



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	28 February 2023
Report Title	Strategic Plan 2022-2025: Delivery Plan Quarter 3 Update
Report Number	HSCP23.015
Lead Officer	Sandra MacLeod, Chief Officer
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Consultation Checklist Completed	Yes
Appendices	<i>a. Delivery Plan Q3 Updates</i> <i>b. Delivery Plan Dashboard</i>

1. Purpose of the Report

- 1.1. This report seeks to provide assurance to the Risk, Audit and Performance Committee (RAPC) relating to 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 note the Delivery Plan Quarter 3 Update and Dashboard as appended to this report (appendices a and b respectively).

3. Summary of Key Information

- 3.1. It is outlined in the Strategic Plan's Reporting Framework that RAPC should be reported to on a quarterly basis in order to provide assurance on progress being made towards achieving the ACHSCP's strategic intent as set out within the Delivery Plan.



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- 3.2.** In previous reporting quarters, this has been primarily achieved by presenting the Delivery Plan Dashboard alongside an overview highlight report. The highlight report was used to give insight into the ongoing work and any high-level risks and issues being experienced by the team. In December 2022, internal audit recommended that where possible the same reporting techniques should be used for RAPC as is for the Senior Leadership Team (SLT) who receive updates on the delivery plan monthly. This recommendation is due to be achieved by the production of this report and its appendices.
- 3.3.** Appendix A is the Delivery Plan Progress Tracker which is a spreadsheet utilised by our programme and project teams to provide updates to the SLT. For the purposes of RAPC, an update which spans the full quarter has been submitted to provide an overview of what has been achieved over the period from 1st October - 31st December 2022 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.
- 3.4.** The escalation process as defined by the SLT dictates that where significant risks or issues exist relating to the delivery of intended projects and programmes, or there is a BRAG status of Red assigned, that these are escalated to the SLT in the first instance by means of a Flash Report. In quarter three, the following Flash Reports were submitted, and all of these have been resolved.

Identification Code	Delivery reference	Plan	Overview of Flash Report submitted	SLT Outcome
KPS17	Bed Base Review		Timeline to be extended from September to December 2023 due to resourcing.	Approved
AFHL05	Complex Care Service Design		Timeline to be extended in recognition that the project will continue into 2023-24	Approved



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Identification Code	Delivery reference	Plan	Overview of Flash Report submitted	SLT Outcome
AFHL06	Complex Care Partnership Working	Care	Timeline to be extended in recognition that the project will continue into 2023-24	Approved
AFHL07	Complex Care Need/Demand	Care Future	Timeline to be extended in recognition that the project will continue into 2023-24	Approved
AFHL09 a-f	Mental Health Learning Disabilities Programme (a-f workstreams thereof)	Learning Disabilities Programme	Timeline to be extended in recognition that the project will continue into 2023-24	Approved

- 3.5.** It was agreed that the timelines originally allocated to the above projects had been challenging and coupled with some gaps in resourcing it had proved impossible to deliver within these. The projects are all part of the overall Strategic Plan which has to be delivered by March 2025. It was anticipated that some flexibility would be required across the three years of the plan’s lifecycle.
- 3.6.** The Unscheduled Care Bed Based Review extension was a relatively short one and the project has now been delivered within Year 1. The learning from this will inform another of the Delivery Plan projects in relation to a review of bed-based rehabilitation services however the short delay did not have a detrimental impact on delivery of this.
- 3.7.** The Complex Care and Mental Health and Learning Disability projects are all significant pieces of work which were not fully scoped at the time the original timelines were set. the project teams are confident the new timescales are realistic and achievable and will not need to be revisited.
- 3.8.** Appendix B demonstrates the Delivery Plan Dashboard and this, as with previous quarters pulls together some overarching metrics which the progression of the ACHSCP delivery plan looks to positively impact upon.



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4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from this report.

4.2. Financial

There are no direct financial implications arising from this report.

4.3. Workforce

There are no direct workforce implications arising from this report.

4.4. Legal

There are no direct legal implications arising from this report.

4.5 Unpaid Carers

There are no implications for unpaid carers as a result of this report.

4.6 Covid-19

There are no implications in relation to Covid-19 as a result of this report.

4.7 Other

None

5. Links to ACHSCP Strategic Plan

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.



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6. Management of Risk

6.1. 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.

6.2. 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.