

Quarter 2 Delivery Plan Update

Risk Audit and Performance Committee

Summary of Progress

DELIVERY PLAN DASHBOARD

PREVENTION & EARLY INTERVENTION

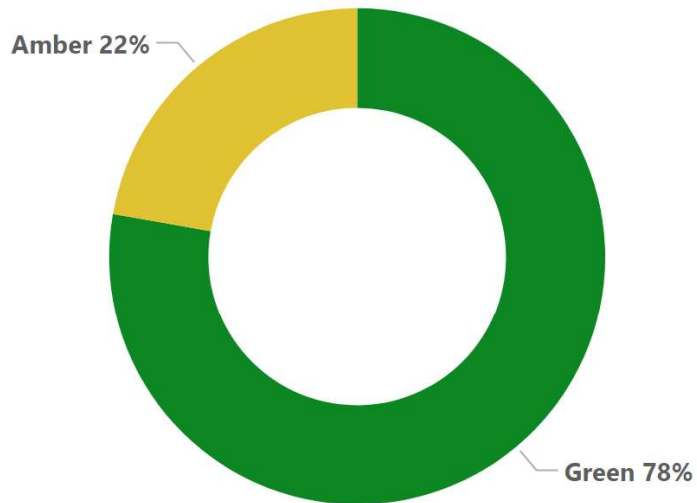
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TOTAL PROJECTS

