RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	3rd November 2020
Report Title	Performance – Operation Home First – Aberdeen City Priority Projects
Report Number	HSCP.20.056
Lead Officers	Alex Stephen, Chief Finance Officer
Report Author Details	Alison MacLeod, Lead Strategy and Performance Manager alimacleod@aberdeencity.gov.uk 07741 237034
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A: Situation Report Updates and Flash Reports for OHF Priority Projects

1. Purpose of the Report

The purpose of this report is to provide an update on the performance of the Aberdeen City Priority Projects relating to Operation Home First (OHF).

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

a) Note the information provided in this report

3. Summary of Key Information

Background

3.1. At its meeting on 9th June 2020, the IJB were updated on creating the environment in which positive change can be maintained whilst living with Covid-19. This approach is known as Operation Home First which is being delivered jointly by the three Health and Social Care Partnerships in

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Grampian along with NHS Grampian Acute Services. Each partner having responsibility for a number of priority projects.

3.2. A further report was presented to the Risk Audit and Performance meeting of 23rd September 2020 which detailed the priority projects relating to Operation Home First which are being progressed by Aberdeen City Health and Social Care Partnership (ACHSCP) and how these align to the strategic plan, the five programmes of transformation, and the Medium Term Financial Framework.

3.3. The report on 23rd September 2020 also detailed how Operation Home First as a whole would be evaluated across Grampian, noting that a performance Dashboard would be developed by the end of October 2020.

3.4. Whilst that work is ongoing, ACHSCP continue to monitor the delivery of the priority projects it has responsibility for. These include four that are part of the Grampian wide evaluation and a further seven that are local priorities: -

1. Frailty Pathway
2. MH/LD Service Transformation
3. Older Adult Mental Health Pathway
4. Immunisations
5. Digital
    a. Health Visiting
    b. Implementation of NearMe
6. Locality Empowerment and Engagement
7. Community Treatment and Care Services (CTAC)
8. 2C Redesign
9. Implementation of new Care at Home Contract
10. Stepped Care Approach
11. Aberdeen Together
    a. Holistic Locality Planning
    b. Integrated Access Point
    c. Multi-disciplinary Intervention Team

3.5. Appendix A details the latest Situation Report for these projects along with the latest Flash Reports. Points of note are: -

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- Special IJB meeting approved the proposal for a new integrated service to be delivered at Rosewell House as part of the Frailty Pathway with Aberdeen City Council (ACC) as the registered provider
- Paper on Mental Health (Care and Treatment) (Scotland) Act 2003 in relation to detainments to be shared to determine how to deal with these within the Frailty Pathway.
- There is a risk of clinical challenge to the Older Adults Mental Health Pathway which means this may be delayed.
- Delivery of the Flu Immunisation Programme has been challenging with last minute changes to the process for issuing appointment letters causing delays in patients getting letters which is impacting attendance rates. This could impact on the timescale it takes to deliver the programme and the costs.
- There was a presentation at the IJB Workshop on 20th October on 2C Redesign, the final report will be submitted to the December IJB meeting.
- Implementation of the Care at Home Contract is progressing well.

4. Implications for IJB

4.1. **Equalities** - The content of this paper aligns with our Strategic Plan, for which a full equalities and human rights impact assessment has been undertaken. The assessment, on the whole, was positive in relation to the Strategic Plan's impact on equality and diversity within Aberdeen.

4.2. **Fairer Scotland Duty** - There are no implications as a direct result of this report.

4.3. **Financial** – Transformation is key to ensuring financial sustainability of the partnership. Funding for delivery of the ACHSCP OHF priorities has been identified from existing budgets.

4.4. **Workforce** – Resource for delivery of the ACHSCP OHF priorities has been identified from existing.

4.5. **Legal** -There are no direct legal implications arising from the recommendations of this report.

4.6. **Other** - NA

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5. Links to ACHSCP Strategic Plan

5.1. The ACHSCP priorities within the Operation Home First portfolio seek to directly contribute to the delivery of the aims and enablers within the strategic plan:

Project	Strategic Aim
Frailty Pathway	Prevention, Resilience, Personalisation
MH/LD Service Transformation	Prevention, Resilience, Personalisation
Older Adult Mental Health Pathway	Prevention, Resilience, Personalisation
Immunisations	Prevention
Digital Implementation of NearMe & Health Visiting	Digital Transformation
Locality Empowerment and Engagement	Connections, Communities
Community Treatment and Care Services (CTAC)	Prevention, Personalisation
2C Redesign	Personalisation
Implementation of new Care at Home Contract	Prevention, Resilience, Personalisation
Stepped Care Approach	Prevention, Resilience, Personalisation
Aberdeen Together: - Holistic Locality Planning Integrated Access Point Multi-disciplinary Intervention Team	 Connections, Communities Personalisation Prevention, Resilience, Personalisation

6. Management of Risk

6.1. Identified risks(s)

Risks relating to the Transformation Programme are managed throughout the transformation development and implementation processes. The Executive Programme Board and portfolio Programme Boards have a key role to ensure that these risks are identified and appropriately managed. High level risks to programme delivery and mitigating actions are identified within progress reports reported on a regular basis to the Risk, Audit and Performance Committee.

