



## RISK AUDIT PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	04 June 2024
<b>Report Title</b>	Quarter 4 Delivery Plan Update
<b>Report Number</b>	HSCP.24.034
<b>Lead Officer</b>	Alison MacLeod
<b>Report Author Details</b>	Calum Leask Transformation Programme Manager <a href="mailto:CLeask@aberdeencity.gov.uk">CLeask@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Exempt</b>	No
<b>Appendices</b>	<i>a. Quarter 4 Overview b. Delivery Plan Quarter 4 Tracker c. ACHSCP Delivery Plan Dashboard</i>
<b>Terms of Reference</b>	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



## **RISK AUDIT PERFORMANCE COMMITTEE**

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Quarter 4 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 4 update to the Risk, Audit and Performance Committee based upon the Year 2 Delivery Plan as approved by IJB in March 2023.
- 4.2. As outlined in the revised Performance Framework, the Delivery Plan Progress Tracker will show updates for all entries in the Delivery Plan while a supporting Dashboard will be presented showing the key measures which the progression of the Delivery Plan seeks to impact upon.
- 4.3. Appendix A aims to give some context to the progress being made over the past quarter while the Delivery Plan Progress Tracker (Appendix B) shows this detail for each entry within the Year 2 delivery Plan. The Delivery Plan Dashboard in Appendix C displays the key measures and updated figures (where possible) related to these.
- 4.4. There have been updated metrics integrated into the Delivery Plan Dashboard with regard to Mental Health & Learning Disability (MHL) Inpatient, Specialist Services and Child and Adolescent Mental Health Services. The reason for these are twofold: 1) ensure appropriate representation of the key metrics needed to provide effective oversight and 2) ensure inclusion of key performance targets (i.e. Referral to Treatment Time Guarantees (TTGs for Aberdeen City HSCP and Pan Grampian Specialist Psychological Therapies and Grampian Child and Adolescent Mental Health Services, CAMHS)).



## **RISK AUDIT PERFORMANCE COMMITTEE**

- 4.5.** The Delivery Plan Progress Tracker is a spreadsheet utilised by our programme and project teams to provide updates to the Senior Leadership Team (SLT). For the purposes of RAPC, an update which spans the full quarter has been submitted to provide an overview of what has been achieved over the period from January to March 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.
- 4.6.** For this reporting period, there are two projects marked as either closed or completed: AFHL10 (Achieving Fulfilling, Healthy Lives) - Unmet Need list support was closed as a standalone project as this work will be incorporated into the Social Care Pathways Review going forward; and AFHL09f - Mental Health Triage in Primary Care Settings was completed, with the close report issued to the Chief Officer.
- 4.7.** Appendix C shows the Delivery Plan Dashboard. This has been sorted by Programme rather than by Strategic Aim as was the case in 2022-2023.

### **5. Implications for IJB**

#### **5.1. Equalities, Fairer Scotland and Health Inequality**

There are no direct implications arising from this report 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.



## RISK AUDIT PERFORMANCE COMMITTEE

### 5.5. Unpaid Carers

There are no direct implications arising from this report.

### 5.6. Information Governance

There are no direct implications arising from this report.

### 5.7. Environmental Impacts

There are no direct implications arising from this report.

### 5.8. Sustainability

There are no direct implications arising from this report.

### 5.9. Other

None.

## 6. Management of Risk

### 6.1. Identified risks(s)

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



## RISK AUDIT PERFORMANCE COMMITTEE

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

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

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

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

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

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

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

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