32

MODERNISING SERVICE DELIVERY

23

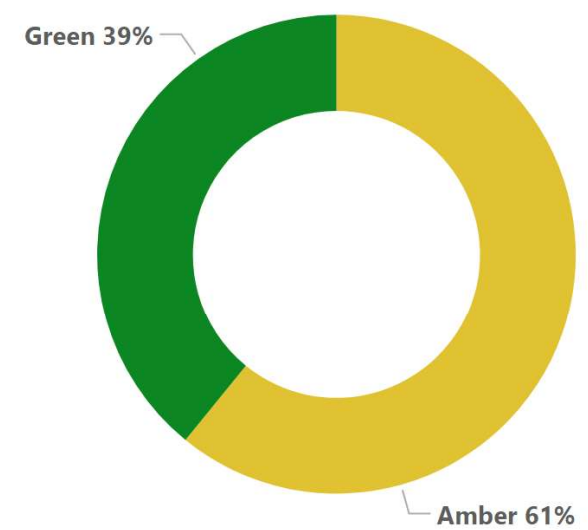


AMBER

RED

GREEN

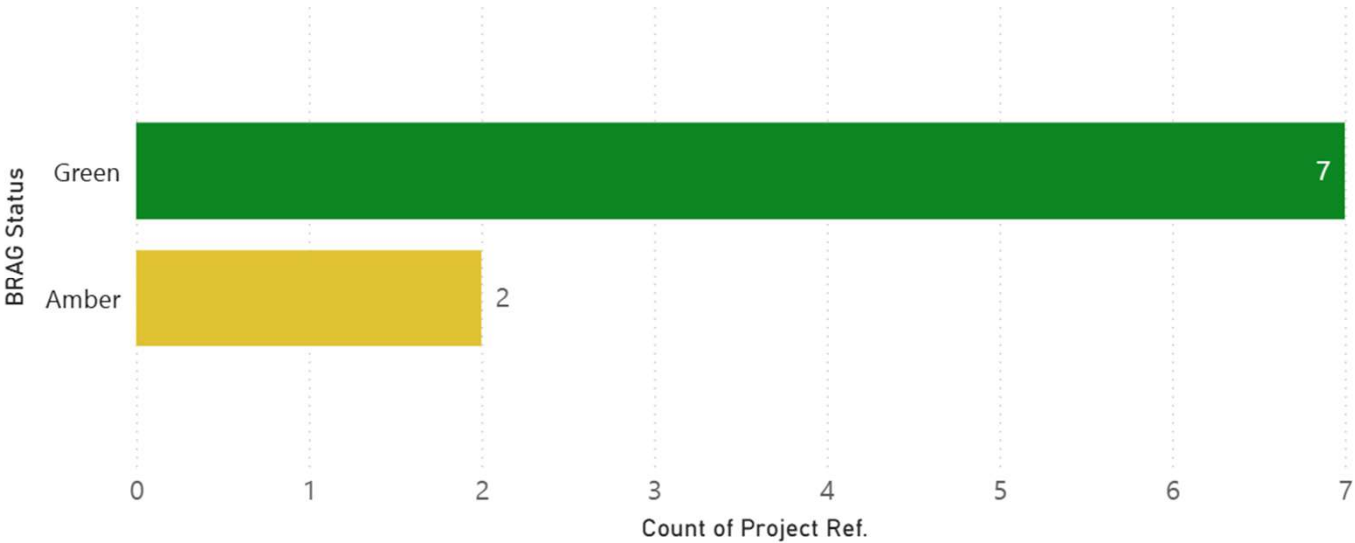
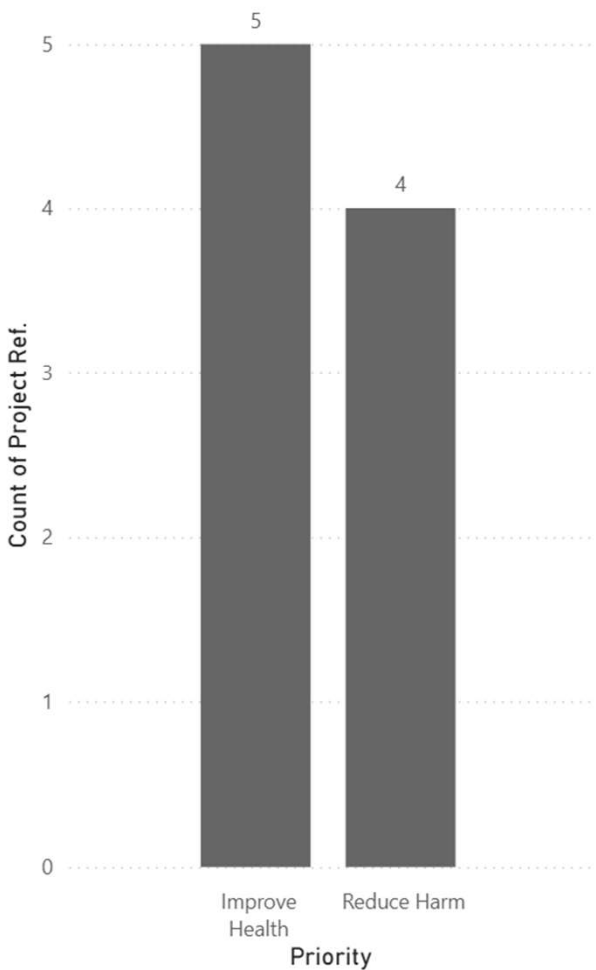
BLUE





PREVENTION & EARLY INTERVENTION

Projects by Priority



Project by Reasons



Prevention & Early Intervention

Risks and Mitigations

Title	Project Description	BRAG Status	Explanation	Mitigating actions
28. Ageing Well	Publish an agreed multi-agency Ageing Well action plan for Aberdeen City by April 2026	Amber	Amber rating as project is currently meeting its milestones, however challenges will emerge at upcoming phases relating to key staff and partner availability to support the project over the winter period, particularly as the project only has one member of the Strategy and Transformation Team working on the project. There is also a risk around the complexity of the mapping exercise.	Programme Plan Communication and Engagement Plan Risk Register Support and oversight of Prevention SRO, Active Ageing Aberdeen Working Group, and Public Health Oversight and Support Group
31. Drugs and Alcohol Harms	Reduce harm caused by the use of drugs and alcohol	Amber	Aberdeen, along with other areas in Scotland, have had an increase in drug deaths in 2025 linked to synthetic opioids contaminating the illicit drug supply. This has increased pressure on services. Specialist drug and alcohol services are GOPES4. ADP/CPA system changes are ambitious but capacity to support transformation is limited	Maintaining service capacity / stability

