



RISK AUDIT PERFORMANCE COMMITTEE

Date of Meeting	3 December 2024
Report Title	Quarter 2 Delivery Plan Update
Report Number	HSCP.24.097
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 2</i> b. <i>Delivery Plan Tracker Year 3 Quarter 2</i> c. <i>Delivery Plan Dashboard Year 3 Quarter 2</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



RISK AUDIT PERFORMANCE COMMITTEE

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Quarter 2 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 2 update to the Risk, Audit and Performance Committee 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 August to November 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 PERFORMANCE COMMITTEE

- 4.5. For this reporting period, there is one project marked as completed. This is SE30 (Consolidation / streamlining of existing mental health and learning disability commissioned services), with the contract commencing on 1st September 2024.
- 4.6. At a programme level, there has been a change in description of the Hospital at Home expansion, whereby the description now details to “*increase the capacity of Hospital at Home to 50 beds*”, whereas for the previous quarter the ultimate stated ambition was for 100 beds. This allows for a balance between expanding the service within the existing funding envelope whilst also prioritising maximising the usage of these beds given that further efficiencies have been identified that can be taken forward.
- 4.7. Appendix C shows the Delivery Plan Dashboard. This has been sorted by Programme as consistent with reporting throughout the previous financial year. As part of a review of existing data flow processes, this has resulted in the updating of several key metrics in order to provide more timeous and consistent updates to the Committee around indicators of interest. These include:
- 4.7.1. Division A and B Hosted Services and perinatal and neonatal now presented quarterly. These data have also been combined together under the heading of ‘Hosted Specialist MHL D services’
 - 4.7.2. Updated data (annualised) on suitable homes with major and minor adaptations
 - 4.7.3. Updated data (annualised) on community alarm and telecare packages
 - 4.7.4. Updated data on adult carers supported (annualised)
 - 4.7.5. Updated data provided on number of young carers supported
 - 4.7.6. Updated data on Community Treatment and Care Calls and attendances rates
 - 4.7.7. Primary Care stability levels now also updated on a quarterly basis
 - 4.7.8. Addition of adult patient percentage treated within 18 weeks for the Child and Adolescent Mental Health Service (CAHMS). This is a Grampian-wide service that is hosted by ACHSCP.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality



RISK AUDIT PERFORMANCE COMMITTEE

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

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	Low	Medium	Performance Framework	If the paper was not



RISK AUDIT PERFORMANCE COMMITTEE

strategic plan not met			outlines the required reporting to take place through the year in order to create assurance	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.

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



RISK AUDIT PERFORMANCE COMMITTEE

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.