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

The main risk relates to not achieving the transformation that we aspire to, and the resultant risk around the delivery of our strategic plan, and therefore our ability to sustain the delivery of our statutory services within the funding available.

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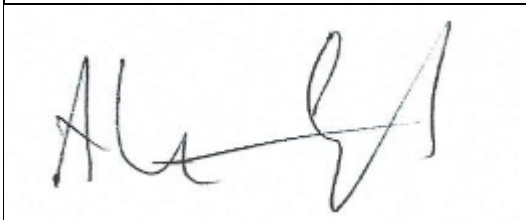
2. There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.

7. Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.
8. There is a risk that the IJB does not maximise the opportunities offered by locality working.
9. There is a risk that if the system does not redesign services from traditional models in line with the current workforce marketplace in the city, this will have an impact on the delivery of the IJB Strategic Plan.

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

This paper updates the Risk, Audit and Performance Committee information on the progress of the Aberdeen City priority areas within Operation Home First that will help provide assurance of whether these are performing as expected.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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Appendix A. SIT Report Update & Flash Reports for the ACHSCP Priority Projects as at 26th October 2020

1. Frailty Pathway

Key Updates	New Risk/Issues/Escalations
Frailty Pathway	
• Further revision of the frailty pathway plan and associated timelines, at the end of last week (w/c19/10/20) the programme plan along with current actions have been revised with new timelines. • Responsible and actioning officers need to be identified for all workstreams. Still to confirm for Aberdeenshire. • The programme meeting structures, and meeting schedules will be revised • Frailty pathway FAQ document circulated with briefing on Friday 2nd October 2020 • Special IJB meeting outcome – Approved the proposal that the new integrated service to be delivered at Rosewell House with the care Inspectorate with Aberdeen City Council (ACC) as the registered provider; to develop a specific Service Level Agreement (SLA) with Bon Accord Care (BAC) to reflect the new arrangements; and to vary both the lease of the building and the current contract with BAC to reflect these changes. • Mental Health (Care and Treatment) (Scotland) Act 2003 in relation to detainments. Paper to be shared with sub group on Friday 9th October with suggestion options. Teresa Waugh and Kay Dunn developing.	Capacity needs to be created in Roswell House. COVID outbreak in Rosewell House. **SRO aware of all new risks & issues**

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Name of project: Frailty Pathway	**Report author:** Heather Tennant **Date of report:** 23/10/2020
• **Objective of project:** Agree a redesigned frailty service delivery model. Informing this will include reviewing available data/information on activity levels prior to COVID in this patient cohort such as occupied bed days, length of stay, occupancy, workforce and variety of conditions supported to inform the new model. • A robust, co-produced and cross-system redesign, which meets people's outcomes and is aligned to the Home First vision across City and Shire. • Transfer of resource to follow activity across the frailty pathway in Aberdeen City and Aberdeenshire	
Context: Operation Home 1st is the next phase in the response to COVID- 19 across Grampian. All 3 HSCPs working closely with the Acute sector will begin to expand services and provide more services in, or close to people's homes. The redesign of the Frailty Pathway is one of a number of key ambitions.	**The challenge:** There is currently an unsustainable demand on services with the need to redesign care of elderly pathways across the system. The bed base is now reduced across the whole system due to bed base reconfiguration within ARI, DGH, Woodend and Community Hospitals in Aberdeenshire and Moray. This provides an opportunity to realign resources to support new Home 1st models.
Next steps • Frailty pathway co – designed and outcomes in progress with streamlined frailty pathway overview model now agreed, working on the next level of detail and aligned documentation including standard operating procedures. • Continuation of communication and engagement activities, including weekly briefing • Programme implementation plan refreshed. Meeting on Tuesday 27th of October 2020 with Chief Officers and members of the project delivery team. • Julie Warrender has been seconded into the role of Transition Lead to progress and lead the implementation of the Rosewell Integrated Health and Care Facility. • Progressing with the new registration for Rosewell House with the Care Inspectorate	**Success criteria:** • Agreed a collective approach across Acute and 3 HSCP's • Realign and upskill for workforce to support delivery of care throughout new pathway • Reconfiguration of beds across the system complete • Positive patient and staff experience • Efficient and streamlined flow across the whole system.