Prevention & Early Intervention

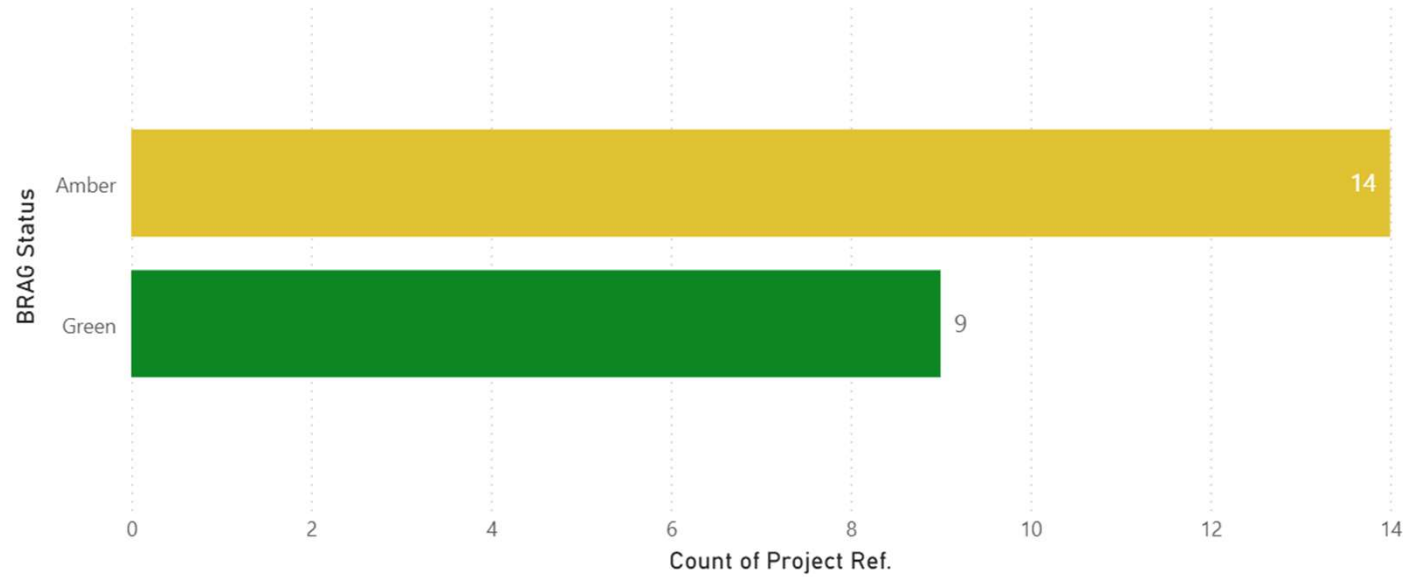
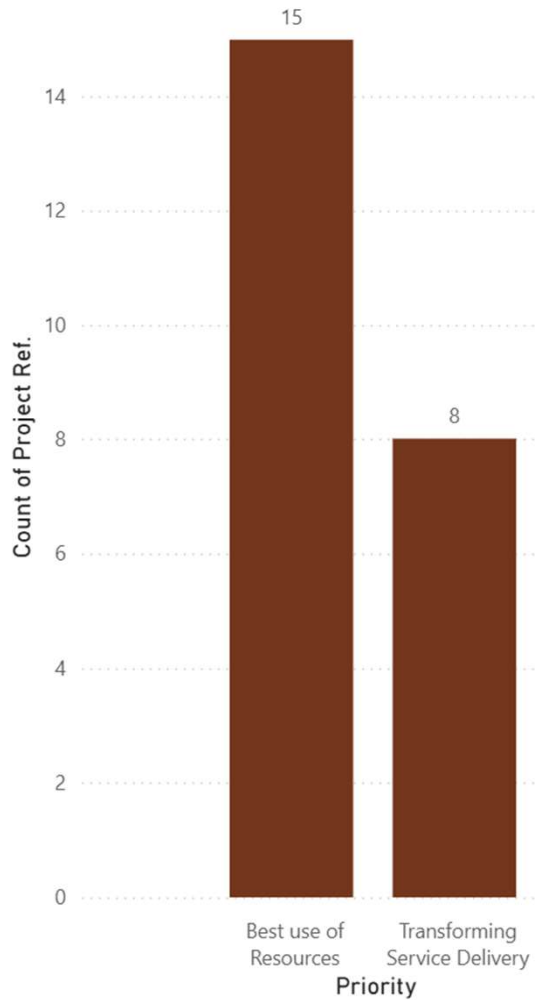
Summary of Measurable Progress

