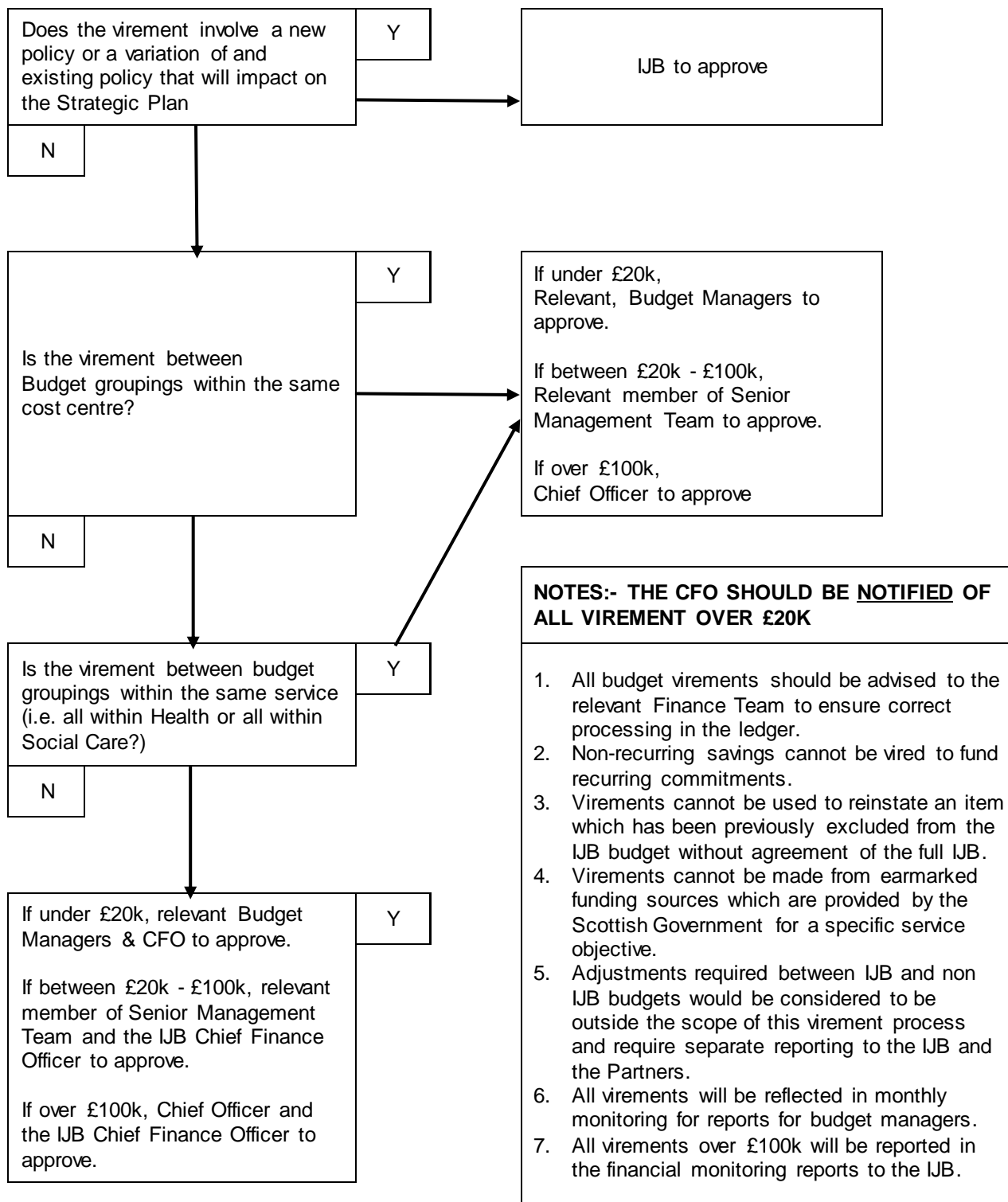
- 6.11. A separate [Register of Interests](#) for board members is to be maintained by the Clerk to the Aberdeen City IJB.

7. **REVIEW OF FINANCIAL REGULATIONS**

- 7.1. These Financial Regulations shall be subject to review on an ongoing basis, and at a minimum of every year by the Aberdeen City IJB Chief Finance Officer and where necessary, subsequent amendments will be submitted to Aberdeen City IJB for approval. Financial Regulations should be considered alongside other Governance documents including Standing Orders and Scheme of Delegation.



APPENDIX 1 – IJB VIREMENT APPROVAL RESPONSIBILITY CHART



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Aberdeen City Integration Joint Board

RESERVES POLICY

<u>Date Created</u>	<u>Date Implemented</u>	<u>Review Date</u>
<u>September 2016</u>	<u>October 2016</u>	<u>February 2026</u>

<p><u>Developed By Chief Finance Officer</u></p> <p><u>VERSION 2.1 Reviewed by 08 January by Chief Finance Officer</u></p>
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1. Background

- 1.1 The Aberdeen City Integration Joint Board (IJB) and Risk, Audit and Performance Committee is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS). The IJB is able to hold reserves which should be accounted for in the financial accounts of the Board.
- 1.2 The purpose of this Reserves Policy is to:
- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
 - identify the principles to be employed by the IJB in assessing the adequacy of the its reserves;
 - indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed and;
 - set out arrangements relating to the creation, amendment and the use of reserves and balances.
- 1.3 In common with local authorities, the IJB can hold reserves within a usable category.

2. Statutory / Regulatory Framework for Reserves

Usable Reserves

- 2.1 Local Government bodies - which includes the IJB for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve - Powers

General Fund - Local Government (Scotland) Act 1973

- 2.2 For each reserve there should be a clear protocol setting out:
- the reason / purpose of the reserve;
 - how the reserve links to the strategic plan,
 - how and when the reserve can be used;
 - procedures for the reserves management and control; and
 - The timescale for review to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities, including ring fencing funding allocations from the Scottish Government which are required to be spent on specific projects.

3.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. In Scotland under Local Government rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources including:
- future use of funds for a specific purpose, as agreed by the IJB; or
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

4. Role of the Chief Finance Officer

4.1 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold (the prudential target). The IJB, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.

5.2 In determining the prudential target, the Chief Finance Officer should consider the IJB's Strategic Plan, the medium term financial outlook and the overall

financial environment. Guidance also recommends that the Chief Finance Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.

- 5.3 In light of the size and scale of the IJB's responsibilities, over the medium term it is proposed to hold a prudent level of general reserves. The reserves will be reviewed annually as part of the IJB's Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

- 6.1 The Chief Finance Officer has a fiduciary duty to be satisfied that decisions taken on the balances and reserves ensure proper stewardship of public funds.
- 6.2 The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.
- 6.3 As part of the budget report the Chief Finance Officer should state:
- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
 - the adequacy of general reserves in light of the IJB's Strategic Plan, the medium term financial framework and the overall financial environment;
 - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
 - if the reserves held are under the prudential target, that the IJB should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

- 7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

Appendix 1 - Reserves Protocol

General Fund

Purpose of the reserve	The General Fund of the Integrated Joint Board will be utilised to hold balances generated within Income and Expenditure Account
Use of the reserve	This represents the general reserve of the Integration Joint Board and is used to manage the financial strategy of the Integration Joint Board. Any use of general fund reserves has to be approved by the Integration Joint Board through the appropriate committee framework
Management and Control	Management and control is maintained through the established financial management frameworks and review through the year end and budget process.

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Risk, Audit and Performance Committee

Date of Meeting	25 February 2025
Report Title	Internal Audit Update Report
Report Number	HSCP.25.012
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 February 2025
Terms of Reference	2. Scrutinise, 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 February 2025 ("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 2024/25 Internal Audit Plan as detailed 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.
- 5.6. **Information Governance** – There are no direct implications arising from this report.



Risk, Audit and Performance Committee

- 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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Internal Audit

Risk, Audit and Performance Committee Internal Audit Update Report February 2025

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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 2024/25 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 the reviews for 2024/25.
- Work is underway by Management with regards to the implementation of agreed audit recommendations.

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 2024/25 Audits

Service	Audit Area	Position
Council Led HSCP Services	HSCP Commissioning	Review in Progress

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 30 November 2024 (the baseline for our exercise), three audit recommendations were due, one rated Major and two rated Moderate.

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

Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions provides a detailed breakdown of the outstanding audit recommendations that will be taken forward and followed up as part of the next cycle.

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.

4 Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions

Overall Report Area	Report	Grading	Recommendation	Original Due Date	Current Due Date	Committee Update	Status
HSCP	AC2414 – Financial Assessments	Moderate	Processes should be reviewed to ensure assessments can be completed timeously, within available resource.	Sep-24	Mar-25	Care packages have been reviewed and there is a team that does this. As we move forward into February and March this year there will be an intensive review of care packages against our eligibility criteria - this is part of the activity necessary to meet the required budget savings plans for 25/26. Care packages will undergo a structured review which will be monitored by SLT and have a set financial delivery target. This process will run throughout 25/26 addressing any overdue assessments as part of this process. Once the plans are in place over the next couple of months we would seek to close these recommendations at the end of March 2025.	In Progress
HSCP	AC2414 – Financial Assessments	Moderate	The Service should set priorities for completing overdue assessments.	Sep-24	Mar-25	Care packages have been reviewed and there is a team that does this. As we move forward into February and March this year there will be an intensive review of care packages against our eligibility criteria - this is part of the activity necessary to meet the required budget savings plans for 25/26. Care packages will undergo a structured review which will be monitored by SLT and have a set financial delivery target. This	In Progress

Overall Report Area	Report	Grading	Recommendation	Original Due Date	Current Due Date	Committee Update	Status
						process will run throughout 25/26 addressing any overdue assessments as part of this process. Once the plans are in place over the next couple of months we would seek to close these recommendations at the end of March 2025.	

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	25 February 2025
Report Title	Internal Audit Annual Plan 2025-28
Report Number	HSCP.25.013
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 – Aberdeen City IJB – Internal Audit Plan 2025-28
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 seek approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2025-28.

2. Recommendations

- 2.1. It is recommended that the Committee review, discuss, comment on, and thereafter approve the Internal Audit Plan for 2025-28 as attached at Appendix A.

3. Strategic Plan Context



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 3.1. It is one of the duties of the Integration Joint Board Risk, Audit and Performance Committee to review and approve the Internal Audit Plan on behalf of the Integration Joint Board and, thereafter, receive reports on that planned work.

4. Summary of Key Information

- 4.1. The Internal Audit Plan, as it relates to the Integration Joint Board, is attached at Appendix A. Assurance will also be taken from the wider work of Internal Audit within Aberdeen City Council, specific work relating to Adult Social Care Services in the Council, and from NHS Grampian Internal Audit reports, amongst other sources.
- 4.2. All audits included in the attached plan, as well as those in future plans, will help inform Internal Audit's opinion on the adequacy and effectiveness of the IJB's framework of governance, risk management and control. Where opportunities for improvement in controls and their application, or improvements in value for money, are identified these will be reported along with recommendations for management to consider.

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 Plan 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.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 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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Internal Audit

Aberdeen City Integration Joint Board Internal Audit Plan 2025-28

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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 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.

The purpose of this report is to seek approval of the attached Internal Audit plan for 2025-2028.

All audits included in the attached plan, as well as those in future plans, will help inform Internal Audit's opinion on the adequacy and effectiveness of the Board's framework of governance, risk management and control, which is expressed in an annual report, and provides assurance to the Risk, Audit and Performance Committee. Where opportunities for improvement in controls and their application, or improvements in value for money, are identified these will be reported along with recommendations for Management to consider.

2 Internal Audit Plan

2.1 Plan development

In previous years a single-year Plan has been set out for the Committee's approval. This provided clarity over planned work during each financial year, as changes in the risk environment were often less pronounced over a shorter period. However, this provided less opportunity for the Committee to gain an understanding of the wider context or 'audit universe'. In addition, the Plan was regularly not concluded in full during the financial year to which it originally referred – due to changes in priority, risks, and resources.

There was therefore scope to develop and extend planning to provide a clearer picture of Internal Audit's work and priorities, and to provide flexibility in timing of elements of that work, over an extended period. Therefore, from 2022, the Committee approved a rolling three year plan, with the recognition that this would still be assessed each year and updates made as required.

In formation of the plan, Internal Audit:

- **Reviewed historic audit outputs** – The initial planning stage involved a review of completed work from across the previous years. This looked to gauge the assurance that had been obtained recently and develop a baseline that could be built upon with the current plan. Where it is hoped that the greatest coverage can be obtained in a single year, this is not always possible, so instead it will be ensured that there has been coverage over a number of years, both previously and forward looking.
- **Reviewed the agreed Plan for 2024-27** – In addition to the review of previous assurance work, the agreed plans for 2025/26 and 2026/27, agreed as part of the 2024-2027 plan overall, were reviewed. This is the starting position for the current plan; however this will change based on developments in year and the changing risk profile of the Board.
- **Reviewed Management's progress in implementing agreed audit recommendations** – A review of the work of Management to implement audit recommendations. This looked to identify any areas where management has struggled to implement agreed actions, and where the risks remain, for these to be factored into the audit plan.
- **Reviewed different sources of information** – A suite of information, primarily Committee reporting and the Board's Risk Register, was reviewed to further develop Internal Audit's understanding of the operations and issues of the Board.
- **Reviewed information from other assurance providers** – Discussions were held and reports reviewed from other assurance providers.
- **Held discussion with key stakeholders** – Discussions were held with key stakeholders across the Board. These discussions focused on three key areas:
 - Key risks within the auditable area.

-
- Any recent or upcoming developments.
 - Suggestions for assurance reviews, including value adding pieces of work.
 - **Benchmarked against other IJBs** – A review of the Internal Audit plans for other IJBs as per their Committee reporting available online. This looked to gain an understanding of issues being faced by other IJBs and identify any auditable areas for Aberdeen City.

The Internal Audit plan for the period April 2025 to March 2028 is presented in Appendix 1 to this report, including the relevant Adult Social Care Service audits within the Aberdeen City Internal Audit Plan 2025-28; this is where Aberdeen City Council is the lead provider of the service.

The plan details what Internal Audit anticipates being able to review in the year, assuming stability in resources available to the Section. The plan is flexible and can be amended to reflect changes in priority or because of new risks being introduced or identified, although consideration needs to be given to the requirement for Internal Audit to complete sufficient work to provide an evidence based annual opinion. Internal Audit will continue to review the Board's risk registers and update its own risk assessments based on audit findings, throughout the Plan's term.

All audits included in the attached plan are part of a rolling programme of work, each element of which will help inform Internal Audit regarding the adequacy and effectiveness of the Board's framework of governance, risk management and control, allowing assurance to be provided regarding those arrangements. Where opportunities for improvement in controls and their application, or improvements in value for money, are identified these will be reported along with recommendations for management to consider. This is the priority of the work however where there are opportunities to provide value adding work, this has been factored into the plan.

The time allocation for all audits assumes that systems to be reviewed are adequately documented, detailing the controls put in place by management, and that testing identifies that these controls are being complied with. If this is not the case, there will be an impact on the time taken to review planned areas and on the plan's achievability.

The Plan also includes time set aside to assist Management in developing their controls and approach to improving compliance. This reflects continuing development of a more proactive value-added approach by Internal Audit, to supplement the more traditional core compliance-oriented audit work. For these elements of the Plan there will not be a separate Internal Audit report to the Risk, Audit and Performance Committee. Highlights from this work will however be provided as part of the regular Internal Audit progress reports provided to the Committee.

With approval of the plan, we will work with Management to schedule the audit work for the year. This will look to match our internal resourcing but also ensure that it is suitable for those relevant stakeholders across the Board. We will look to ensure that management are not inundated with consecutive audits and that fieldwork, where most input is required, is at a time which does not clash with other priorities or commitments.

2.2 Undertaking planned work

When commencing each planned audit, Internal Audit contacts Management responsible for the area to be reviewed along with any other nominated officer. They are reminded of the objective and scope of the review and of how Internal Audit intends to achieve the level of assurance required. Officers are invited to identify any specific aspects of the area to be reviewed that are of particular concern- and all of this is factored into the agreed scoping document. Once fieldwork has been completed, a draft report is issued to Management responsible for the area reviewed along with any other nominated officer. Prior to issuing the final report, Internal Audit seeks confirmation from the officers involved that they are satisfied with the report and actions agreed to address any identified issues.

Outputs from the IJB Internal Audit plan will be shared with Aberdeen City Council's Audit, Risk and Scrutiny Committee after they have been considered by the Risk, Audit and Performance Committee.

Whilst undertaking planned work, it is possible that Internal Audit may identify governance issues that are not within the stated scope of the review being undertaken. Public Sector Internal Audit Standards require that Internal Audit report such instances to those charged with governance. In this respect, Internal Audit's reports may contain issues that appear to be "outwith scope".

3 Appendix 1 – 2025-28 Internal Audit Plan

The below table sets out the Internal Audit Plan for 2025-28. The Plan should be read with the following considerations:

- Where each audit has been mapped to a risk area some reviews will cut across many different categories. This is to show that consideration has been given to ensuring the Plan addresses the myriad of risks across the IJB's operations; the principal risk has been shown below for ease of review.
- Core assurance audits are the typically traditional compliance based reviews that are the foundation for the annual opinion provided by the Chief Internal Auditor. Wider assurance audits are reviews that will focus more on value adding work. Whilst mapping has been provided to show a split in the Plan for the year, the type of review is not exclusive and Internal Audit will ensure that all work contributes to the annual opinion, whilst also adding value where possible.

The relevant planned work with the Aberdeen City Council is also presented.

