

Risk, Audit and Performance Committee- Quarter 1 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 Status. Please note that there is now a new category of 'Closed'.

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

1.1. Overall Delivery Plan Status, by BRAG.

Status	Description	No. of Projects	% of Total Projects
Blue	Complete *	0	0%
Green	On track to deliver by deadline	48	76%
Amber	At risk of non-delivery/not meeting deadline	12	19%
Red	Missed Deadline/Unable to Deliver	0	0%
White	Not Started **	2	3%
Purple	Closed***	1	2%
	TOTAL	63	100%

*No projects due to complete before Sep 23

**On the report two projects are marked as not started. One is in relation to the roll out of Morse which will be undertaken by the dedicated pan Grampian TPM when they start at the end of August and another is the Volunteer Protocol which the SRO has confirmed has not been started. The latter has an end date of Sep 23 and a report will come to SLT proposing a new timescale for delivery.

*** The new closed status has been used to close a project where the remit is covered by that of another project(s) (within the Digital programme).

As part of the Performance Framework guidelines, a flash report is to be submitted to the Senior Leadership team where a project is unlikely to meet its aligned delivery dates as per the Year 2 Delivery Plan. No Flash Reports have been submitted within the course of Quarter 1. Through the course of the first year of the delivery plan and now entering into the second, this process has firmly embedded and this, alongside the streamlining and re-scheduling that was conducted did as part of the Year 2 refresh has significantly reduced the need for change requests.

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 while 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	Achievements	Challenges/Worthy of Comment
Commissioning (3)		100%			<ul style="list-style-type: none"> Independent Advocacy has been reviewed and is in the process of being retendered. Contract review of Bon Accord Care underway as well as a Market Position Statement for housing for Varying Needs. Monitoring of Rubislaw and Woodlands continues. 	<ul style="list-style-type: none"> Medical Cover for care settings has been paused due to Senior Responsible Owner (SRO) leaving.
Communities (9)		55%	45%		<p>Gathering successfully delivered on 24th June 2023, well attended, very positive feedback and next steps planned.</p> <p>Test of change established at Northfield PIH involving Rehab, Pulmonary Rehab, Listening Service, PEEP project for healthy Weight and SWSC/AGILE.</p> <p>LEGs continue to be promoted with regular meetings and numbers increasing.</p>	<ul style="list-style-type: none"> Age Friendly City project noted as end date of Jun 23 but that was only for delivery of the Gathering Event. Will need to agree revised end date for ongoing project. Diversity of LEGs not necessarily changing as yet but team linking with partners to promote participation with New Scots in the first instance.

Programme (total no. projects)	Blue	Green	Amber	Red	Achievements	Challenges/Worthy of Comment
					Annual Report on Locality Plans is going to CPA Board on 6 th Sept and RAPC on 19 th Sept and planning for refreshed LOIP has commenced.	
Digital (7)		100%			<ul style="list-style-type: none"> • MEOC LOIP Project End Report going to CPA Board on 6th Sept. • Work on EMAR is progressing well with a pilot site identified (currently scoping suitability) • SRS Digital Support Hub now launched and TEC plan finalised. Balnagask TEC project in Discovery phase with an application for Health Foundation funding in progress. • Good progress being made on the switchover from Analogue to Digital with project on track to deliver well in advance of switchover deadline. 	<ul style="list-style-type: none"> • Suggest removal of SE05 Support the implementation of digital records where possible as already covered in the Morse and Emar project. • SPOC project relaunched with dedicated Project Manager. Will deliver in phases – professional first followed by public. • Morse TPM now appointed and work will begin on roll out pan Grampian as soon as they take up post at the end of August.
Flexible Bed Base (1)		100%			Increase from 37 to 55 beds by November 23 has been agreed.	These increases will utilise all current funding for H@H and further discussion will be required regarding funding for the remaining 45.