Priority	Tier	Title	Key Progress
Improve Health	Tier 1 (Prevention)	26. Healthy Weight	58 Cross-system stakeholders attended workshop to prioritise activities aligned to this project. Average satisfaction score from attendees was 8.5 / 10 .
Reduce Harm	Tier 2 (Early Intervention)	29. Smoking in Pregnancy	144 women booked by Aberdeen City Community Midwives through new Tobacco Dependency in Pregnancy pathway in July 2025. This contributed towards an increase in the Grampian-wide Carbon Monoxide testing figures, which rose from 71.4% in July 2024 to 77.1% in July 2025.

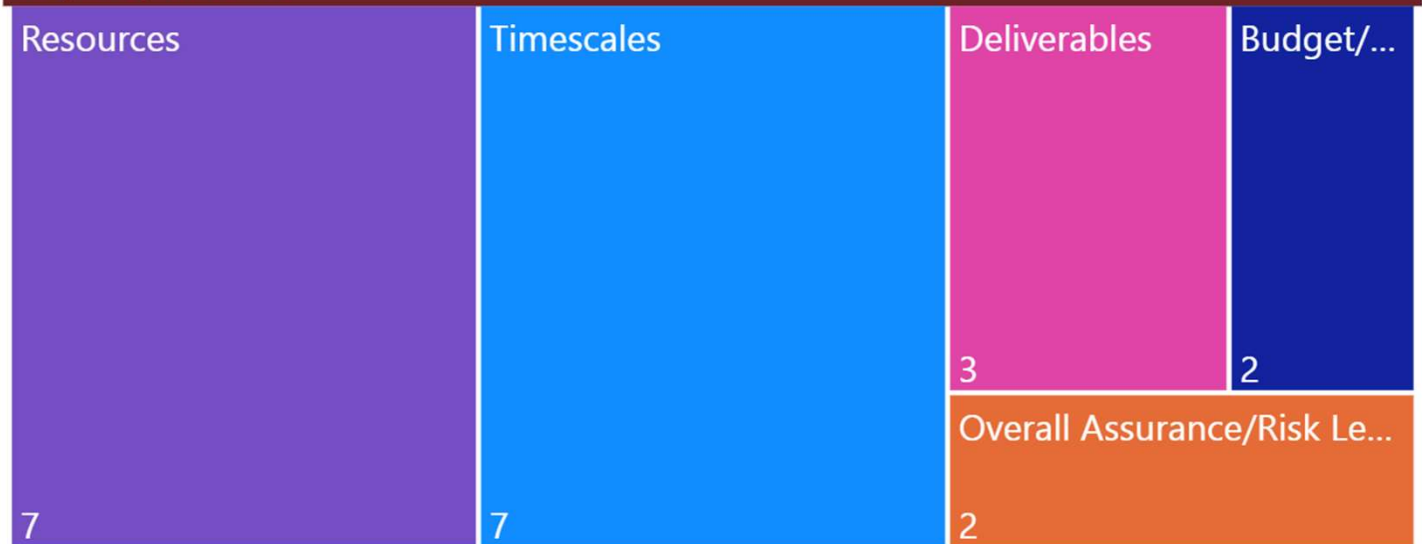


MODERNISING SERVICE DELIVERY

Projects by Priority



Project by Reasons



Modernising Service Delivery

Risks and Mitigations

Title	Project Description	BRAG Status	Explain why BRAG Status is RED/AMBER/BUE	RED/AMBER Mitigation Actions
3. Management of Vacancies	Deliver efficiencies from robust management of vacancies	At Risk	Difficult to measure how many posts have been removed from establishment in 25/26 and how much of the savings can be equated to delaying the process in 25/26.	The vacancy assessment protocol asks managers to skill mix and redesign posts to enable new posts to be considered by the Chief Officer for approval. As of June 2025, all approved vacancies can now be collated on a monthly basis.
5. Technology and TEC usage	Increase the use of technology and Technology Enabled Care across the system	At Risk	<p>The digital innovation project has just been initiated and the level of resource required and capacity to meet resource requirements is being determined.</p> <p>Community pharmacies that serve three of the in-house Learning Disability services have advised that they will not integrate with eMAR for reasons of cost. This issue may impact on timelines and deliverables.</p>	<p>Liaison with internal resources to establish capacity and availability to meet digital innovation project requirements.</p> <p>Discussion between in-house Learning Disability management, SLT, Primary Care and NHS Grampian Community Pharmacy to inform decision-making regarding next steps with regards to pharmacy.</p>
9. Develop data dashboards	Develop data dashboards to support the planning and delivery of services	At Risk	This project is Amber in specific relation to the Activity Dashboards. Whilst they have been developed, a full cycle has not yet occurred whereby they have been presented and socialised at SLT meetings. Further, feedback has been provided that context would be valuable to ensure this information is interpreted appropriately, however this has yet to be produced.	All iterations of the activity dashboard will be presented at SLT by the end of October. Further, an associated commentary documented will be developed, helping provide guidance as to how best interpret the metrics contained within the dashboards, and an indication as to where may be the most appropriate areas of focus. This will be operational by November 2025.