Function	Auditable Area	Objective	Principal Risk	Assurance
2025/26				
Integration Joint Board	IJB Financial Sustainability	To obtain assurance that the IJB has appropriate arrangements in place to manage its financial sustainability.	Financial	Core
2026/27				
Integration Joint Board	Civil Contingencies	To provide assurance that the IJB's civil contingency arrangements are appropriate to meet relevant statutory duties.	Strategic	Core
Integration Joint Board	Alcohol and Drugs Partnership	To review the ADP's governance and working arrangements to ensure they are effective and fit for purpose.	Operational	Wider
2027/28				
Integration Joint Board	IJB Performance Management	To provide assurance that the IJB's performance controls are aligned to its Strategic Plan, Medium Term Financial Framework and national outcomes.	Strategic	Core

Function	Auditable Area	Objective	Principal Risk	Assurance
2025/26				
Health & Social Care Partnership	Health and Social Care (staffing) Scotland Act 2019	To consider whether appropriate control is being exercised in respect of compliance with statutory guidance on safe staffing levels.	Strategic	Wider
2026/27				
Health & Social Care Partnership	Self-Directed Support Payments	To obtain assurance over the processes in place for administering self-directed support payments .	Operational	Core
2027/28				
Health & Social Care Partnership	Day Care Establishments	To consider whether adequate control is exercised over income, expenditure, and payroll across Day Care Establishments.	Operational	Core



RISK AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	25 February 2025
Report Title	Quarter 3 Delivery Plan Update
Report Number	HSCP.25.014
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. <i>Delivery Plan Overview Year 3 Quarter 3</i> b. <i>Delivery Plan Tracker Year 3 Quarter 3</i> c. <i>Delivery Plan Dashboard Year 3 Quarter 3</i>
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.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee is assured that progress is being made in achieving the Delivery Plan as



RISK AUDIT AND PERFORMANCE COMMITTEE

shown in the Delivery Plan Quarter 3 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 3 update to the RAPC based upon the Year 3 Delivery Plan as approved by the 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 3 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 used 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 October to December 2024 and any significant risks or issues encountered during that time. A BRAG (Blue, Red, 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.



RISK AUDIT AND PERFORMANCE COMMITTEE

- 4.5. For this reporting period, there are four projects marked as completed. They are as follows:

Project Ref.	Project Description	Rationale for Completion
SE25	Create and adopt a Generic Emergency Plan to reflect Aberdeen City IJB's Category 1 Responder responsibilities	An Emergency Activation Plan was taken to this Committee in December 2024 where it was approved, with training being planned for Senior Managers on Call at the earliest opportunity.
CT01	Undertake evaluation of redesign work to date ensuring this links to latest service developments particularly in relation to use of digital.	Given social care is entering into a targeted project to reduce costs and thereafter a further re-design will be undertaken, the evaluation is not required. therefore the project will stop.
CT04	Implement the recommendations from the June 22 Adult Support and Protection inspection	Given the implementation of inspection recommendations and the ongoing improvement plan that sits under the ASP strategy, this project no longer required.
CT05	Deliver the Justice Social Work Delivery Plan	Work has started on new delivery plan for Justice. Given that this is ongoing strategic direction of justice social work, this project is complete.

- 4.6. Further, there are two projects marked as closed for this reporting period. They are as follows:

Project Ref.	Project Description	Rationale for Closure
SE32	Creation of capacity through targeted digital investment and service redesign.	Senior Leadership Team decision to formally pause this project for Year 3. There is still a keen interest to deliver these applications but this will need to be reviewed from a financial viability aspect.



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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	Senior Leadership Team have made a decision to formally pause this project. It relies on the operational business adopting the new method this would take time and resource from the digital team project and priorities are currently undergoing a restructure and this frees up resource to concentrate on the priority project .
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- 4.7. Appendix C shows the Delivery Plan Dashboard. This has been sorted by Programme as consistent with reporting throughout the previous financial year. No further amendments have been made to the data presented within this dashboard compared to the previous quarter.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from this report as it is a noting 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.

5.5. Unpaid Carers

There are no direct implications arising from this report.

5.6. Information Governance



RISK AUDIT AND PERFORMANCE COMMITTEE

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.

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.



RISK AUDIT AND PERFORMANCE COMMITTEE

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.

Risk, Audit and Performance Committee- Quarter 3 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 additional 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 an overview of some key areas of progress.

1.1. Overall Delivery Plan Status, by BRAG.

Status	Description	No. of Projects	% of Total Projects
Blue	Complete	10	12
Green	On track to deliver by deadline	57	70
Amber	At risk of non-delivery/not meeting deadline	11	13
Red	Missed Deadline/Unable to Deliver	0	0
White	Not Started	1	1
Purple	Closed	3	4
	TOTAL	82	100

NB: Rounding of percentages to the nearest whole number may mean that the total does not add up to exactly 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 (5)	60%	40%					<ul style="list-style-type: none"> All GCC Contract review workstreams have held initial meetings Key stakeholder meeting undertaken for collaborative counselling ahead of initial Steering Group meeting scheduled for January 2025 	<ul style="list-style-type: none"> Three projects closed within this programme TEC workshop planned for January 2025 to determined best use for TEC across the City
Communities (6)		100%					<ul style="list-style-type: none"> Successful Community Appointment Day held at Northfield Hub in November with 98 attendees Locality Empowerment Group attendance increased from 26 in October 2023 to 35 in October 2024 Grampian Gathering held in October with almost 200 community members attending 	<ul style="list-style-type: none"> Projected date for occupation of Countesswells Health & Wellbeing Clinic delayed and awaiting confirmation of proposed new date Planning begun to deliver annual wellbeing and GMAN Festivals later this year

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Digital (5)	20%	40%			40%		<ul style="list-style-type: none"> DPIA completed and signed off for implementation of Electronic Medication Administration Recording Model Purchase Order Form for the new Alarm Receiving Centre has been finalised and signed 	<ul style="list-style-type: none"> One project closed within this programme (renewal of Morse license for further 3 years approved by the IJB in May 2024) Single Point of Contact work slowed due to operational pressures
Frailty (7)		86%	14%				<ul style="list-style-type: none"> Discharge to Assess trial recommenced in January 2025 following pilot in November-December 2024 New frailty standards published November 2024 with the Partnership completing a self-assessment against these 	<ul style="list-style-type: none"> Pilot of the Liaison Service with General Medicine wards commencing in January 2025
Home Pathways (3)		100%					<ul style="list-style-type: none"> Independent Living and Specialist Provision Housing Market Position Statement approved at IJB in November 2024 Sub-group of Disabled Adaptations Group 	

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							established to ensure alignment with the recently published Adaptations guidance	
Hospital at Home Expansion (5)		40%	40%			20%	<ul style="list-style-type: none"> Direct referrals now being taken from City Visits Team has had input from Organisational Development colleagues around Courageous Conversations training. Attended GP city event in December to promote admission avoidance pathway 	<ul style="list-style-type: none"> Remote monitoring systems not being explored at this time due to expansion pressures Significant staff absences impacted patient flow
Infrastructure (3)		100%					<ul style="list-style-type: none"> Building for health and care services in Countesswells furnished and ready for occupation 	<ul style="list-style-type: none"> Infrastructure Plan development impacted by the ongoing Premises review Proposals aligned to Rapid Review of Assets remain on track to be completed by February 2025
MHLD (6)	17%	50%	33%				<ul style="list-style-type: none"> Data is complete on all NHS out of authority placements and cases are being routinely reviewed 	<ul style="list-style-type: none"> Capability Framework completed and applied to Complex Care Framework which is now live

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							<ul style="list-style-type: none"> Aberdeen City's LOIP project charter regarding suicide prevention approved All actions for Adult Mental Health Secondary care Pathway Review assessed, with 75% either in progress or completed 	<ul style="list-style-type: none"> No further Scottish Government funding for Adult Autism Assessment Team beyond March 2025 Enhanced Mental Health Outcomes Framework funding has been reduced by 10% across all programmes, meaning planning for current deliver models is being revisited
Prevention (12)		92%	8%				<ul style="list-style-type: none"> Uptake for Child Immunisations has seen a small increase following test of change at Tillydrone and Bucksburn clinics Systems Network Group established for Whole System Approach to Obesity work Wellbeing Coordinators have taken part in 'Stand up to falls' with 33 sessions of Falls Prevention Awareness delivered across the City 	<ul style="list-style-type: none"> HIS Sexual Health Standards unable to be progressed due to major staffing pressures The Partnership will contribute towards delivery of NHS Grampian's 5 year Health Equity Plan for communities within Aberdeen City

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							<ul style="list-style-type: none"> Monthly staff walk has been established with Paths for All Make Every Opportunity Count training delivered to ~40 individuals at Middlefield Community Hub 	
Primary Care (3)		100%					<ul style="list-style-type: none"> CTAC workstream has been delivered 98% against the 2018 Primary Care Improvement Plan. Multiple targeted cost saving projects underway to mitigated against increasing prescribing costs 	<ul style="list-style-type: none"> Reports drafted to be presented to all three IJB's in January / February 2025 regarding the GP Vision implementation programme
Redesigning Adult Social Work (1)	100%							<ul style="list-style-type: none"> Some areas of redesign slowed or paused due to operational, strategic and national priorities Given social care is entering into a targeted project to reduce costs and thereafter a further re-design will be undertaken, the evaluation is not

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
								required. therefore the project will stop
Review of Rehab (3)		33%	67%				<ul style="list-style-type: none"> Review of wheelchair service has commenced Strategic Review Group assembled to review focus on rehabilitation review 	<ul style="list-style-type: none"> Phase 2 of neuro rehabilitation pathway being developed as a budget savings option as part of the 2025/26 budget setting process.
Resilience (5)	20%	60%			20%		<ul style="list-style-type: none"> Communications Plan and Timetable for 2025/26 being developed Budget saving options for increase to existing charges being developed and will be submitted alongside the Medium Term Financial Framework in March 2025 	<ul style="list-style-type: none"> Category 1 Responder project complete, with Emergency Activation Plan approved at RAPC in December 2024 Review of Care for People arrangements completed and closed
Social Care Pathways (7)	43%	57%					<ul style="list-style-type: none"> Currently in second PDSA cycle regarding the Partnership's Discharge to Assess approach Vendor selected to supply TEC requirements at 	<ul style="list-style-type: none"> Hospital discharge pathway project completed Prisoners (Early Release) (Scotland) Act 2025 received Royal Assent on 22 January 2025. This will see the ongoing future release of short term prisoners after 40% of their

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							<p>Stonewood Learning Disability Service</p> <ul style="list-style-type: none"> Appeals process and associated documentation for charging has been completed and now being implemented 	<p>sentence (rather than 50%) - except for those with sentences relating to sexual assault or domestic offences.</p> <ul style="list-style-type: none"> Given the implementation of inspection recommendations and the ongoing improvement plan that sits under the ASP strategy, this project no longer required.
Strategy (7)		86%	14%				<ul style="list-style-type: none"> The statutory Climate Change report was presented at the IJB in November 2024, highlighting the progress made in the previous 12 months, and was submitted to the Scottish Government thereafter. Development session for Carers Strategy Implementation Group held in December 2024 Pan-Grampian working group established to deliver recommendations from 	<ul style="list-style-type: none"> Draft Strategic Plan and associated documents now due to go to the IJB in March 2025 to allow for financial pressures to be fully considered

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							Hosted Services Internal Audit	
Workforce (4)		50%	50%				<ul style="list-style-type: none"> Workforce conference took place in December 2024 with a focus on staff health and wellbeing 	<ul style="list-style-type: none"> High sickness absence levels currently due to flu



1.3 Delivery plan Dashboard

The following provides comment on the Delivery Plan Dashboard.

Measure	Comment
H@H Admissions	Increase in overall number of admissions compared to previous quarter
H@H Capacity	Average occupancy increases within Hospital @ Home and OPAT, with ELC and ANP remaining steady
Ward 102 Admissions	Admissions slightly increased compared to previous quarter
Ward 102 Boarders	Slight increase in boarders compared to previous quarter
Rosewell House	Marked increase in overall admissions and percentage of step up admissions compared to previous quarter
Rehabilitation review (SOARS admissions and occupancy)	Slight increase in average occupancy, however a slight decrease in the number of admissions
Specialist Older Adults Rehab Services-Length of Stay (LOS)	Average length of stay increased in four wards. Marked decrease in length of stay in neuro rehab unit.
Delayed Discharges Specialist Older Adults-Rehab Services	Slight decrease in distinct out of delayed discharges, but increase in monthly bed days. Decrease in no harm falls.
Social care pathways	Average carer searches in place consistent with previous quarter. Slight reduction in average weekly carer hours
Home Pathways	Increases both in discount count of delays and bed days monthly
Division A & B Hosted Services	Increase in percentage of patients treated within 18 weeks for Hosted Specialist MHL D services compared to previous quarter, with CAHMS percentage remaining high and stable.
MHL D Transformation	Slight increase in delayed bed days, with average overnight occupancy remaining high.



Strategy	Increases in number of adult and young carers supported.
Prevention	Slight increase in alcohol related admissions compared to previous quarter, with reduction in drug related admissions. Sexual health clinic attendances remain consistent.
Primary Care	Increase in attendance rate at CTACs compared to previous quarter, with the number of calls taken decreasing. Number of Practices operating at full service continues to increase.

NB: Metrics whereby Q3 data are unavailable is due to data collection being on a monthly lag

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Delivery Plan Y3 Workplan 2024-25

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	Programme Description	REF#	Title	Project Description	Project Type	Start Date	End Date	BRAG Status	Savings Allocated	Category	Tier	Latest Update
Commissioning	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.	SE27	65. Review BAC contract	Review of Bon Accord Care contract and redesign of associated service specifications.	BAU	24/02/2023	31/03/2025	Z - Complete	N/A	Future Sustainability	Tier 3 (Response)	Contract has been reviewed with new service specifications added, contract has been signed by both parties
Commissioning	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.	SE28	66. Review GCC Contract	Review of GCC Contract to reflect flat cash agreement.	BAU	30/06/2023	31/03/2025	Green	N/A	Future Sustainability	Tier 3 (Response)	Care @ Home Strategic Oversight Group meeting held on 17/12. Teams site has been requested, and awaiting approval. Once this done, channels for each workstream will be created. TEC Workshop to be held on 16/01 to determine where TEC can be best utilised, and expanded across city. All workstreams have had initial meetings. Meeting held with Scottish Government to gain insight on their approach to measuring GIRFE & Ethical Commissioning principles. Follow up meeting being held on 15/01.
Commissioning	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.	SE29	67. Interim Beds	Review of use/availability of Interim Beds	BAU	29/03/2024	31/03/2025	Z - Complete	500,000	Budget Saving	Tier 3 (Response)	Contract ended with Woodlands 31.5.24, 2 beds at Deeside remain until March 2025
Commissioning	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.	SE30	68. MHLd Commissioning	Consolidation/streamlining of existing MHLd commissioned services	BAU	29/03/2024	31/03/2025	Z - Complete	65,000	Budget Saving	Tier 3 (Response)	Contract commenced 1st September, full savings profile to be provided by contracts
Commissioning	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.	SE31	69. Collaborative Counselling	Explore how counselling service can work in a more collaborative, joined up way to support people experiencing care to benefit from a more holistic approach whilst achieving efficiencies	BAU	31/03/2023	31/03/2025	Green	N/A	Future Sustainability	Tier 2 (Early Intervention)	An initial Steering Group meeting has been organised for the 17th January. A pre meeting has taken place with key members of the group to plan the session to ensure opportunities are maximised.
Communities	Provide community based services codesigned and codelivered with our communities.	CT07	5. Priority Intervention Hubs	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 responding to local need, to feed into a wider initiative on Priority Intervention Hubs.	FTP		31/03/2025	Green	N/A	Prevention	Tier 2 (Early Intervention)	Northfield Hub - Successful CAD held on 27th November. 98 people attended event. 46 from the current Chronic Pain Waiting List and 52 people who walked in. An evaluation report is currently being developed, but initial feedback has been extremely positive. A further Chronic Pain CAD will take place on the 5th February at the Aberdeen Vaccination & Wellbeing Hub. Aberdeen Vaccination & Wellbeing Hub - Hub continues to deliver a cross sector of health, social care and community partners focussing on prevention & early intervention. Countesswells Health & Wellbeing Clinic - The Clinic building work is now complete and signage in place. Work continues with ICT (Information and Communication Technology) Installation - ongoing issues with IT and telephony systems. Projected date for occupation has been delayed - awaiting confirmation of proposed date. Tillydrone Community Campus - Closer working with Tillydrone Community Campus Scottish Charitable Incorporated Organisation (SCIO). Reviewing use of Health Room - with request from SCIO for health visitor input in addition to pre-school vaccination clinic.
Communities	Provide community based services codesigned and codelivered with our communities.	CT08	6. Develop LEGs and increase participation.	Lead on increasing and diversifying the membership of our Locality Empowerment Groups and increasing wider participation in locality planning.	BAU	05/04/2024	31/03/2025	Green	N/A	National Agenda	Tier 2 (Early Intervention)	Attendance at Locality Empowerment Group (LEG) meetings has increased year on year by 34.6% with 35 attendees in October 2024 compared to 26 attendees in October 2023. All three LEGs have reasonably equal gender representation; all are attended by people with disabilities and from different ethnic backgrounds; and all three LEGs are represented by both older people and those of working age. Work is ongoing to ensure more consistent attendance from young people; and to identify more ethnic minority representatives for all three LEGs. The Locality Planning Team is also working to ensure all neighbourhoods across Aberdeen City have at least one community representative on its respective LEG. A citywide Locality Planning meeting for all LEG and Priority Neighbourhood Partnership (PNP) reps is being organised for January to provide networking opportunities and to discuss how to increase, diversify, and sustain LEG and PNP membership.
Communities	Provide community based services codesigned and codelivered with our communities.	CT10	8. Delivery Integrated Locality Plans	Deliver North, Central and South Locality Plans and report on progress	BAU	05/04/2024	31/03/2025	Green	N/A	National Agenda	Tier 2 (Early Intervention)	Refreshed Locality Plans were prepared following extensive engagement with community planning partners and community members between October 2023-March 2024. The refreshed Locality Plans incorporate 60 community change ideas which the Locality Planning Team will work with Local Outcome Improvement Plans (LOIP) project managers and community members to deliver. The Locality Plans align with thematic priorities of the citywide LOIP, to improve the economy, people, place and community empowerment within each of our three locality areas. The refreshed LOIP and Locality Plans were endorsed by the UB at its meeting on 9 July 2024. Annual performance reports for all three Locality areas will be presented to the UB's RAPC and Community Planning Board in June.
Communities	Provide community based services codesigned and codelivered with our communities.	CT11	9. Public Engagement	Ensure the use of Our Guidance for Public Engagement is embedded	BAU	01/03/2024	31/03/2025	Green	N/A	National Agenda	Tier 2 (Early Intervention)	The links within ACHSCP's "Our Guidance for Community Engagement, Human Rights and Equalities 2024-26" continue being checked and altered where necessary on a rolling monthly basis. The Guidance sits within the ACHSCP's Connect Site as a resource aimed principally at colleagues within the ACHSCP, but has now been altered to include a 'Creative Commons' statement and copyright to prevent alteration, and seek citation if used or published by anyone out with the ACHSCP. Highlighting the resource to colleagues within the ACHSCP to help inform some or all of their engagement activities is ongoing.
Communities	Provide community based services codesigned and codelivered with our communities.	CT12	10. Care Opinion Promotion	Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	BAU	01/03/2024	31/03/2025	Green	N/A	National Agenda	Tier 2 (Early Intervention)	Feedback received via Care Opinion continues to be monitored regularly to help ensure that timely responses are made to the stories received for specific ACHSCP services. Support continues to be given, as and when required, to the 'responders' and 'administrators' on the Care Opinion system. Hospital at Home - in late November 2024, we provided support to the team to help personalise their Care opinion landing page and provide them with promotional materials to share with the people they support and care for. Development Officer met with the team to show them how to personalise their page, draw down reports from Care Opinion, and respond to stories posted for their service. Similar support was also provided to the 'Mobility and Rehabilitation Service' at Woodend Hospital. Similarly for 'Stroke Rehabilitation West' to help separate/ distinguish feedback between that ward and the East ward. A total of 17 stories were published during November 2024, and 4 during the month of December.
Communities	Provide community based services codesigned and codelivered with our communities.	PH08	11. Community Intervention	Deliver various events such as Age Friendly Aberdeen, the Gathering and a Well Being Festival to support people to live well and independently as part of their communities.	BAU	05/04/2024	31/03/2025	Green	N/A	Future Sustainability	Tier 1 (Prevention)	The Grampian Gathering was held on 12 October 2024 in the Beach Ballroom. 193 community members attended the event, alongside over 100 stall holders from the private, public, third, and independent sectors. A full evaluation report on the event is being prepared, though early results show community attendance increased from 167 in 2023 to 193 in 2024, the number of information stalls increased from 30 to 58, and 94% of attendees reported the event either met or exceeded their expectations. Planning has begun with multi-agency colleagues to deliver the annual Wellbeing and GMan Festivals later this year.