Programme (total no. projects)	Blue	Green	Amber	Red	Achievements	Challenges/Worthy of Comment
Frailty (1)		100%			<ul style="list-style-type: none"> A new draft programme plan has been produced to reflect the pan Grampian approach Significant work continues to be undertaken in a challenging environment to manage flow through the Frailty pathway. 	<ul style="list-style-type: none"> Each of the 3 Grampian HSCPs made a bid for HIS-IHUB funding. City and Shire were unsuccessful but Moray was successful and they will link their progress with this work into the wider Frailty group. Recent closure of beds at Rosewell House due to lack of medical cover has impacted Frailty Flow but currently working on a plan to resolve this.
Home Pathways (1)			100%		<ul style="list-style-type: none"> Planning permission for the Stonewood development has been granted. Market Position Statement currently being developed. 	
Infrastructure (2)		100%			<ul style="list-style-type: none"> Interim solution at Countesswells progressing Full review of Primary Care Premises Plan underway and beginning to consider needs for Partnership wide infrastructure plan. 	<ul style="list-style-type: none"> Development not yet reached trigger for moving on long-term solution
MHLD (6)		67%	33%		<ul style="list-style-type: none"> Good progress being made on various transformation projects. Mental Health (MH) Practitioner in GP practice test of change evidencing a 	<ul style="list-style-type: none"> Scaling up of the MH Practitioner in GP practices project is dependent on SG funding and there is a doubt over this being forthcoming.

Programme (total no. projects)	Blue	Green	Amber	Red	Achievements	Challenges/Worthy of Comment
					<p>reduction in GP referral and time as well as improved patient experience with a low rate of onward referral.</p> <ul style="list-style-type: none"> • Work on pan Grampian Autism Strategy has begun. • New Suicide Prevention Service commenced May 2023. 	<ul style="list-style-type: none"> • Progress on neurodevelopment pathway will be constrained as previously promised funding from SG will not now be provided. • SRO taking stock of the number and variety of projects with a view to streamlining to make more achievable.
Prevention (7)		86%	14%		<ul style="list-style-type: none"> • We continue to promote active lifestyles through links with Sport Aberdeen and RGU. • LOIP project on Smoking Cessation End Report will go the CPA Board on 6th September. • Stay Well, Stay Connected project continues – there are now two Soup and Sarnies in Seaton and Torry has held a new one for the first time and the AGILE brochure continues to be heavily promoted. • Public Health and Wellbeing Teams are linking closely with Vaccination Centre making use of the 	<ul style="list-style-type: none"> • There is no update re alcohol and drugs as the SRO does not get back to us when we request these. • Sexual Health Services are under extreme pressures in terms of staffing to deliver day to day services which does not allow capacity to deliver improvements at this time.

Programme (total no. projects)	Blue	Green	Amber	Red	Achievements	Challenges/Worthy of Comment
					<p>interaction opportunities there.</p> <ul style="list-style-type: none"> Community Led Health Approaches are being progressed as is the use of the Health improvement Fund. 	
Primary Care (3)		33%	67%		<ul style="list-style-type: none"> Practice based CTAC service now fully delivered, operating from 5 sites across the City. Vaccinations now fully transferred from GPs to community. 	<ul style="list-style-type: none"> Pharmacotherapy roll out is almost at full capacity. The 3 HSCP Chief Officers have identified a joint objective for the delivery of a vision and key Delivery plan for Primary Care. This is currently being scoped but it is thought it could impact on planned improvement activity in the immediate term.
Redesigning Adult Social Work (1)		100%			<ul style="list-style-type: none"> The review of hospital Social Work is complete and a report was presented to SLT in June. 	<ul style="list-style-type: none"> All ASW Teams have continued to receive an increased number of referrals which has led to some areas of redesign being slowed down or paused. As a result, SLT agreed to an extension to the timescale for completion to Dec 2024.
Review of Rehab (2)		50%	50%		<ul style="list-style-type: none"> There is a strategic planning framework in place which gives a timeline for undertaking the 	<ul style="list-style-type: none"> Currently reconsidering options for Neuro-Rehab with a further discussion anticipated at SLT on