10. Modernise Care Models	Modernise care delivery models for vulnerable adults including people with Learning Disabilities and Complex Needs.	At Risk	<p></p> <p>This is one of a number of priorities aligned to LD which need to be planned for. There is a lack of both planning capacity and operational capacity to fully progress, and other projects underway will need to complete to release capacity. The Stoneywood Project for complex residential care has been top priority for the teams and this workstream.</p>	<p>Work continues to review care packages regularly and make adjustments when needed; providers are reviewed on a regular basis to ensure compliance and if there are issues of overprovision this is addressed. The Dynamic Support Register to log all current and at risk complex and out of area packages is now fully established; Stoneywood site has now opened and will accommodate 5 individuals with complex needs; all these people were longstanding Out of Area cases. Over last six months we have had to prioritise Stoneywood which will also provide key procedures, practices and learning to inform and facilitate further modernisation of all our care delivery models.</p>

Modernising Service Delivery

Risks and Mitigations

Title	Project Description	BRAG Status	Explain why BRAG Status is RED/AMBER/BUE	RED/AMBER Mitigation Actions
11. Improving Transitions	Implement transitions process to improve service user experience and future financial planning	At Risk	The action, to review with Health (CAMHS, LD) its relationship with the approved Transitions Pathway, could not be undertaken by the end of September. Stakeholders are unable to meet until late October. Remain positive and confident for completion by March 2026,	Project Manager undertook a review of the pathway with existing information gained from Health, as an interim, and determined no concerns. A meeting with appropriate Health colleagues has been scheduled for the end of October 2025.
12. Learning Disability Day Care	Review Day Care Provision for people with Learning Disabilities	At Risk	The milestones and dates have slipped over the last month because of other team workload priorities.	Slippage due to limited care management Team resources and need to focus on statutory duties and other work especially around cost control and containment.
13. Out of Area Placements	Review use and cost of Out of Area care	At Risk	The milestones and dates have slipped over the last month because of other team workload priorities.	For all our LD Out of Area 'social care provision' placements we continue to ensure :- 1) Requirements for care management review & provider engagement are met. 2) The Dynamic Support Register (SGovt requirement) is fully maintained on monthly basis. 3) Potential new placements are fully reviewed by MHLD Resource Allocation Panel For Out of Area all specialist health needs placements, we continue to ensure 1) Placement register is maintained and reviewed quarterly. 2) Potential new placements are fully reviewed clinically and processed via formal approval COO/CFO procedures.