Digital	Maximise the use of technology to support innovation, efficiency and access to services.	SE06	14. EMAR Implementation	Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes.	FTP	07/04/2023	31/03/2025	Green	TBC	Budget Saving	Tier 2 (Early Intervention)	DPIA completed and signed off. Tablet devices for staff to use for eMAR ordered, received and set up by IT. Contract with eMAR supplier signed following discussion with the community pharmacy who agreed also to sign up to the eMAR supplier integration with their system. Vendor has been added to ACC approved suppliers list in preparation for receipt of invoice and raising of PO following go live. Training with community pharmacy has been completed and training week with Back Hilton service commenced with online training session on 6th January. All day in-person training session will be conducted by the vendor with Back Hilton staff on 9th January. System went live on 13th January.
Digital	Maximise the use of technology to support innovation, efficiency and access to services.	SE09	16. SPOC for Individuals/Professionals	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	BAU		31/03/2024	Y- Closed	N/A	Future Sustainability	Tier 2 (Early Intervention)	29/01/2025 SLT have made a decision to formally pause this project. So this project is now Closed for Y3. This project relies on the operational business adopting the new method this would take time and resource from the digital team project and priorities are currently undergoing a restructure and this free up resource to concentrate on the priority project.
Digital	Maximise the use of technology to support innovation, efficiency and access to services.	SE10	17. MORSE Review in CN/AHPs	Review the future use of Morse in Community Nursing and Allied Health Professionals	BAU	01/03/2024	31/03/2025	Z- Complete	N/A	Budget Saving	Tier 2 (Early Intervention)	Evaluation was completed and presented to Integration Joint Board (IJB) in May 2024 alongside a paper recommending the renewal of the license for a further 3 year period until October 2027. This was approved.
Digital	Maximise the use of technology to support innovation, efficiency and access to services.	SE12	19. Analogue 2 Digital Telecare	Deliver Analogue to Digital Telecare Implementation Plan	FTP	30/06/2023	27/06/2025	Green	N/A	National Agenda	Tier 2 (Early Intervention)	The Model Purchase Order Form for the new Alarm Receiving Centre (ARC) has been finalized and signed. A joint press release with the Scottish Government Digital Office has been disseminated via social media. Check link below: https://www.linkedin.com/posts/digital-office-scottish-local-government_the-digital-office-are-thrilled-to-welcome-activity-7271905263826944000_lex?utm_source=share&utm_medium=member_desktop The Project Kick-off meeting is scheduled for Thursday, the 9th of January, with the target go-live date for the new ARC set for spring 2025. The transition from analogue to digital community alarms is progressing well, with only 10 out of 2277 units remaining to be replaced. Confirmation is still pending for the infrastructure required to connect grouped living schemes to the new ARC. The signal converter solution previously proposed by Tunstall has not demonstrated the desired functionality. Therefore, an alternative solution from NCS is under consideration. Additionally, we are evaluating the Pre-Digital Phone Line (PDPL) provided by BT and other communication providers as an interim solution. This will enable customers without an available IP replacement to maintain connectivity for legacy equipment during the transition from analogue lines. This temporary solution is available until 2030. We have obtained a quote for the preferred digital dialler, which is intended to replace those in Fire & Security panels to ensure their connection to the new ARC. Compatibility with existing Fire & Security panels has been verified, and insurance requirements have also been confirmed. Comprehensive testing will be conducted before placing the order for these digital diallers. The project is making significant progress, with key milestones on track. Further updates will be provided as more information becomes available, as we continue to work towards a successful transition.
Digital	Maximise the use of technology to support innovation, efficiency and access to services.	SE32	70. Digital Investment	Creation of capacity through targeted digital investment and service redesign.	BAU		31/03/2025	Y- Closed	250,000	Future Sustainability	Tier 2 (Early Intervention)	29/01/2025 - SLT decision to formally pause this project for Y3. This project is now closed. There is still a keen interest to deliver these applications but this will need to be reviewed from a financial viability aspect.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS13	71. ARI-based Frailty	Ensure that the acute frailty wards within ARI are able to meet patient need and allow flow through the hospital.	FTP	01/04/2024	31/03/2025	Green			Tier 3 (Response)	The pilot of the Liaison Service and General Medicine wards was due to commence January 2025, this has been postponed to ensure readiness in all areas to start. The development of the frailty icon would enhance this work and is to be progressed by the frailty programme board in 2025. Discharge to Assess trial ran from late November to Christmas break and has recommenced 06/01/25.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS24	72. Woodend-based Frailty	Understand the Woodend-based Frailty provision requirement (patients with acuity of need needing in-patient care) - linked to the Review of Rehab	FTP	01/04/2024	31/03/2025	Green			Tier 3 (Response)	Future of Rosewell decision may have an impact on Woodend-based frailty. A paper was taken to SLT 6/11 outlining 6 options, a detailed discussion took place and options were narrowed. An update of the work undertaken to date will be taken to SLT 15/01 to obtain guidance and clarity around the information to be included within the budget saving proposal being developed with view to presenting to IJB meeting in March 2025
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS25	73. Patient Frailty Pathways	Develop a process map for all City patients flowing in and out of the Frailty Pathway, linking this with wider Grampian work to ensure consistency of processes.	FTP	01/04/2024	31/03/2025	Green			Tier 3 (Response)	High level process mapping of the frailty pathway has taken place via the USC Ecosystem mapping process but it was agreed at the frailty board in Dec 24 further work is required to develop this further and link to the frailty evidence review work by public health and the new frailty standards. An event will be organised in Q1 2025 to complete this work.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS26	74. Step up and step down pathways	Ensure that there is step up and step down capacity for Frailty patients including the 40 beds within Rosewell and put forward recommendations for the use of the remaining 20 beds.	FTP	01/04/2024	31/03/2025	Amber			Tier 3 (Response)	The future of Rosewell House is to be considered at the March 2025 IJB, where a number of options will be presented to the Board.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS27	75. Alternatives to hospital	Ensure there are appropriate alternatives to Hospital for Frailty patients (believing via Expansion of Hospital at Home)	FTP	01/04/2024	31/03/2025	Green			Tier 3 (Response)	All relevant information provided within the H&H update section.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible	KPS28	76. Community, Prevention and Primary Care Approaches to Frailty	Develop Community, Prevention and Primary Care approaches to the HIS Frailty Standards Including those relating to falls, and align with existing prevention workstreams utilising the GIRFE approach where relevant.	FTP	01/04/2024	31/03/2025	Green			Tier 3 (Response)	Discharge to Assess trial recommenced in late November with several patients moving through. Issues remain on staffing resource to support this work and the identification of patients. Trial to resume 06/01/25. Work continues to increase the awareness and use of the ECS. Frailty prevention work is taking place in conjunction with Sport Aberdeen, with further meetings taking place to progress. Request for support from the public health team around data collection to demonstrate the benefits / value of this work has been made. Links with the community appointment days are in place and the frailty board are keen to learn from these and input to support frailty prevention.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS29	77. Contribution to Grampian Frailty and USC Programme Board	Contribute to, and influence the decision making of, the Grampian Board for Frailty reporting to the USC Programme Board as required. (NB: programme management support being provided to Grampian Frailty Board by ACHSCP.)	FTP	01/04/2024	31/03/2025	Green			Tier 3 (Response)	The new frailty standards were published in late November. Each partnership is completing a self assessing against these. A frailty event is to be organised in Q1 2025 to discussed the frailty evidence review work alongside the frailty standards, this will feed into the process mapping of the pathway. TPM for frailty attending the USC programme board and providing appropriate updates. TPMs from USC now attending frailty programme board.
Home Pathways	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	AHL05	23. Home Pathways	Investigate whether we can bring people back into authority and whether this is more cost effective.	FTP		31/03/2025	Green	N/A	Future Sustainability	Tier 2 (Early Intervention)	a) The Stonewood build is progressing. Building are up and roofs are on. Preferred provider has been identified and will begin recruitment in late March/early April 2025. There are 7 people at this time identified for the development 1 other to be selected amongst 3 potential tenants. b) The Independent Living and Specialist Provision Housing Market Position Statement was approved at IJB on the 19th November. The document has now been published and promoted on the news section of the ACHSCP website.

Home Pathways	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	AFHL14	78. Scheme of Assistance	Review Scheme of Assistance with a view to revising criteria for eligibility for funded adaptation support.	BAU		31/03/2025	Green	300,000	Budget Saving	Tier 2 (Early Intervention)	This project started out on the understanding that a change to the Scheme of Assistance was required in order to amend working practices to meet the reduced budget. There are no savings as such, the work is to avoid a budget pressure to the value of the budget reduction. During scoping it became apparent that a change to the Scheme is not required, nor is there any requirement to change guidance for the Occupational Therapists undertaking assessments. The change required will come from robust application of the guidance to the letter as over time a great deal of flexibility has been introduced. The impact of this change has been assessed and training is currently being refreshed for staff. This work has also led to exploration of alternative supports for those who may be impacted.
Home Pathways	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	KPS19	59. Suitable Homes	Help people to ensure their current homes meet their needs including enabling adaptations	BAU	01/04/2024	31/03/2025	Green			Tier 2 (Early Intervention)	The Disabled Adaptations Group (DAG) continues to meet quarterly and a sub group has been established to ensure alignment with the recently published Adaptations guidance. The baseline assessment tool is being used to deliver this. DAG continues to consider and monitor all major and minor adaptations to meet needs and requirements of people living in their homes.
Hospital at Home Expansion	Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways.	KPS12	79. Monitor use of H@H Beds	Monitor use of Hospital at Home beds for the Frailty Pathway.	FTP	01/04/2024	30/09/2025	Amber		Prevention	Tier 3 (Response)	The team remain committed to the target of 50 beds operating at a consistent occupancy by March 2025. Attendance at the GP city event by H@H staff took place in December to promote the service with the aim of increasing admission avoidance referrals.
Hospital at Home Expansion	Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways.	KPS30	80. H@H Beds for Respiratory Medicine	Implement actions in relation to H@H beds available for Respiratory Medicine	FTP	01/04/2024	30/09/2025	Amber		Future Sustainability	Tier 3 (Response)	This project has amber BRAG status due to the occupancy of the 5 respiratory beds remaining low. The acute medicine consultant is leading on these beds and is working with the respiratory team to educate, build confidence in the H@H service to increase the flow of these patients.
Hospital at Home Expansion	Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways.	KPS31	81. H@H Beds for Acute Medicine	Implement actions in relation to H@H beds available for Acute Medicine	FTP	01/04/2024	30/09/2025	Green		Prevention	Tier 3 (Response)	Attendance at the GP city event by H@H staff took place in December to promote the service with the aim of increasing admission avoidance referrals.
Hospital at Home Expansion	Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways.	KPS32	82. Digital and IT for H@H Beds	Ensure digital and IT arrangements are in place for H@H expansion.	FTP	01/04/2024	30/09/2025	Not Started			Tier 3 (Response)	This remains in the background of the development of the service as it is not a priority at this time. Engagement with the Innovation team and a demonstration of the Feebrix system remote monitoring system has taken place. The H@H team given the expansion pressures have concluded they are not in a place to integrate this remote monitoring system at this time. Potential for use once the flow of non frailty patients is more established. This work is now on hold. A meeting has taken place with Digital Transformation Programme Manager about some tech equipment that would be helpful for monitoring patients at home. This is being considered by the digital team as a way forward with this work.
Hospital at Home Expansion	Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways.	KPS33	83. Workforce and OD for H@H Beds	Implement Workforce and Organisational Development actions for H@H expansion.	FTP	01/04/2024	30/09/2025	Green		Future Sustainability	Tier 3 (Response)	OD have been involved with the H@H team particularly around Courageous Conversations training. These have been well received by the team and are now complete. H@H continue to be link in with OD on the developments and team engagement required to meet the service aims by March 25. The Workforce Plan development has been paused to allow all efforts to be focussed on the expansion of the service and meeting it's target.
Infrastructure	Assess future infrastructure needs and engage with partners to ensure these needs are met.	SE20	24. Health and Care in Countesswells	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	BAU	01/03/2024	31/03/2025	Green		Future Sustainability	Tier 2 (Early Intervention)	The building is now completely furnished and ready for occupation. Reception cover for the facility has been arranged and funding for this post has been identified. The data circuitry which is being installed by an external contractor is partially complete. Partnership and NHS Grampian colleagues are working with the contractor to have this finished as quickly as possible. NHS Grampian will then require to do the final aspects of commissioning the building for use (e.g. fire safety), connect the site to their network and hand the building over to Estates for ongoing management. Services have set a date of February the 10th 2025 to commence operating from the facility.
Infrastructure	Assess future infrastructure needs and engage with partners to ensure these needs are met.	SE21	25. Infrastructure Plan	Develop Infrastructure Plan for ACHSCP	BAU	01/08/2024	31/03/2025	Green	N/A	Future Sustainability	Tier 2 (Early Intervention)	This project is part of and impacted by the ongoing Premises Review. That work will feed into the infrastructure plan. The Premises Review is using all the capacity of the Infrastructure team but we are still on track to have the Infrastructure Plan developed over the course of 2025. This will be completed alongside ACC and the NHSG whole system Infrastructure approach for future planning.
Infrastructure	Assess future infrastructure needs and engage with partners to ensure these needs are met.	SE33	84. Rapid review of assets	Rapid Review of Assets	BAU	08/07/2024	31/03/2025	Green		Future Sustainability	Tier 3 (Response)	The work on the premises review began in December 2023 with a significant amount of detail gathered and analysed ready for the Senior Leadership Team (SLT) business meeting in April 2024. At that meeting a very in-depth and detailed overview of the premises that Partnership staff operate from was presented. A mapping exercise was also carried out for Partnership staff operating from NHS Grampian buildings and this is now being extended to Aberdeen City Council buildings too. The goal is to have a single, multi agency, map of all services engaging with our partners - this will feed into the Infrastructure Plan. Following the meeting in April it was requested by SLT that a set of proposals be developed looking specifically at efficiencies, effective use of buildings, and potential savings. This was progressed as requested and presented to SLT in July 2024. 2 of the 4 proposals that SLT selected to be carried out in financial year 2024/25, have had their IA's (Initial Impact Assessments) and Options Appraisals completed and went to SLT in November 2024 for a decision. The decision of SLT was to go ahead with the proposals, and for these to be planned and carried out ahead of the close of the financial year 2024/25. These proposals remain on track and will be completed by the end of February 2025. Work is ongoing on the IA's (Initial Impact Assessments) on the other 2 proposals that SLT selected to be carried out in financial year 2024/25. These will be completed and then will go back to SLT in early 2025, for SLT to make a final decision on these proposals.
MHLD	Deliver Grampian wide and City specific MHLD transformation taking cognisance of national strategies, standards and service specifications.	AFHL08	27. Complex Care Workforce and Skills Development	Deliver a capability framework for a workforce to support complex behaviour.	BAU	06/04/2023	31/03/2025	Z - Complete			Tier 2 (Early Intervention)	Capability Framework complete and applied to the Complex Care Framework which is now live.

MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AHLL08	28. MHLD Programme	Progress the Grampian wide MHL Transformation Programme monitored by the Portfolio Board ensuring project groups are established to ensure delivery and implementation of national Strategies, Delivery Plans, Standards and Service Specifications.	FTP	01/06/2022	31/03/2025	Amber		National Agenda	Tier 3 (Response)	<p>Adult Mental Health (AMH) Secondary Care Pathway Review: All 40 actions for this project have now been assessed. 75% of actions are either In Progress or Completed. Guidance will be sought from the MHLD Board on a small number of remaining actions. Focus will now shift to evaluation.</p> <p>Forensic Services: The Infrastructure Work Business Case originally covered Scope 1 (windows, fencing, and decoration) has been expanded to include Scope 2: fire compartmentalisation. The Asset Management Group requested an amendment to the Business Case to incorporate this additional scope and costs, and was approved at AMG in November, progressing to the Executive Board in December.</p> <p>Learning Disabilities (LD) Health Checks: This project has an Amber BRAG status as although pilots have successfully completed across Grampian, options are being identified as to how the health checks can continue over the winter period with the nursing staff focusing on the vaccination programmes.</p> <p>In addition to this the Scottish Government has added the funding allocation for 24-25 into the Enhanced Mental Health Outcomes Framework (EMHOF) which includes four other services to be delivered in this bundle. The EMHOF funding has been reduced by 10% across all programmes in the bundle. This means the planning for the current delivery models, especially permanent recruitment, is now being revisited to see what can be a sustainable solution. SG have requested that all Scottish Health Boards complete a form on the impact of funding reductions given that the original funding was already short of what was required for all known LD patients to be given the health check set out in The Directions.</p> <p>Enhanced Mental Health Outcomes Framework (EMHOF): As detailed above the EMHOF funding allocation had been reallocated with a reduction, indications are that this may be in part reversed however confirmation has not been provided at such time. The future 25-26 and onward allocations will be baselined on actual spend and therefore work is underway to maximise expenditure against these budget lines however this may be limited by recruitment scrutiny processes and time remaining for recruitment activity with 24-25.</p> <p>PSIGB: The PSIGB meet on the 13/11/2024 and discussed the refreshed PSIGB Terms of Reference. While members were largely happy it was agreed that a SLWG would come together to finalise changes within a particular focus on membership and governance. The SLWG has now met twice and will meet again in January 2025.</p> <p>Delivery Plan: Commencement of work to develop priority areas into a delivery planning approach to support resource/capacity allocation and ensure alignment with NHS Grampian Annual Delivery Plan and HSCP Strategic Planning processes.</p> <p>MHLD Programme Support: Team funding, which is presently supported by all 3 HSCP's and Specialist/Inpatient services (Hosted) is being reviewed in line with budget restrictions. Specialist/Inpatient services advise these will cease their funding contribution from April 2025 which puts the current team structure and remit at risk. This requires review and work will take place to assess impact and changes necessary. Reviewing the entirety of the MHLD work programme the RAG status is trending to red and would be considered a 'flashing amber' given the extent of budget implications experienced at present.</p>
MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AHLL09g	30. LD, Autism and Neurodevelopmental Assessment	Review strategy and arrangements for Learning Disabilities / Autism and Neurodevelopmental needs. To be informed by new legislation (current consultation on LD, Autism and Neurodivergence Bill)	BAU		31/03/2025	Amber			Tier 3 (Response)	<p>This project is an amber BRAG status. The Adult Autism Assessment Team (AAT) in NHS Grampian is being funded until March 2025 with existing money. There is no further Scottish Government funding past this.</p> <p>The new Learning Disability, Autism and Neurodiversity Bill (LDAN) consultation has now closed and a Consultation Analysis has been produced however this will not be introduced to parliament until after 2026 Scottish Election. Meanwhile, we continue to support AAT and seek further information which may support future planning/sustainability (e.g. neuro specifications and any associated budget, national requirements). We will undertake a short action plan to update the local autism action plan given the delays nationally with a key action regarding sustainability of adult autism assessment team.</p>
MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AHLL09h	31. Suicide Prevention	Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy	BAU		31/03/2025	Green			Tier 1 (Prevention)	<p>SAMH sub-groups across the North East are ongoing. These are:</p> <ul style="list-style-type: none"> • Building Community Capacity • Children and Young People • Lived experience • Bereavement • Data analysis and risk <p>This feeds into the North East Suicide Prevention Leadership Group (NESPLG) whom meet quarterly along with contracts monitoring meetings. Aberdeen City Suicide Prevention Delivery Group meet bi-monthly to focus on local issues, aims and local action plans. The City Delivery Group are currently responding to local issues being raised.</p> <p>Aberdeen City and Shire are piloting a new database system for death review system called QES that started on 01/10/24. Processes are currently being developed. City and Shire to roll out initially Moray to follow.</p> <p>Aberdeen City's LOIP project charter approved and will provide updates on the aim quarterly.</p>
MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AHLL15	85. Post Diagnostic Support	Review arrangements for delivery of Post Diagnostic Support for people newly diagnosed with Dementia.	BAU	01/04/2024	31/03/2025	Green			Tier 2 (Early Intervention)	Work is progressing on project including data collation improvements for Post Diagnostic Support (PDS) referrals and movement of this to operational team. Further work required on review of current PDS offer, including training, materials etc in addition to securing contract with commissioned service for Young Onset Dementia support.
MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AHLL16	86. Review of NHS OOA Placements	Review NHS Out of Authority Placements.	BAU	01/04/2024	31/03/2025	Green			Tier 3 (Response)	The data is complete on all NHS OOA, cases are being routinely reviewed. Senior team are progressing this work.
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH01	32. Alcohol & Drugs Reduction	Reduce the use and harm from alcohol and other drugs including through the Drugs Related Deaths Rapid Response Plan	BAU	01/04/2024	31/03/2025	Green			Tier 1 (Prevention)	LOIP project team has been established and first meeting of 2025 is 21st January with representation from NHSG, Midwifery, Health Visitor, a community member and the health improvement team 'Drymester' materials have been up dated with local information and is being tested with community group. Discussion have been held with Aberdeen in Recovery and Aberdeen and Drug Actions regarding how we can increase support and referrals to services from localities. Aberdeen in Recovery will be attending the Locality Empowerment groups.
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH02	33. HIS Sexual Health Standards	Deliver actions to meet the HIS Sexual Health Standards	BAU	01/04/2024	31/03/2025	Amber			Tier 1 (Prevention)	Major pressures on small staff team who are focussed on maintaining services, filling vacancies & participation in a review of Grampian hosted services
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH03	87. Childhood Immunisation	Increase uptake in Childhood Immunisations	BAU		31/03/2025	Green			Tier 1 (Prevention)	Uptake for Child Immunisations has seen a small increase following the test of change to increase clinics at Tillydrone & Bucksburn. Although there has been limited uptake in the availability of drop in Sessions at the Aberdeen Vaccination & Wellbeing Hub, the service have used this as an alternative location to re-arrange appointments to support families where required. The Family Health & Wellbeing Event on the 24th July was very successful with over 560 people attending the event. 14 children who have been on the "not brought" list for between 3 - 20 occasions attending the session with their parents and were vaccinated. We will not the impact of this on the Uptake figures until the December 2024 published report. The team continued to attend events over the summer period to promote Childhood Vaccinations at various libraries, Community Centre Galas and the "Under the Sea" Children's event at the Union Terrace Gardens.
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH04	34. Addressing Obesity	Contribute towards addressing the obesity epidemic through promotion of healthy food and nutrition, active travel, and place planning	BAU	01/04/2024	31/03/2025	Green		Prevention	Tier 1 (Prevention)	Following the event we have now established a Systems Network Group (SNG) with multiagency partners from Aberdeen City Council, NHS Grampian, Aberdeen City Health & Social Care Partnership and Third sector. The SNG group will take a collective ownership and leadership in developing a Healthy Weight Aberdeen Action plan, implementing and monitoring progress. Upcoming workshops - 3 February 2025, 13 February and 20 March 2025 to take these actions forward.
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH05	35. Nicotine Cessation	Contribute towards nicotine cessation agenda in Aberdeen City, for example by scaling up Vaping Awareness work across all localities in the City	BAU	01/04/2024	31/03/2025	Green			Tier 1 (Prevention)	<p>In 2019/2023, 15% of adults in Aberdeen City were current smokers, up from 14% in 2018/2022, matching Scotland's national rate. Smoking prevalence was higher among males (17%) than females (13%). Meanwhile, the percentage of adults using e-cigarettes or vaping devices increased from 5% in 2018/2022 to 7% in 2019/2023. Local Outcome Improvement Plan project charters have been approved by Community Planning Aberdeen for Reducing the number of young people aged 13-18 who are using vapes and reducing the number of women smoking in pregnancy.</p> <p>There is a test of change within the Maternity Care pathway has been developed which will mean pregnant women who smoke will be referred to a Health Point member of staff to have discuss health and wellbeing issues. This was rolled out during November 2024. Dates for Cost of Smoking tutor training have been circulated to financial inclusion, employability staff.</p> <p>Key activities to reduce prevalence will be taken forward within the NHS Grampian Tobacco Strategic Plan.</p>

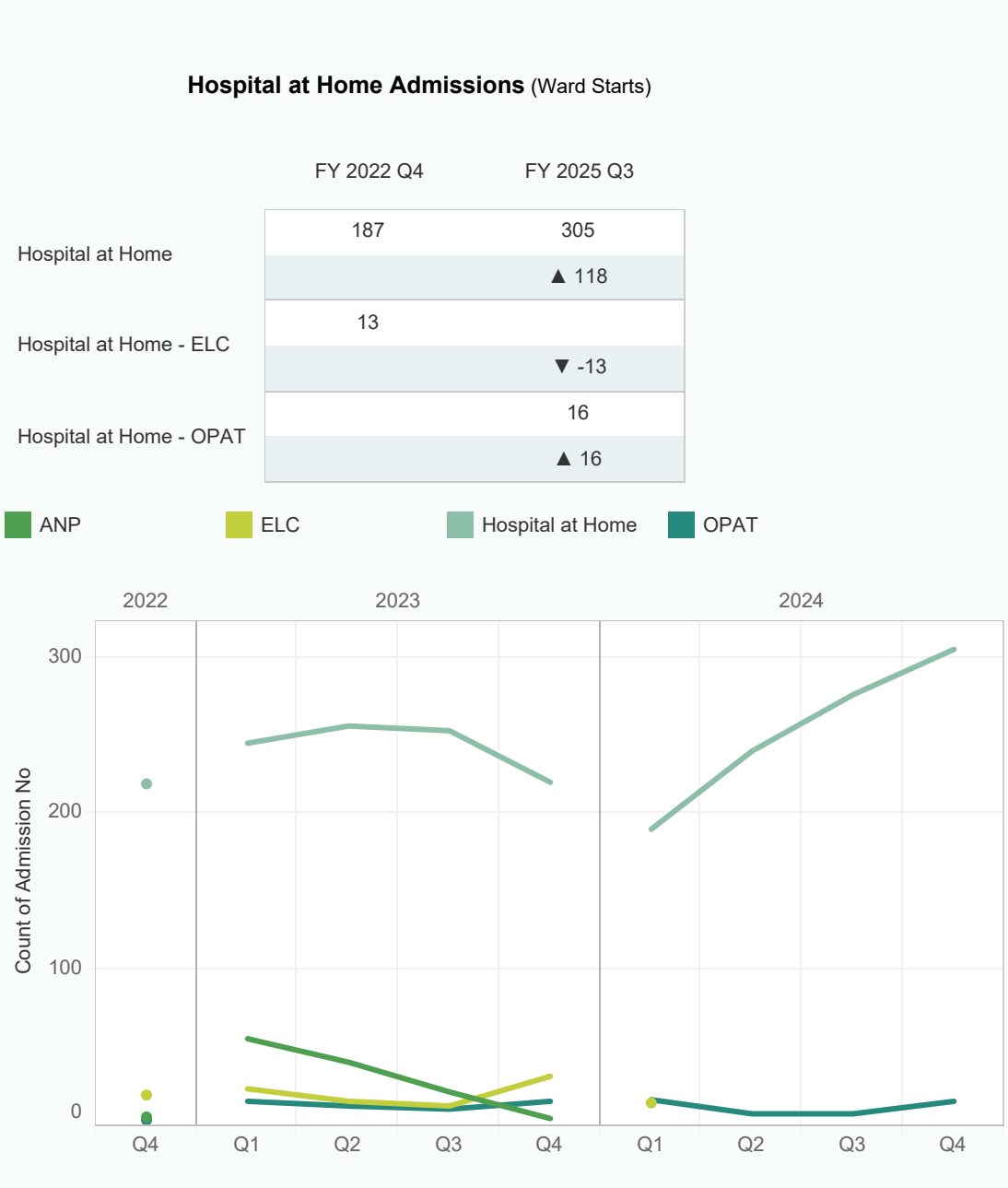
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PH06a	37. Deliver SWSC Social Isolation	Continue to deliver our Stay Well Stay Connected programme to keep people healthy and in good wellbeing, and avoid the risk of social isolation, poor health, illness, injury and early death.	BAU	01/04/2024	31/03/2025	Green		Future Sustainability	Tier 1 (Prevention)	<p>The Wellbeing Coordinators Compassionate Buildings Project in Taransay & Lewis Court made a successful bid to the Health Improvement Fund allowing wellbeing activity to grow and the Boogie in the house to continue. Better awareness and understanding of dementia was identified by tenants and a Dementia Friends course will be delivered in early 2025.</p> <p>Menopause Goals: Scottish Football Association funded training in partnership Aberdeen Football Club Community Trust. Initial 8 week run with a waiting list for next year.</p> <p>Wellbeing coordinators hosted the successful and well attended Women's fair as part of the 36 days of action in the Towns House.</p> <p>The Menopause Bike Ride in Seaton is now running weekly. An intergenerational community's toolkit is being created for pilot. The Intergenerational Peep group currently runs in Lord Hays Court every two weeks.</p> <p>Wellbeing coordinators have taken part in 'Stand Up to Falls' there have been 33 sessions of Falls Prevention Awareness delivered across the city.</p> <p>Wellbeing Coordinators have created a Men's Group Wellbeing calendar of health & wellbeing topics and look to expand this in 2025.</p> <p>A Wellbeing coordinator chairs the Aberdeen Befriending Network. There has been a rise in agency membership allowing for a more co-ordinated approach to support & development, this will help increase befriending capacity across Aberdeen</p> <p>Physical Activity Huddle -Working with Links Practitioners and sports providers in encouraging better physical and mental health for patients with a free 3 month membership to gyms.</p> <p>Boogie at the Bar and Soup & Sanities continue to be very popular, a new Soup and Sanities has begun at Greyhound Bay, with another due to begin in Cornhill during January.</p> <p>The LOIP improvement project on SWSC is on track to achieve the aim of increase participation in SWSC activities by 50% by the end of 2025. Regular participation in SWSC activity has increased from 660 people in 2023 to 1777 people in 2024.</p> <p>Project updates will be reported regularly to the Respected, Included, and Supported Group and CPA Management Group.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PH07	38. Contribute to Transport	Continue to contribute to the Health Transport Action Plan (HTAP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	BAU	01/04/2024	31/03/2025	Green		Prevention	Tier 1 (Prevention)	<p>The key piece of work done in the last quarter was to contribute to the development of the new Health Transport Action Plan (HTAP) for 2024 - 2029. This included Partnership staff taking part in workshops, contributing through HTAP meetings and reviewing the draft document with the HTAP Programme Manager.</p> <p>A monthly staff walk has been established with the support of Paths For All. Additionally, the Partnership will be linking in the NHS Grampians January Walking Challenge to further encourage our staff to choose active travel where possible. The Partnership is now eligible for the Paths For All Walking Work Places award as a result of meeting various eligibility criteria.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PH09	88. Tackling Health inequalities	Contribute towards tackling health inequalities in Aberdeen City through delivery of the Health improvement Fund and wider collaboration with community planning partners.	BAU	01/04/2024	31/03/2025	Green			Tier 1 (Prevention)	<p>The Health Improvement fund process has been undertaken for the Citywide and locality allocations. The Localities Health Improvement opened in August 2024. The number of projects per locality are Central - 12, North - 9 and South - 15. Health Improvement Fund community projects will help the Partnership to deliver community priorities within all three of our Locality Plans. The second round of funding has just closed with £75k of applications received for approx. £21k of available funding within the North Locality.</p> <p>The Partnership will contribute towards delivery of NHS Grampian's 5 year Health Equity Plan for communities within Aberdeen City. One example is supporting Local Outcome Improvement Projects which relate to improving uptake of cancer screenings in Aberdeen. Work with NHS Grampian to support GRECs Health and Diversity Network which recruits health champions from communities of interest to deliver key health messaging from a trusted voice. Funding has been secured to maintain the project and also to target the recruitment of Health Champions from the central locality.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PH10	89. Community Led Development Approaches	Work on a system-wide basis to increase community and professional capacity through community led development approaches such as Health Issues in the Community	BAU	01/04/2024	31/03/2025	Green			Tier 1 (Prevention)	<p>Following the Health Issues in the Community (HIC) short course at Middlefield in March 2024, a number of actions have been taken forward: Litter picking around Middlefield from the wider community has been organised as a weekly event, with support and involvement from Keep Britain Tidy.</p> <p>Eight-week Deaf Awareness classes run for 12 people at Middlefield Community Project free of charge.</p> <p>Community involvement in the consultation process for the revision of Aberdeen City Council and Aberdeen City Health and Social Care Partnership, British Sign Language plan and ACHSCP Strategy and Transformation Team development day.</p> <p>Next steps and building capacity</p> <p>Evaluate the course outcomes and collated data with follow up evaluations after three and six months. Feedback and support to local and Grampian-wide HIC tutor networks.</p> <p>Following three HIC pilots, four community projects have been set up addressing poverty, littering, deaf awareness and community leaflet raising issues on crime and homelessness support.</p> <p>Representatives from 11 services and organisations have completed HIC tutor training during 2024, including Community Learning and Development, Pathways, Middlefield Community Project, and The Wood Foundation.</p> <p>The Communities Team will be supporting 21 tutors who are delivering HIC courses within all three locality areas across Aberdeen City.</p> <p>One HIC course being delivered in Sunnybank which supports LOIP project.</p> <p>HIC being explored to support ABZ Works clients and community organisations within the Central Priority Neighbourhood.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PH11	90. Scale up PEEP	Scale up the Healthier Families PEEP programme to support a whole family approach to health and wellbeing.	BAU	01/04/2024	31/03/2025	Green			Tier 1 (Prevention)	<p>The training session on 18th November was completed with 6 Peep practitioners registering and attending. The Evaluation was very positive.</p> <p>Discussions are ongoing with PEEP programme manager on how to strategically identify potential new practitioners to be trained to deliver the learning together programme and increase uptake for Healthier families delivery which is also contributing to the LOIP around increasing Peep delivery across the city.</p> <p>Three more training dates have been planned for 2025 (20th February, 12th March and 27th March)</p> <p>Data has now indicated that out of 20 practitioners that have attended Healthier Families training there are 10 practitioners delivering Healthier Families programme.</p> <p>'Peepie' the organisation that originally created the Peep framework have contacted the Partnership and are keen to explore wider national use of the Healthier Families programme.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PH12	91. Public Mental Health Approach	Work with NHSG Public Health Directorate and alongside other Grampian Health and Social Care Partnerships to explore the development of a public mental health approach for Aberdeen City	BAU	01/04/2024	31/03/2025	Green			Tier 1 (Prevention)	<p>The Partnership are supporting NHS Grampian's Public Health Directorate to develop and implement a Public Mental Health Approach in Aberdeen City. Public mental health involves a population approach to mental health, and includes treatment of mental disorder, prevention of associated impacts, prevention of mental disorder and promotion of mental well-being, including for those people recovering from mental disorder. The Communities Team are working closely with the Public Health Consultant for Aberdeen City on the development of a Public Mental Health Approach. As first steps, the Partnership will focus on two of our priority neighbourhoods within Aberdeen City: Middlefield and Torry.</p> <p>Middlefield Pilot</p> <p>Middlefield Community Hub has identified a need to provide training for staff and volunteers on how to support community members to improve their physical and mental health. Project to be delivered via 3 rounds of training:</p> <p><u>Round 1: Making Every Opportunity Count (MEOC) training.</u></p> <p>For all staff & volunteers (30-40 individuals)</p> <p>(Delivered by Aberdeen City HSCP Public Health Team: 15th Nov 2024 AM)</p> <p><u>Round 2: Supportive Conversation (inc suicide prevention) training.</u></p> <p>For most staff & volunteers (excluding those who do not wish to participate, for example, volunteers with lived experience of family/peer suicide)</p> <p>(Delivered by Scottish Action for Mental Health; Provisional Date Feb 10th/12th 2025)</p> <p><u>Round 3: Mental Health Champion training</u></p> <p>(Content to be informed by / co-produced with self selecting group of Mental Health Champions within Middlefield Community Project; Provisional Date Tues 6th May 2025)</p> <p>Each tier of training would be evaluated separately, in addition to evaluating the project/approach overall. This will allow us to document learning and share with other areas/community facing resources in Aberdeen. Other Community Projects (Fersands, Tillydrone Lads Club) have already expressed a need for similar training for their facilities.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PH13	92. Reduce local variations in health factors	Work alongside the Children's Services Board (CSB) on prevention and early intervention particularly in reducing local variations in health factors	BAU	01/07/2024	31/03/2025	Green			Tier 1 (Prevention)	<p>Work started on identifying health outcomes within Children Service Plan (CSP) projects. Enhancing baseline data as part of the refocused Population Needs Assessment (PNA)/Joint Strategic Needs Assessment (JSNA) for children and young people to assess degree of variation being explored.</p>