Programme (total no. projects)	Blue	Green	Amber	Red	Achievements	Challenges/Worthy of Comment
					review across full adult rehab pathway. Learning developed during review of neuro rehab pathway will create a beneficial platform to commence this	9 th August. Paper to IJB delayed to Dec 2023.
Resilience (6)		100%			<ul style="list-style-type: none"> Plans for managing budget, communications, emergency planning and preparing for the introduction of the NCS are well underway. 	<ul style="list-style-type: none"> Review of SMOC arrangements are dependent on review of DSC and other meetings (now underway).
Social Care Pathways (4)		75%	25%		<ul style="list-style-type: none"> Review of Hospital Social Work and Interim and Respite Care now complete. Short life working group on preventative and proactive care convened. Two of the five recommendations from the ASP Inspection are complete and progress on the other three is underway. 	<ul style="list-style-type: none"> Delivery of the action plan in relation to the JSW Inspection is Amber. The continued withdrawal of the LS/CMI Risk/Needs Assessment Tool by SG continues to impact the service But the team are contributing to the testing phase and hope it will be returned by the end of the summer.
Strategy (5)		100%			<ul style="list-style-type: none"> Revised EOMF and process agreed at IJB in April with two areas of good practice picked up by EHRC. Climate Change work progressing with a report due to go to IJB in October. 	<ul style="list-style-type: none"> Work of DAG likely to transfer to Strategic Home Pathways Lead in near future.

Programme (total no. projects)	Blue	Green	Amber	Red	Achievements	Challenges/Worthy of Comment
					<ul style="list-style-type: none"> • Delivery of Carers Strategy progressing – annual report due to go to IJB in February 2024. Carers LOIP Project delivered on aim and End Report scheduled. • Progressing self-assessment against new guidance on equipment and adaptations and developing action plan to achieve compliance. 	
Workforce (5)		60%	20%	20%	<ul style="list-style-type: none"> • Delivery of Workforce Plan is progressing. • Delivery of initiatives to support staff health and wellbeing continues. • Work on an SLT Development Plan is progressing well and delivery is ongoing. 	<ul style="list-style-type: none"> • Work on a Volunteer Protocol has not yet commenced and a revised deadline will need to be negotiated. • Trauma Informed Training is scheduled for the SLT on 6th September but has yet to be rolled out to the wider partnership.



1.3 Delivery plan Dashboard

The following provides comment on the Delivery Plan Dashboard.

Measure	Comment
H@H Admissions	37% increase on the previous period.
H@H Capacity	Figures indicate the fluctuating position of the service provision but definitely reflect an upward trend.
Ward 102 Admissions	Reducing trend.
Ward 102 Boarders	Q1 on par with same period last year but Q2 well down on same period last year.
Rosewell House	Admissions show overall trend of increase with reduced trend in step up indicating step down from W102 is predominant.
Rehab	Overall occupancy is reduced but admissions to Orthopaedic Rehab and Stroke Rehab remain high. Orthopaedic has increased by 12.1% and Stroke by 28.8%.
Specialist Older Adults Rehab Services-Length of Stay (LOS)	LOS has increased significantly across all disciplines with Morningfield House and the Neuro Rehab Unit having the highest increases. Conversely, whilst Stroke admissions have increased by 28.8%, LOS has decreased by almost 20% indicating that activity in these areas has delivered results.
Delayed Discharges Specialist Older Adults-Rehab Services	Distinct counts of delay and monthly bed days have both fallen this year although overall there has been an increase on the previous year. No harm falls having peaked are now on the downward trend but Near miss and Harm Falls are static.
Unmet Need	This is on a significant downward trend.
Home Pathways	Delayed Discharge graph indicates decrease between Quarters (the table is used to display the baseline figure).
MHLD	Code 9 delays increase, code 100 decrease. Querying with Health Intelligence. Significant increase in overnight occupancy at RCH (22.8%).
Prevention	Alcohol and Drugs related admissions both showing a significant decrease. Sexual health attendances showing a significant increase on last year. Smoking cessation – both 4 and 12 week quit rates showing a downward trend although number of quit attempts also reduced on previous years (other than 2020/21).
Strategy	Only measure here is in relation to Adaptations and use of Telecare and the data is historical. We will look to add data around delivery of the Carers Strategy and also in relation to the Workforce Plan. Adaptations and Telecare Data is



	currently being updated via the Disabled Adaptations Group (DAG) and should be included for future reports.
Primary Care	<p>CTAC calls responded to increased significantly. Booked appointments increasing sharply and attendance rate plateauing.</p> <p>The majority of practices are remaining at a 'level 1' status. This means that due to ongoing unscheduled care demands since covid-19 many practices are continually proactively managing their service accordingly to meet patient need. These activities might include non-clinical activities for instance, such as referral coding and reporting and does not impact direct patient care.</p>