



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	2 nd May 2023
Report Title	Strategic Plan 2022-2025: Delivery Plan Quarter 4 Update
Report Number	HSCP23.028
Lead Officer	Sandra MacLeod, Chief Officer
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Consultation Checklist Completed	Yes
Appendices	<i>a. Delivery Plan Q4 Updates b. Delivery Plan Dashboard c. Performance Framework 2023 Refresh</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 4 Update and Dashboard as appended to this report (appendices a and b respectively).
- 2.2. It is recommended that the Risk, Audit and Performance Committee note the performance framework which has been refreshed for 2023-24 in line with Year 2 of the Delivery Plan (appendix c).

3. Summary of Key Information



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- 3.1. It is outlined in the Strategic Plan’s Performance 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.
- 3.2. As was the case with Quarter 3, this assurance is being delivered by displaying delivery plan updates alongside a strategic dashboard which gives access to high level information which the success of the delivery plan intends to positively influence over time.
- 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 Senior Leadership Team (SLT). For the purposes of RAPC, an update which spans the full quarter has been submitted to provide an overview of what has been achieved over the period from 1st January- 31st March 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 4, 2 Flash Reports were submitted as outlined in the table below.

3.5.

Identification Code	Delivery reference	Plan	Overview of Flash Report submitted	SLT Outcome
KPS12	Hospital at Home (H@H)		<p>The planned trajectory for 45 beds in H@H by the end of Feb 2023 can no longer be met due to recruitment issues.</p> <p>Reviewed target for team is to meet 40 beds by mid-March by developing the respiratory H@H pathways.</p>	Approved



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CT01	Redesigning Social Work	Adult	Timeline to be extended in recognition that the project will continue into 2023-24	Approved
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- 3.6. The flash report for KPS12, (the intention to increase the number of beds within the Hospital at Home service to 100 by March 2025) was escalated to the Senior Leadership Team due the impact of the delay in recruiting the consultant role within the H@H team. The resolution for this was to review the target model and reduce the target beds from 45 to 40 by the end of February. This was approved by the Senior Leadership Team and this target was met. This should not significantly impact upon the overall intention to open 100 beds within the service by March 2025.
- 3.7. The Senior Leadership Team were presented with a flash report which detailed the revised timeline related to the CT01 project. This project intends to Redesign Adult Social Work to enhancing the role of Care Managers so that they play a guiding role in the promotion of personalised options for care. The timeline was extended to December 2024 in recognition of the work to be undertaken within this period. This request was approved by the Senior Leadership Team.
- 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.
- 3.9. Appendix C contains the refreshed Performance Framework for 2023-24. This contains additions from learning gained over the first year of the delivery plan and incorporates recommendations made from the performance management audit carried out in 2022.

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.



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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.

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.



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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.