Primary Care	Identify strategy and actions to improve Primary Care services and ensure future sustainability.	CT15	40. Deliver PCIP	Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	FTP		31/03/2025	Green				Tier 1 (Prevention)	<p>The Primary Care Improvement Plan (PCIP) Programme continues to deliver on its 6 workstreams and Vaccinations (VIP), Community Treatment and Care (CTAC) and Pharmacotherapy being the 3 workstream of priority and delivery is against the 2018 PCIP.</p> <p>CTAC - practice-based service fully delivered within the limitations of the funding: clinic-based service now operating from sites (Bridge of Don, Inverurie Road, Colledge Street, Northfield, Carden House, Airyhall, Kincorth, and the City Vaccination Centre) across the city. A new hub will be opening at Couesswellts and should be up an running in February 2025. A plan is progressing for CTAC to vacate the space they were allocated in Carden Medical Practice and move to the Health Village as an alternative premises in the city centre and this will likely be in February 2025. Also as part of this move Colledge Street will no longer deliver CTAC or childhood vaccinations. This workstream has been delivered 98% against the 2018 PCIP plan. All start posts have been recruited to against the plan.</p> <p>Vaccinations (VIP): fully delivered. A second pod has been opened at the City Vaccination Centre during the summer months and gives capacity for on the day appointments. Providing cross cover with the CTAC staff to deliver B12 injection at the VIP Wellbeing hub. This is an option for patients and frees up capacity in the practices for those choosing to participate.</p> <p>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 estimation closer to 2.5 WTE per 5,000. However, currently there is no national agreement on this.</p> <p>The PCIP is included in the GP Visioning Programme which is currently being delivered across NHS Grampian in terms of revising the delivery of the plan. A project sub group has been set up to review the PCIP's across Grampian.</p>
Primary Care	Identify strategy and actions to improve Primary Care services and ensure future sustainability.	CT18	41. Deliver Vision for PC	Deliver City actions in relation to the Grampian vision for Primary Care	FTP		31/03/2025	Green				Tier 1 (Prevention)	<p>The GP Vision implementation programme is ongoing. The five prioritised workstreams continue to feed progress to the board, two further workstreams have commenced (Mental Health & Wellbeing, and Recruitment Retention). IJB Reports have been drafted and will be presented to 3 x IJBs in Jan / Feb 25. Workshop planned for Q4 to review priorities. There are currently no risks to escalate</p>
Primary Care	Identify strategy and actions to improve Primary Care services and ensure future sustainability.	CT19	93. Prescription Costs	Develop and implement appropriate initiatives to mitigate increase in prescription costs.	BAU		31/03/2025	Green				Tier 3 (Response)	<p>Grampian wide prescribing efficiency group working on multiple strands of cost saving activity. Communication initiatives to public, prescribers and Integrated Joint Board's (IJB's). Prescribing data sharing and benchmarking. 2 spend to save projects underway in primary care. Multiple targeted cost saving projects underway. Ongoing Grampian wide meetings, working through prescribing efficiencies booklet. Presentations being given to prescribers (including non medical prescribers). Mistletoe prescribing SBAR approved by SLT.</p>
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.	CT01	42. Redesigning Adult Social Work	Undertake evaluation of redesign work to date ensuring this links to latest service developments particularly in relation to use of digital.	BAU		27/12/2024	Z - Complete	N/A	Future Sustainability		Tier 3 (Response)	<p>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.</p> <p>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.</p> <p>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.</p> <p>31/01/25 - Given social care is entering into a targeted project to reduce costs and thereafter a further re-design will be undertaken, the evaluation is not required. therefore the project will stop.</p>
Rehabilitation Review	Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models.	KPS01	43. Strategic Planning Framework for Review Rehab	Develop a discussion paper to inform a strategic planning framework for the strategic review of rehabilitation across Grampian which will include Specialist Rehabilitation Services hosted by Aberdeen City IJB. This will include consideration of how partners in sports and leisure and wider community resources can assist in delivery of rehabilitation. This will consider rehabilitation delivery models including bed base and community requirements in line with national guidance including SG Progressive Stroke Pathway, SG Neurological Standards and Scottish Trauma Network Major Trauma minimal requirements guidance.	FTP		31/03/2025	Amber	N/A	Future Sustainability		Tier 3 (Response)	<p>This project has an amber BRAG status due to delays commencing the programme. We have assembled a Strategic Review Group to start focussing on what it is we want to be delivering from a Rehab perspective in a community focussed way and how we do that with current resource. Workshop being planned to undertake a strategic lens and review of current pathways.</p>
Rehabilitation Review	Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models.	KPS07	44. Implement Strategic Review Neuro-Rehab	Implement the outcome of the strategic review of the Neuro Rehabilitation Pathway	FTP		31/03/2025	Amber	N/A	Future Sustainability		Tier 3 (Response)	<p>The BRAG status for this project is Amber due as there are outstanding decisions relating to the continued implementation of Phase 1, following delays to recruitment and a request to review the need for the additionality. A paper has been drafted, reviewed and resubmitted to the Chief Officer(s) for consideration. Phase 2 is being develop as a budget savings options as a part of the 25-26 budget setting process, with a decision to be made in March 2025.</p>
Rehabilitation Review	Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models.	KPS34	94. Review of Wheelchair Service	Review of Hosted Wheelchair Service model and processes to identify any areas where efficiency could be achieved.	FTP		31/03/2025	Green	N/A	Future Sustainability		Tier 3 (Response)	<p>Project has commenced with light-touch support from programme manager and local teams. SLT decision has been made on the financial pressure faced by the service. Project Team continue to meet to develop project plan and associated project management documents.</p> <p>Regular meetings being held with Operational team to support efficiencies in way of working including stock control and retrieving of equipment when no longer required.</p> <p>Further progress meeting to be held in January 2025.</p>
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE15	46. Community Communications	Develop proactive, repeated and consistent communications to keep communities informed	BAU		31/03/2025	Green	N/A	Future Sustainability		Tier 2 (Early Intervention)	<p>This project is on track. The ACHSCP's Comms Trustees Group continues to meet on a monthly basis. A Comms Plan/timetable for 2025/26 will be drafted and submitted to SLT with regular comms issued in support of the events in the Comms Plan. The Comms Adviser continues to manage all Press enquiries and works closely with the Chief Officer and others in SLT and ACC and NHSG to manage the external comms issued.</p>
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE23	47. Care for People	Review Care for People arrangements	BAU		31/08/2024	Y- Closed	N/A	Statutory Requirement		Tier 3 (Response)	<p>The original ask around exploring any conflict of interest between ACHSCP's Business and Resilience Lead being the chair of the Grampian Care for People Group and the postholder being a Senior Manager On Call has been discussed by the Grampian Local resilience Partnership who have agreed to include a standing item on all response agendas to establish if a Grampian Care for People Group is needed to be established, and if so then if the postholder is SMOAC at that give time then an alternative Chair for the Grampian care For People Group will be found. The LRP has tried and tested this in response mode and it was well received. The City's Care For People Plan is reviewed on an annual basis. No further action the project is now closed</p>
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE25	49. Cat 1 Responder	Create and adopt a Generic Emergency Plan to reflect Aberdeen city IJB's Cat 1 Responder responsibilities	BAU		31/10/2024	Z - Complete	N/A	Statutory Requirement		Tier 2 (Early Intervention)	<p>An Emergency Activation Plan was taken to RAP Cttee in December 2024 where it was approved. It is planned to arrange training for the SMOCs on the Plan at the earliest opportunity (this will include exercising the Plan).</p>
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE26	50. NCS	Preparing for and managing the transition to a National Care Service (NCS) through the Aberdeen City NCS Programme Board	BAU		31/03/2025	Green	N/A	Statutory Requirement		Tier 2 (Early Intervention)	<p>Update report was presented to IJB in September 24 and Education and Children Services Committee in autumn 2024.</p> <p>Maree Todd announced in writing on 23 January 2025 plans for: introduction of Anne's Law, reforms to information records and standards; a right to breaks for unpaid carers; and changes to procurement processes.</p> <p>There will no longer be a National Board enshrined in law, instead a non statutory Advisory Board will be established to provide guidance and drive improvement in the sector. First meeting expected in spring 2025.</p> <p>Further report to IJB planned following Stage 2 of the parliamentary process.</p>
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE35	95. Additional Charging	Explore other areas where charges could be raised to increase income and contribute to the cost of service delivery.	BAU		31/03/2025	Green				Tier 3 (Response)	<p>Budget savings options for both a 5% increase to existing charges, and for the identification of new charges, are being developed in line with the 2025-26 Budget Setting Process and will be submitted for a decision alongside the MTFF in March 2025.</p>
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GRiVE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	CT02	52. Strategic Review Social Care	Progress a number of priority tests of change to develop a preventative and proactive care approach for Aberdeen City including the development of an Initial Point of Contact (IPOC)	FTP	01/07/2022	31/03/2025	Green	N/A	Statutory Requirement		Tier 1 (Prevention)	<p>Potential for collaboration with Moray regarding Initial Point of Contact, who have developed a similar community connections website and personal data store. This can bring benefits of leveraging Moray's work to avoid duplication and reduce costs.</p> <p>Meeting arranged with Moray to explore the possibility of using their system and to understand the costs involved. Business case to be updated based on the outcome of these discussions.</p> <p>Workshop planned for 16/01 to map out where Technology Enabled Care can be expanded and play a role in provision of care across the city.</p> <p>The Enablement vision was launched at the recent ACHSCP connect conference and further work required to embed into practice</p> <p>The second cycle of the discharge to assess project had successfully discharged three patients in the last two weeks. These patients received care and assessment from the ICAH team and the CAARS OT team.</p>

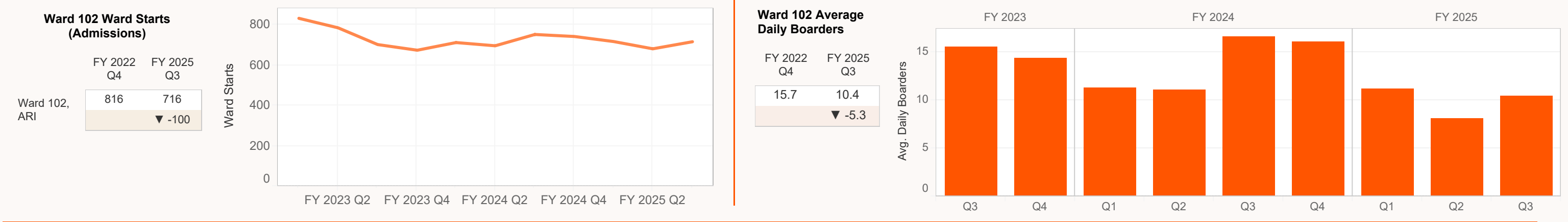
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	CT04	53. ASP Recommendations Implementation	Implement the recommendations from the June 22 Adult Support and Protection inspection	BAU	05/04/2024	31/03/2025	Z - Complete	N/A	Statutory Requirement	Tier 3 (Response)	<p>Improvement to recording by NHS Grampian staff of Adult Support and Protection (ASP) activity – COMPLETE. Training curriculum has been amended and a specific Practice Note issued to patient-facing staff.</p> <ul style="list-style-type: none"> 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). A phased improvement plan for improving use of Chronologies was endorsed by Adult Protection Committee in June 2024. Practice Guidance and related approach to training, is now being developed, including tying in with D365. Practice Development Group set up and meeting monthly. We are going to be a pilot site for the Leading Chronology Improvement - Reflection and Self-Assessment Tool and will be supported by Iriss to work through this tool. Improvement Plan updated to reflect Iriss input. Access to Advocacy – Significant improvement in relation to offer of and take up of advocacy. Being embedded into D365 throughout the process. Key data added in to the dataset which goes to the Adult Protection Committee. Continuing to monitor and feed into the APC. 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 undertaken in June 24 (two years since they were established). Action plan covering the findings is in development. Staff workshop regarding our approach to Large Scale Investigations took place on 9th Oct 2024 – guidance being developed. Council Officer Support Groups meeting 4 times a year. Programme of topics for 2025 developed based on findings from CO Consultation carried out last year. <p>Given the implementation of inspection recommendations and the ongoing improvement plan that sits under the ASP strategy, this project no longer required.</p>
Social Care Pathways	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.	CT05	54. Deliver JSW Plan	Deliver the Justice Social Work Delivery Plan	BAU		31/03/2025	Z - Complete	N/A	Statutory Requirement	Tier 3 (Response)	<p>JSW has representation across the majority of the LOIP projects sitting under the Stretch Outcome "10% fewer adults (over 18) charged with more than one offence by 2026", and is leading a project to improving the number of Exit Questionnaires completed by individuals who have successfully completed a Community Payback Order. The feedback from surveys is actively taken into account to inform improvement.</p> <p>The service continues to operate its Performance Management Board and Best Practice Group, which oversees service effectiveness and drives forward improvement.</p> <p>The identification of suitable premises for the Unpaid Work team continues. The service continues to be provided within the temporary arrangements in place.</p> <p>Substance use awareness sessions are being provided for staff, aimed at increasing knowledge, and consequently the effectiveness of support that can be offered to clients.</p> <p>We continue to see increased numbers of assessments and imposition of Orders for Bail Supervision and Electronic Monitoring which continues to support the national aim to reduce numbers of those remanded in custody as well as providing individuals with necessary support and interventions at an early stage. Additional government funding is provided based on the data returns and the service is staffed appropriately. Numbers diverted from prosecution by the Procurator Fiscal also continue to increase, with Aberdeen having the highest proportion of cases commenced in Scotland for 2023-24. Further to the 'early releases' from prisons which proceeded in June / July 2024, the Prisoners (Early Release) (Scotland) Act received Royal Assent on 22 January. This will see the ongoing future release of short term prisoners after 40% of their sentence (rather than 50%) - except for those with sentences relating to sexual assault or domestic offences. Justice Social Work will collaborate with SPs and other relevant services to ensure that those transitioning from prison to the community have access to housing, healthcare, financial support, as necessary.</p> <p>The JSW Service Delivery Plan is in the process of being refreshed, to coincide with the refresh of the HSCP Strategic Plan.</p>
Social Care Pathways	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.	CT20	96. Social Care Charging	Review of social care charging policy and procedures and robust implementation with a view of maximising income	FTP	05/04/2024	31/03/2025	Green	1,500,000	Budget Saving	Tier 3 (Response)	<p>The collection of payment continues for the range of services tackled in the first stages of the project – housing support services provided by Granite City Consortium, meals and associated chargeable services at Craiglea, Kingswood Court and Lord Hay's Court.</p> <p>An appeals process and the associated documentation for charging has been completed and is being implemented.</p> <p>Charges are now being issued and collected for residents at Wernham House.</p> <p>Work is currently being undertaken to implement appropriate charging for transport to and from the Len Ironside Centre.</p> <p>Work is currently being undertaken to develop and implement a system to charge appropriately for services under the banner of supported living.</p>
Social Care Pathways	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.	CT21	97. Hospital Discharge Pathway	Streamline processes and pathways for older adults social care in a hospital context.	FTP	01/04/2024	31/03/2025	Z - Complete	N/A	Statutory Requirement	Tier 3 (Response)	Project complete. Final survey on implementation success has been completed and findings indicate a continued positive benefit of the change to aligned wards.
Social Care Pathways	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.	CT22	98. Discharge to Assess	Develop an overview of the Partnership's Discharge to Assess approach incorporating links between Hospital at Home and Intermediate Care at Home, enablement approaches, step up and step down and Interim Beds.	FTP	01/04/2024	31/03/2025	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	Currently in the second cycle of a PDSA. This was paused over the festive period. Numbers of patients have been small through this cycle so far. Daily meetings with relevant professionals being held daily, with project meeting weekly to review the process in the previous week. D2A has worked for those small numbers in 102, moving into AMIA with OT providing support to colleagues around the process.
Social Care Pathways	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.	SE07	15. Expanded Use TEC	Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.	BAU	01/04/2022	31/03/2025	Green			Tier 2 (Early Intervention)	<p>The TEC Project Board changed to bi-monthly from December.</p> <p>We are developing proposals for the scaling up of the use of TEC across Aberdeen City. Meetings have been held with project leads in the Moray Growth Deal and South Lanarkshire TEC service to learn from their experience and discuss opportunities for collaborative working. Two online workshops are planned, taking a design-led approach to developing the City's TEC vision and in identifying the priority projects required to deliver on the vision. First workshop will be held on the 16th January.</p> <p>Following option appraisal, a vendor has been selected to supply the TEC requirements at Stoneywood Learning Disability service. The care provided is pleased with the choice of supplier and both organisations already work together at 3 other sites in Scotland. Scottish Digital Office keen to share learning from Aberdeen's work nationally and have joined the Stoneywood TEC evaluation team.</p> <p>TEC Awareness Week held 18th-22nd November with social media campaign and in-person events held at various venues around the city. Plans for this to become an annual awareness raising week.</p> <p>The Digital Support Hub pilot has ended and participants support package moved to GCC contract or ended. SRS continue to offer the service as BAU. Planning continuing in developing the current TEC Library and demo space into a TEC Zone at an alternative location.</p>
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	AHL01	55. Deliver EOM Framework	Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the UB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline.	BAU	01/03/2024	31/03/2025	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	Equality Outcomes and Mainstreaming Framework (EOMF) is a standing item on Equality and Human Rights (EHR) group agenda, a number of areas being progressed including the development of the DiversCity Officers Network and review of the partnership's Equality and Human Rights internal and external webpages. 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 Health and Social Care Partnerships (HSCP) across Scotland. The Annual progress report of EOMF was presented to the Integration Joint Board in May 2024, where it was approved. A draft review framework process for our IIA has now been developed, tested and presented to the Equalities and Human Rights Sub Group in November 2024.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	AHL02	56. Publish IAs	Undertake and publish 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 UNCRC are incorporated.	BAU	01/03/2024	31/03/2025	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	Updated Integrated Impact Assessments (IA), which now include the Consumer Duty and Armed Forces Duty, is now in place following approval by the Integration Joint Board in May 2024. Previous Health Inequality Impact Assessments (HIA) are now published on our website as required and the new IA process is implemented. This is being supported, initially, by the DiversCity Officer (DCO) Network to help build support and capacity across teams as this develops. The DCO Network is working on providing exemplars and video guides for staff to support the completion of IAs. The DCO Network continues to develop training opportunities and work in collaboration with Aberdeen City Council (ACC) Equality Development Officer and Public Health Scotland for opportunities to collaborate and share learning. A draft review framework process for our IIA has been developed, tested and presented to the E&HR Sub Group. Budget Protocol has asked for IIA's to be produced for each option, and we will likely see a significant increase of IAs to be reviewed over the next few months.

Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	AHL04	57. Climate Change and NetZero	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.	BAU		31/03/2025	Amber	N/A	Statutory Requirement	Tier 2 (Early Intervention)	This project has an amber BRAG status because SLT have agreed that the Climate Change work should be slowed in the short term as part of recent discussions regarding creating capacity within the Delivery Plan to support budget saving initiatives. The statutory Climate Change report was presented at the IJB in November, highlighting the progress made in the previous 12 months, and was submitted to the Scottish Government thereafter.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	CT17	58. Monitor and Evaluate Carers Strategy	Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision	BAU	01/03/2024	31/03/2025	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	The Carers Strategy Implementation Group (CSIG) continues to meet bi monthly. The Annual report for progress Jan24 - Jan 25 is under development and due to February IJB. There was a development session for CSIG in December, pulling together all stakeholder and Improvement Project Updates to support the development of the Annual Report. We have heard the positive outcomes and learnings from the Improvement Projects and these will be part of the Annual Report. Carers Reference Group has been established now for one year and was good to reflect on the progress made with the group. We also were able to announce the outcome of collaborative commissioning process as well as the lessons learned, now looking forward to the implementation of new contracts starting in April 2025.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	CT23	99. Revised Strategic Plan	Develop the revised Strategic Plan for 2025 - 2028 taking cognisance of the strategic context, resources available and views of stakeholders.	BAU	01/03/2024	31/03/2025	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	Initial Engagement feedback has been collated and the Draft Strategic Plan, draft Evidence Document, and Consultation Plan are developed as was due to go to November IJB. However, there has now been a revised timeline to consider the Budget and financial pressures impact on our future planning and commitments so consultation draft will now go forward to the March IJB and Consultation on the streamlined Strategic Plan between then and June, for Final Report to be approved a 1 July IJB meeting.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	CT24	100. Early Years and School.	Revisit ACHSCP contributions to early years and school health and wellbeing.	BAU		31/03/2025	Green	N/A	National Agenda	Tier 2 (Early Intervention)	Working on various initiatives and goals aimed at improving the well-being of children and families. Reducing Neglect Referrals: Infant massage sessions continue at Froghall Community Centre with plans for a third block due to positive feedback. Peep Programmes: There has been a good response from parents who would like to be Peep trained and sell themselves to deliver. The quarterly report has shown an increase in the number of families that were supported in the last quarter with an increase of 35% more families attending. There is ongoing work to develop a Rainbow Peep for parents who have lost a child. Domestic Abuse Support: A Community Nursery Nurse has been identified to assist with delivering a programme for those moving on from domestic abuse. : A Community Nursery Nurse has been identified to assist with delivering a programme for those moving on from domestic abuse. Dental Health: Delivering Healthier Families - there is a cohort at Tullos and it is hoped to deliver this at either Greyhope or Deeside. There is a large Nigerian contingent in Torry and a Childsmile worker who is Nigerian has been linked in to offer advice and support around dental care as they are not often aware of the care they are entitled to when pregnant. Financial Support: issues with the Early Years Financial inclusion, no referrals have been received. Pulling together everyone to revisit. There is an alternative that can also deliver all round support for health issues, finance etc, that can give us the data we really need but means a new way of our NHS staff referring into the NHS Healthpoint. Think of a tiered approach to take pressure off. We have ongoing collaborations with various partners such as Sport Aberdeen, Childsmile, and Community Midwifery.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	CT25	101. Hosted Services Audit	Deliver relevant recommendations from the Hosted Services Internal Audit	BAU		31/03/2025	Green	N/A	Future Sustainability	Tier 3 (Response)	A working group has been set up with colleagues from Aberdeenshire and Moray HSCPs. The approach and timelines have been agreed as have standard templates for capturing information, reviewing the rationale for hosting and developing the resultant Service Level Agreements (SLAs) for those services that will remain hosted. This has been approved by all three Senior Leadership Teams which include the managers of Hosted Services. Workshops have taken place over the last couple of months and more are scheduled to complete the initial reviews by the due date i.e. December 2024. The first due date for a recommendation is September 2024 and that is in relation to seeking additional assurance over budgeting and expenditure. Progress on this has unfortunately not met the timescale due to the absence of the CFO. A request for extension to 31st December 2024 was approved. Progress on that and three other recommendations due 31st December 2024 will be reported to Internal Audit.
Workforce	Develop and implement our Workforce Plan	SE01	60. Develop Workforce Plan	Deliver the relevant actions on each of the three Workstream Action Plans supporting the Workforce Plan.	BAU	01/03/2024	31/03/2025	Green			Tier 2 (Early Intervention)	The workforce plan is aligned with the Aberdeen City Health and Social Care Partnership (ACHSCP) strategic plan 2022 – 2025 and focusses on three essential core elements; recruitment & retention, mental health & wellbeing, and growth & opportunities. A workforce workstream workshop took place in April 2024 to identify areas of crossover and reduce duplication in delivery and monitoring of the plan. Task and finish groups are being pulled together for some of the actions in the plan with the Senior Leadership Team having oversight of these. The latest annual update on the workforce plan was delivered to RAPC on 28 November 2023, where it was approved. The Workforce Conference took place on 9th December 2024, and had a focus on Staff Health and Wellbeing and future planning (Strategic Plan Refresh) and showcasing multidisciplinary teams and innovative working. Data reports are now through to support the next annual report going to RAPC in 2025 and information is currently being analysed, with project improvement work support absence rates being pulled together.
Workforce	Develop and implement our Workforce Plan	SE02	61. Volunteer Charter and Champion	Pledge support for Volunteer Scotland's Volunteer Charter and Identity and Volunteer Champion for ACHSCP	BAU		31/03/2025	Amber			Tier 2 (Early Intervention)	Still working with NHSG working group to agree protocols for volunteer use
Workforce	Develop and implement our Workforce Plan	SE03	62. Staff Health & Wellbeing	Continue to support initiatives supporting staff health and wellbeing	BAU		31/03/2025	Green			Tier 2 (Early Intervention)	Very high flu sickness absence levels across Grampian system at present. Asking Senior Leadership Team (SLT) support to ensure good sickness management, return to work policies and staff attendance at various support opportunities available will continue through Q4.
Workforce	Develop and implement our Workforce Plan	SE04	63. Trauma Informed Workforce	Ensure our workforce are Trauma Informed	BAU		31/03/2025	Amber			Tier 2 (Early Intervention)	Working with Aberdeen City Council (ACC) to try to use allocate funds for a part time coordinator. Still no progress. Availability of ring fenced funding to ACHSCP now escalated to ACC Chief Social Work Officer

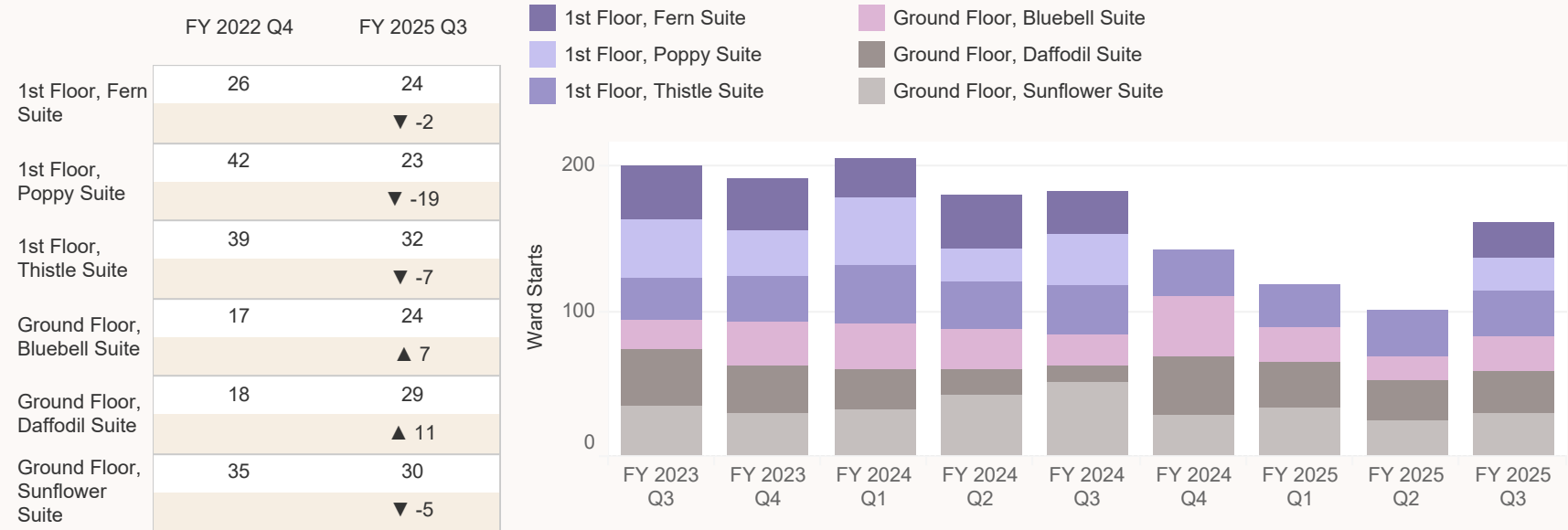
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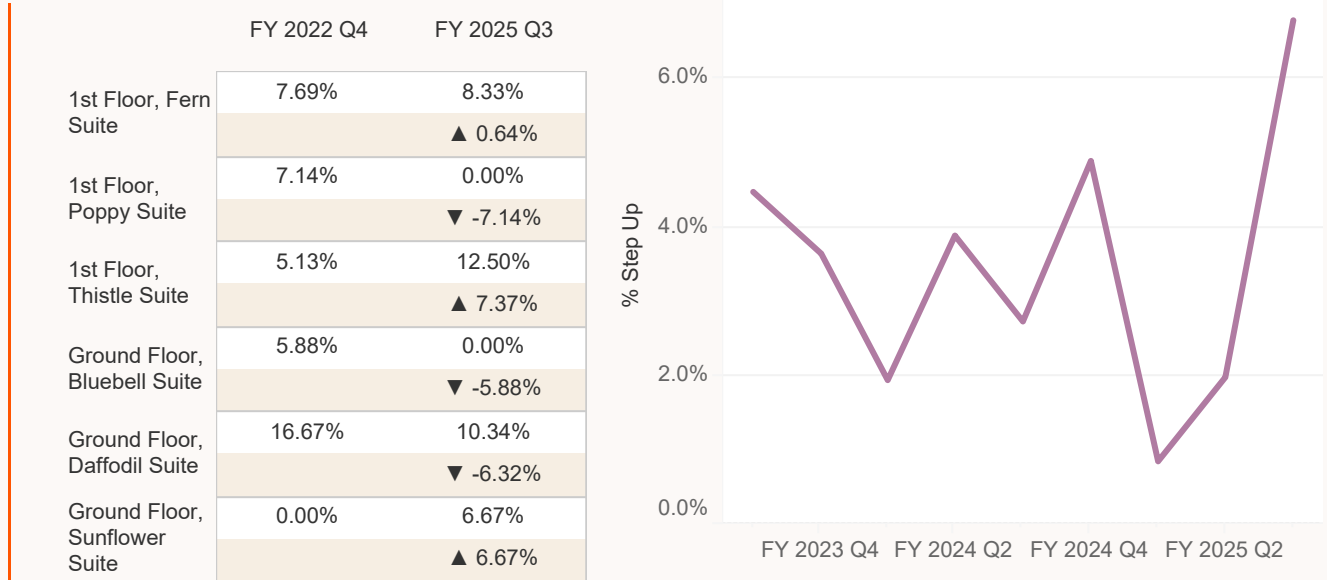
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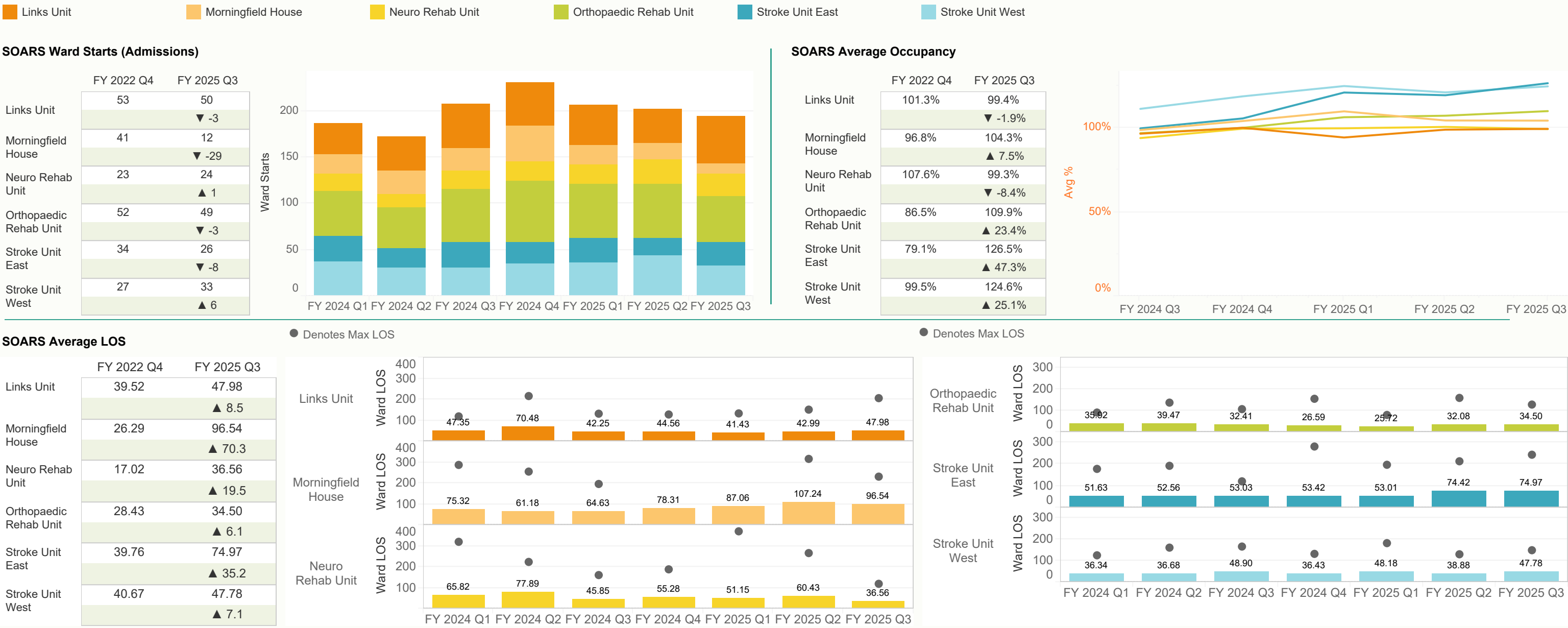
Rosewell House Ward Starts