Modernising Service Delivery - Risks and Mitigations

Title	Project Description	BRAG Status	Explain why BRAG Status is RED/AMBER/BUE	RED/AMBER Mitigation Actions
14. Commissioned Service Provider Spending Reduction	Reduce spend and achieve value for money with key commissioned service provider	At Risk	Timeline and governance has yet to be defined for the project. At the moment this is overseen by the Budget Saving Oversight Group. Work is being progressed through the Scenario Planning Group and the Contract SLWG.	Highlight requirement for defining exact timescales and project governance at the next scenario planning project group, being held on 09/10/25. Continue to work with partners in the scenario planning group to ensure this happens and the timelines adhered to.
16. GP Vision	Deliver city commitments in the GP Vision	Amber	No dedicated capacity allocated to this programme of work, there is currently only resource to deliver on 6 of the 10 objectives.	A workshop was recently held to determine if there were any additional resources available or whether resource could be re-allocated to alternative workstreams, however it was determined to continue with the current resourced workstreams. There are currently no further mitigations identified.
17. Primary Care Improvement Plan (PCIP) Review	Implement and review Primary Care Improvement Plan (PCIP) to identify, successful efficient delivery of services and areas of improvement	Amber	Lack of interface with Primary care and service delivery.	Amber : Completion within this year 25/26. Challenges in terms of data required across 3 HSCP's. Very little data available through primary care channels and this has caused the delay in completion.
18. Discharge without Delay	Deliver the Discharge Without Delay Collaborative commitments	Amber	The individual projects within this programme are at varying stages. Frailty at the front door progress is reaching a point of being impacted by the progress of the other elements. Implementation of D2A service is slightly behind the original timescales due to the recruitment of staff within the Red Cross (care provider of D2A). Progress in the community hospital step down work has been limited due to difficulties in commencing the group. Planned discharge date / Integrated discharge Hub have a number of test of changes ready to initiate.	A Grampian wide group is being progressed for the community hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and should be embedded rapidly.
21. Residential Substance Use Service	Implement redesign of residential substance use service with a view to delivering a community based support service model	Amber	Update required from Cyrenians on lived experience feedback and project meetings to be reinstated.	Further discussions with Service Manager to explore available future options and set up project governance within project times, and clear timelines agreed.
22. Sheltered Housing Redesign	In conjunction with ACC colleagues, influence the redesign of Sheltered Housing to modernise the model of Housing support .	Amber	Project 1 facing delays in gaining approval due to resource pressures, and other Housing activities being prioritised.	In order to mitigate delays ensure that project team carries out tasks set out in time for the tenants consultation meetings, as there is a small degree of buffer set within existing deadlines.

Modernising Service Delivery

Summary of Measurable Progress

Priority	Tier	Title	Key Progress
Best use of resources	Tier 4 (System Change)	Use of Properties	Target of £153k for this financial year already been achieved through moving CTAC and Immunisations from South College Street into Countesswells and Health Village
Best use of resources	Tier 4 (System Change)	Management of Vacancies	Partnership headcount decreased by 3.3% and whole time equivalent decreased by 4% . Represents a reduction of 65 headcount between July 2024 and June 2025, with an estimated cost saving of £2.8m .
Best use of resources	Tier 4 (System Change)	9. Develop data dashboards	Three new activity dashboards launched this cycle: System indicators (Key Measures which if viewed daily can indicate pressure on the Partnership as a whole); High level dashboard (give an indication of pressure points and activity on particular services on a weekly basis); and Operational dashboard (give an overview of activity across Partnership Services on a monthly basis)

Update BRAG Status Guidance

Criteria	Green	Amber	Red
Timescales (Milestones & Completion Date)	All milestones to date met. Future milestones and final completion date are on track.	One or more milestones delayed, but final completion date still achievable with mitigation.	Critical milestones missed and final completion date cannot be met.
Deliverables (Single or Multiple Outputs)	All deliverables on track for delivery.	75–99% of deliverables on track (some risk but majority expected to be achieved).	<75% of deliverables on track (significant risk to scope).
Resources	Sufficient staff, skills, and capacity available to deliver project as planned.	Some resource pressure or short-term gaps, creating risk to delivery if not addressed.	Insufficient resource available; unlikely to deliver without major intervention.
Budget / Savings	On budget or within tolerance. Financial savings on track.	Budget is forecast to be overspent but mitigations are in place to reduce	Budget is forecast to be overspent and no credible mitigations in place
Overall Assurance / Risk Level	No significant risks identified. Issues minor and easily managed.	Moderate risks present but being actively managed.	Major risks identified with no credible mitigation plan.

Blue Status

- Project completed.
- Project closed.
- Project formally on hold until a future year.
- Not started (planned to start later in the year)

Overall BRAG Status Rule

- Lowest score (i.e. if one criteria is red, overall status is red)