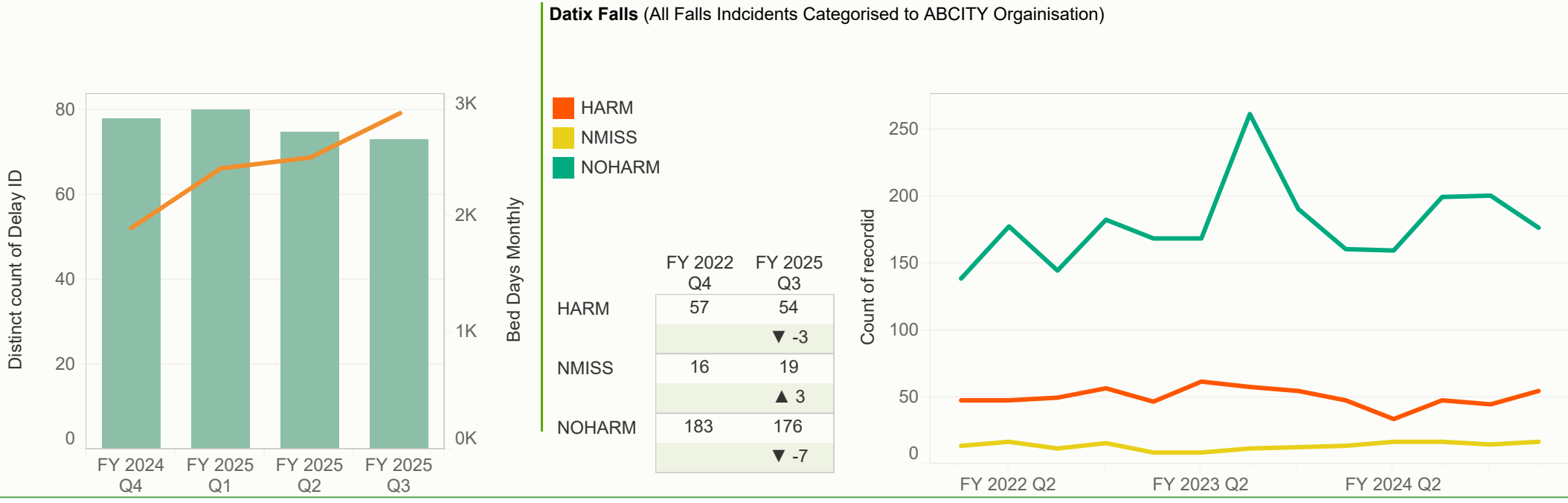
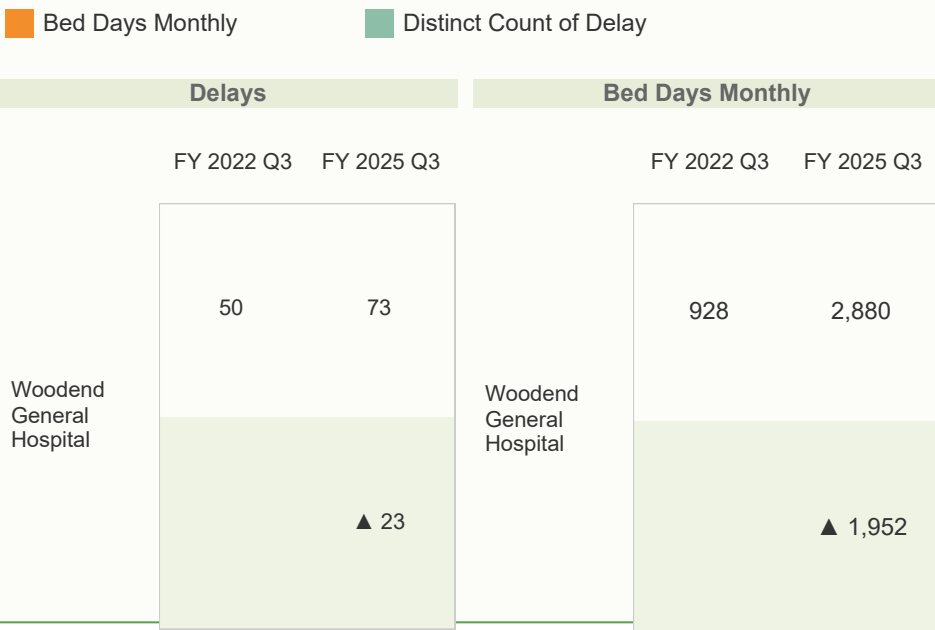
Rosewell House % Step Up (Based on IsFirstWard=1 or Previous Ward Desc='Hospital at Home' derived from Trakcare for each Admission)



REHABILITATION REVIEW



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

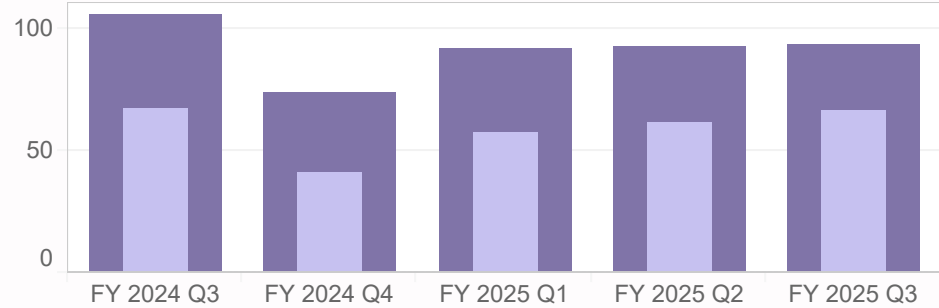


SOCIAL CARE PATHWAYS

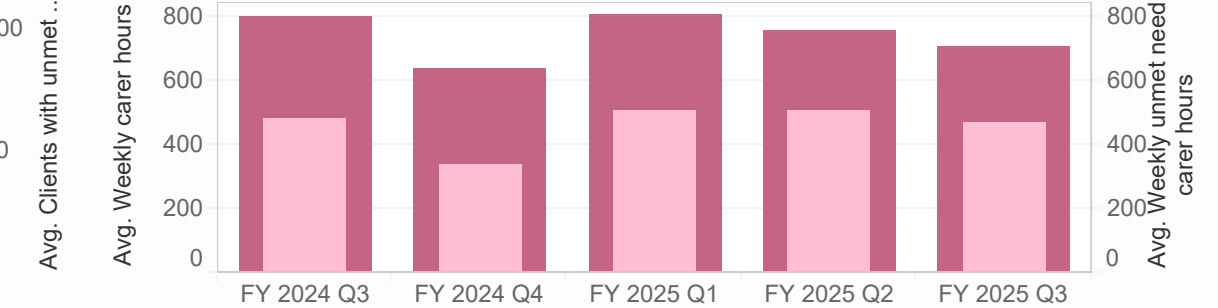
OPEN CASES AND UNMET NEED (14+ DAYS OPEN)

Avg. Care searches in place	FY 2022 Q4	FY 2025 Q3
	283.3	93.8 ▼ -189
Avg. Clients with unmet needs	FY 2022 Q4	FY 2025 Q3
	152.5	66.5 ▼ -86.1
Avg. Weekly carer hours	FY 2022 Q4	FY 2025 Q3
	2,756	707 ▼ -2,048.2
Avg. Weekly unmet need carer hours	FY 2022 Q4	FY 2025 Q3
	1,225	467 ▼ -758.1

Avg. Care searches in p..

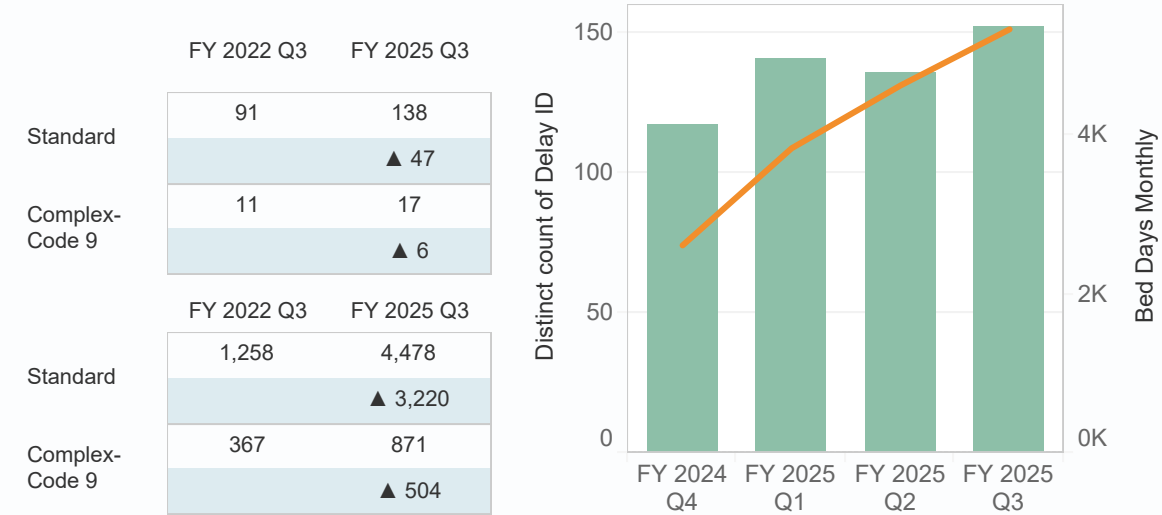


Avg. Clients with unmet...

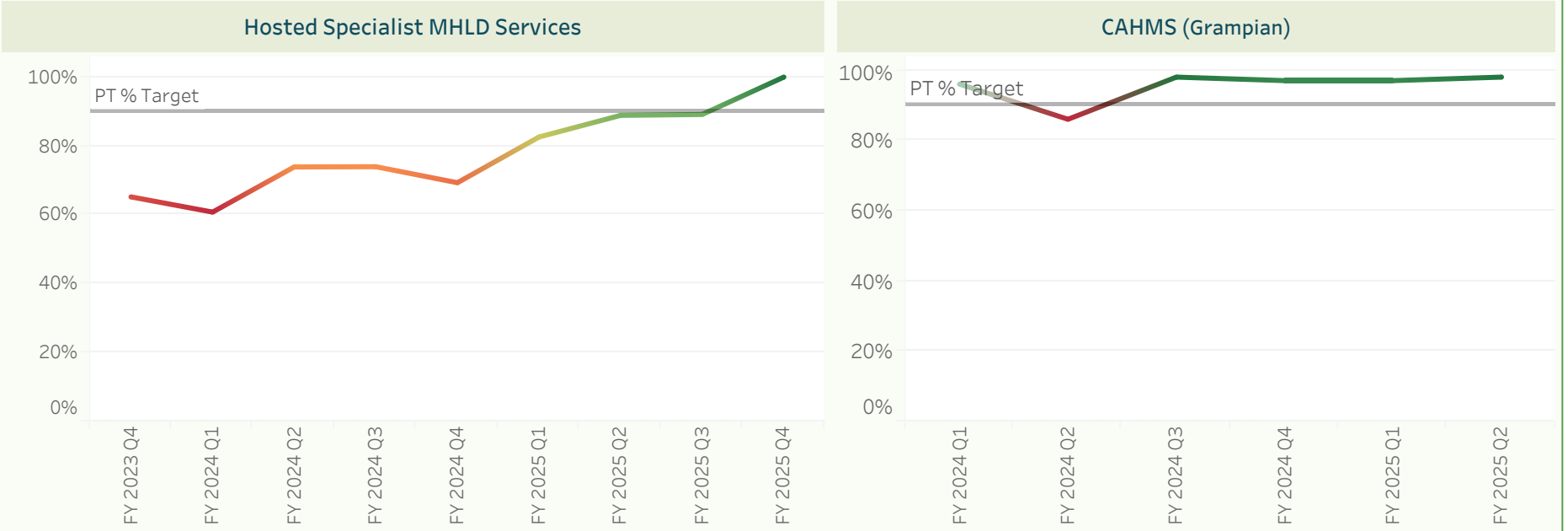


HOME PATHWAYS

DELAYED DISCHARGES (STANDARD AND COMPLEX)

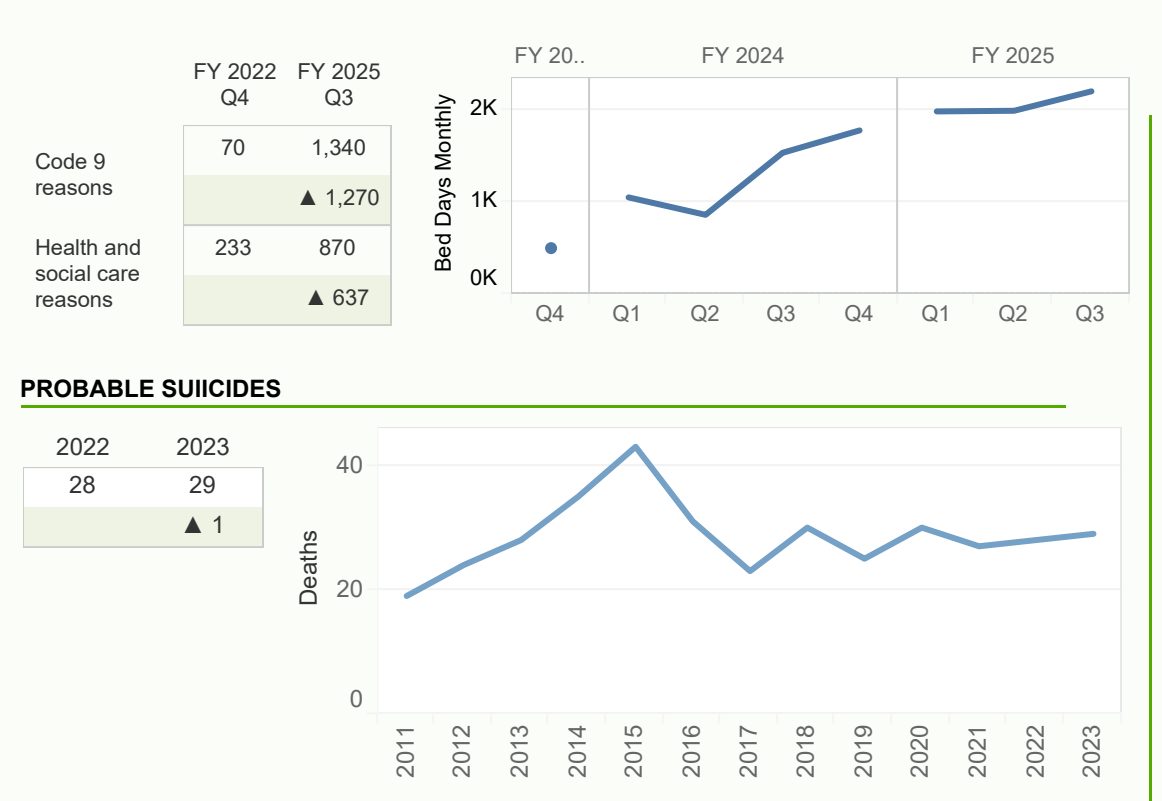


ADULT PT PERCENTAGE TREATED WITHIN 18 WEEKS

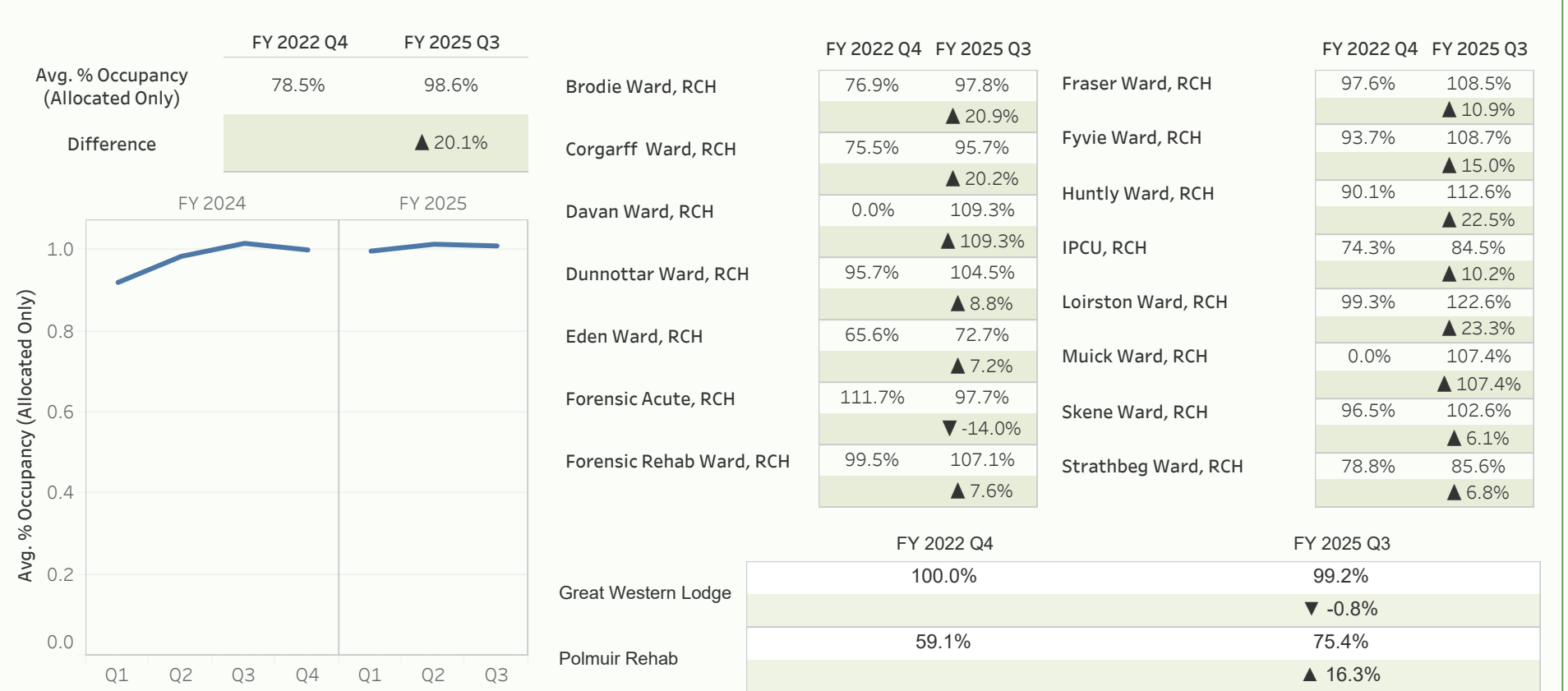


MHL D TRANSFORMATION

MHL D DELAYED BED DAYS (RCH, GREAT WESTERN LODGE & POLMUIR REHAB)



MH AVERAGE OVERNIGHT OCCUPANCY (LISTED WARDS ONLY)



STRATEGY

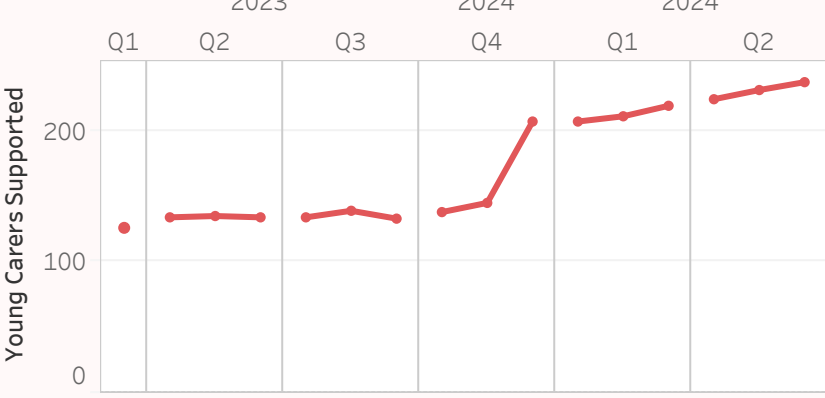
SUITABLE HOMES

	Major Adaptations	Minor Adaptations	Community Alarm & Telecare package	Very Sheltered Housing
2019/20	410	654	2,803	2,382
2020/21	63	295	3,105	2,382
2021/22	156	610	2,543	2,382
2022/23	184	1,234	2,607	2,382
2023/24			2,607	2,382
2024/25			2,895	2,382
2024/25 (*p)			2,825	

ADULT CARERS SUPPORTED

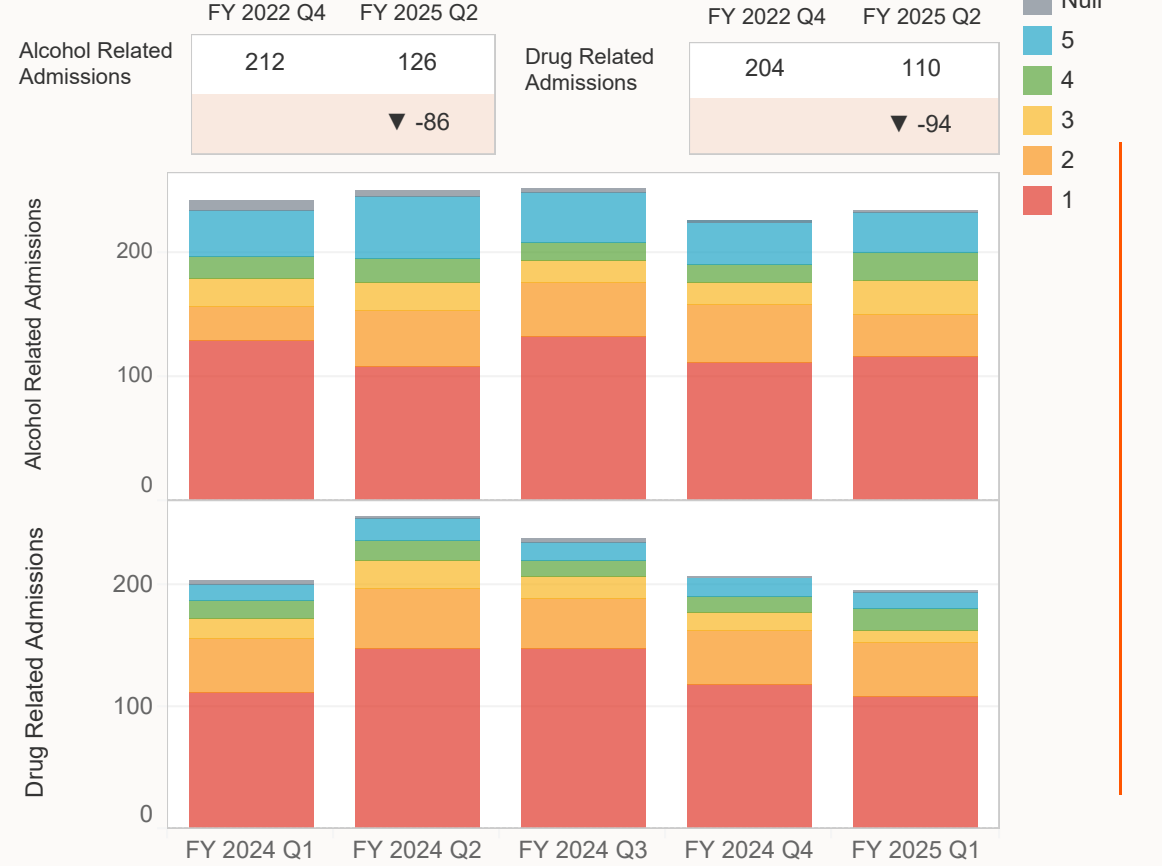
Jan-Mar Figures for given year	2021/22	2022/23	2023/24
	594	1018	1435
2024/25 Latest (Jul-Sept)	1682		

YOUNG CARERS SUPPORTED

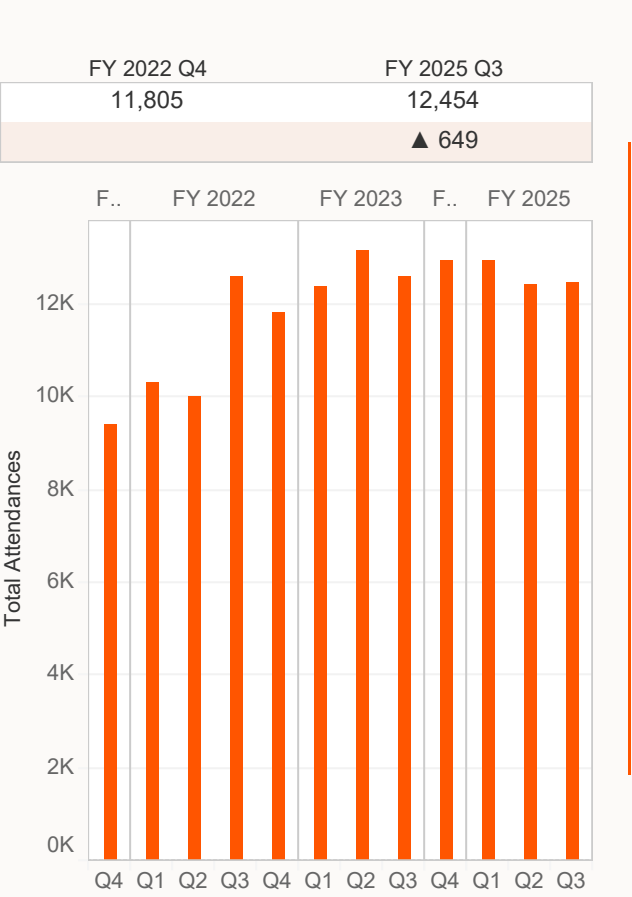


PREVENTION

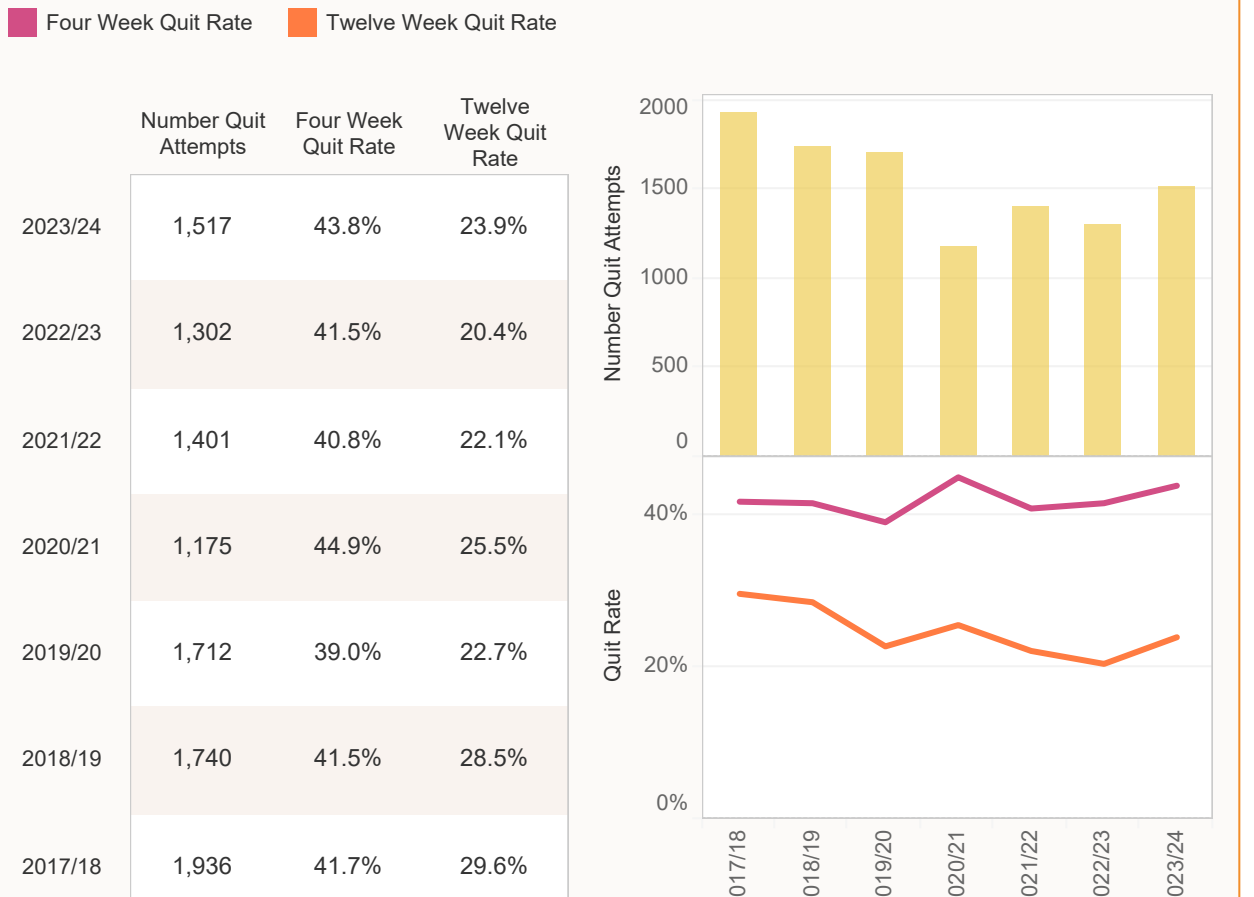
ALCOHOL AND DRUG RELATED ADMISSIONS



SEXUAL HEALTH - TOTAL CLINIC ATTENDANCES

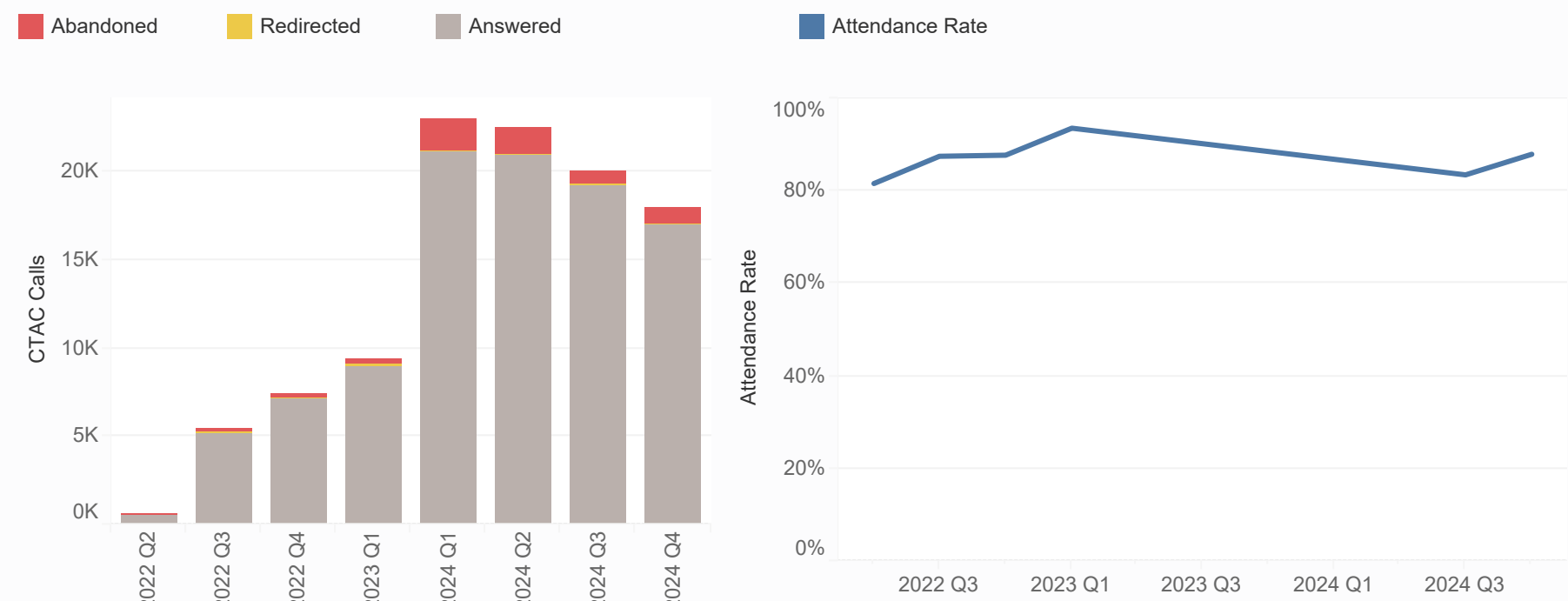


SMOKING CESSATION

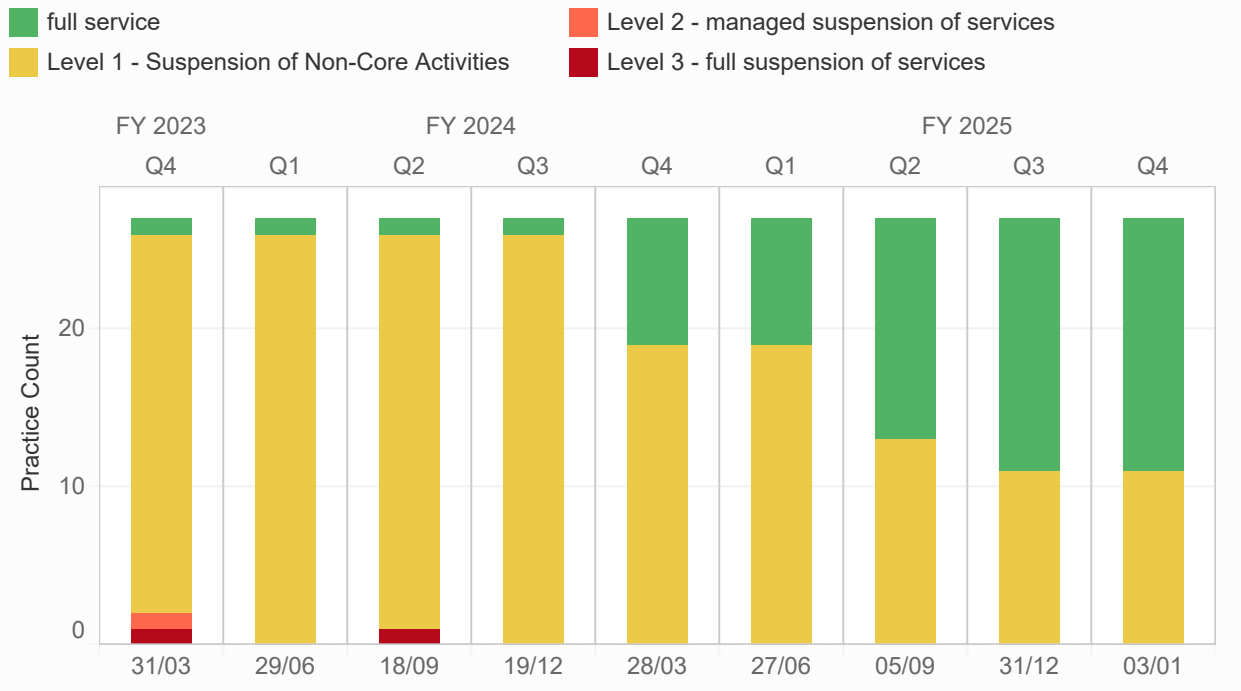


PRIMARY CARE

COMMUNITY TREATMENT AND CARE- (CTAC)



PRIMARY CARE STABILITY LEVELS (Non-standard update frequency, Snapshot of last update each quarter)



DEFINITIONS				
METRICS USED				
<i>Datix</i>	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.	<i>Primary Care</i>	CTAC calls and attendance Provided by ACHSCP. Community Treatment and Care services appointments booked and attended. Call numbers and results also included.
			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.
<i>Delayed Discharges</i>	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).	<i>Rosewell House</i>	% 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.		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.	<i>SOARS</i>	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.
	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).		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.
<i>Hospital at Home</i>	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.	<i>Social Care</i>	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).
	Overnight Occupancy	The total number of occupied beds at midnight for The given date.		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.
<i>Mental Health</i>	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.
	PT Percentage Treated within 18 Weeks	The percentage of patients who were treated within the 18 week treatment time target for the listed service teams. Hosted Specialist Services: Community Perinatal, Community Rehab, Eating Disorders, Eden, Forensic Services, LD, Liason Psychiatry, Maternity., Neonatal, Perinatal & Rehabilitation. CAHMS: Child and Adolescent Mental Health Services	<i>Strategy</i>	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.
	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.		Adaptations Provided by ACHSCP. Adaptations completed split by major/minor.
<i>Prevention</i>	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.	<i>Ward 102</i>	Carers Supported (Young & Adult) The number of carers supported by the partnership, split by age
	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

<i>Creative breaks</i>	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.
<i>Criteria led discharge</i>	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: • 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.
<i>Delayed Discharge</i>	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
<i>Delayed Transfer of Care</i>	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 'DTOCs' 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
<i>Discharge to Assess,</i>	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
<i>Emergency discharge beds</i>	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.
<i>Hospital at home</i>	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.
<i>Hospital Homecoming</i>	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.
<i>Interim placement</i>	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.
<i>Reablement</i>	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)
<i>Rehabilitation</i>	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)
<i>Respite</i>	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.
<i>Step down beds</i>	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.
<i>Step up beds</i>	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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