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2. Mental Health

Key Updates	New Risk/Issues/Escalations
MH/LD Service Transformation	
Unscheduled care report completed and approved by SLT 14/10/2020 (paper will be updated and submitted 28/10/20 with update for noting) and enablement costings or circa 30K to be resourced.	
Older Adult Mental Health Pathway	
Final report approved by OHF 14/10/2020 with implementation expected to be by the end of November (paper will be updated and submitted 28/10/20 with update for noting), However, as there is still a risk of clinical challenge this may be delayed. Consultation and response from with Mental Welfare Commission received 08/10/2020 and shared with MHLD Huddle 13/10/2020. First OAMH Implementation group by City completed 15/10/2020. Awaiting confirmation of dates from other areas. SRO updated on Friday 2nd of October	

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Name of project: MH/LD System Wide	**Report Author: Kay Dunn / Isla McGlade**	**Date of report: 26.10.2020**
Objective of project: to ensure a sustainable model of care whilst we deliver a protracted response to COVID-19 with a significant reduction in available beds in inpatient services for Mental Health across Grampian further compounded by the reduction in beds across the wider Grampian-wide Acute Care System. The project will consider all actions in line with the MH Transformation Programme work and strategy.		
Context: the following emergency measures were put in place during Phase 1: Operation Rainbow and will now be embedded in Phase 2: Operation Home First: Embed Near Me; close and shift of Learning Disability inpatient services to the main RCH site; the increased outreach from hospital-based to community based care pathway, and improved access to commissioned pathways.	**The challenge:** Support of, NHSG and City, Aberdeenshire and Moray IJBs & Staffside to implement change. Formal concerns by clinical staff re. Changes to the Older Adult Pathway-delay of decision-making until reassurance is given. Need to support staff with training / equipment to ensure embedding of technology in place of face-to-face where possible	
Next Steps: • Older Adult Works Stream Report submitted to OHF SLT 14/10/20, 3 queries raised and responded to, a final document for noting for OHF SLT on 28/10/20. Report approved. • Unscheduled Care Work Stream report completed and submitted to SLT 14/10/20 1 query raised and responded to. Report approved. • Older Adult Work Stream Report and data on admissions to Mucik/Skene shared with Mental Welfare Commission. • Announced MWC visit to Fyvie (formerly Muick) 3/11/2020 9am • Near Me Practice Guidance for MHLD to be completed by revised timeline end of October 2020 following reviewed timeline. • At request of SRO update on OHF will now be reported to the next Transformation Board Meeting in November 2020. • Write paper for Intensive Psychiatric Care Unit (IPCU) usage.	**Success criteria:** • Embed Near me (timely access) • Embed close and move of Learning Disability inpatient service at Royal Cornhill Hospital (safe and equitable services) • Increased outreach from hospital-based to community-based services (patient centred and equitable services) • Improved access to commissioned pathways (timely and efficient)	

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3. Immunisations

Key Updates	New Risk/Issues/Escalations
Immunisations	
Flu Immunisations Flu Delivery • Appointment letters in most cases continue to arrive on the day or after appointments which is creating a backlog within the city. Additional resource has been identified to support the Grampian team dealing with appointments • New flu line number went live at 9am on 20th October which will have additional lines to deal with patients rebooking • Within the city continue to experience daily staffing issues due to sickness/self-isolating • Additional resource been identified through sport Aberdeen to support logistics of flu delivery Attendances at clinics is being captured and recorded electronically to health intelligence. <u>Delivery</u> Patients from Torry, Kincorth and Westburn have started to be invited to appointments, however, due to problems with issuing appointment as below this has resulted in attendance being significantly reduced <u>Systems and Processes</u> Ongoing issue in relation to sending out appointments for clinics. Due to SIRS not identifying 18 – 64 at risk correctly we have had to resort to mail merging which has generated an additional cost and pressure on an already stretched workforce. In addition, there are significant delays in receiving the extracted patient information from e health to generate letters which is leaving patients very little notice of appointments	SRO aware and escalated to NHS Grampian wide team That flu delivery will continue for longer due to problem with appointments That budgeted costs for flu delivery will be higher due to issue with appointments That patients will not receive sufficient notice of appointment time Insufficient resource to coordinate 9 venues during school holidays

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Key Updates	New Risk/Issues/Escalations
Implementation of vision anywhere as solution to input patient vaccine information into GP IT systems has been delayed. Anticipated go live to be 9th November. <u>Workforce</u> Significant strain on small team coordinating flu clinics <u>Communications</u> National flu campaign has been delayed and will now not start until 8th October Question and answer briefing shared with elected members/ community councils and IJB Information session taken place with Locality empowerment groups	

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Name of programme: Immunisations	**Report Author: Jo Hall** **Date of report: 26.10.20**
Objective of project: to support the health of Aberdeen Citizens by modernising the delivery of vaccinations, empowering local decision making and providing services at the right time in the right place to meet patient needs	
Context 2018 GMS Contract - It is a requirement that by 31st March 2022, Aberdeen City Health and Social Care Partnership have taken over the responsibilities for administering immunisations within the city.	**The Challenge** • **Workforce**- availability of sufficient staff to cover immunisation clinics • **Premises** - designing delivery models that are safe, effective, and able to continue delivery in a pandemic-situation • **Systems** – having digital solutions that are fit for purpose to support the appointment process and uptake recording • **Data** – uptake data is provided for some vaccines on a weekly basis; however, this is on a city-wide basis so unable to identify trends across the city to make improvements to service delivery. • **Vaccines** – assumptions being made on timescales in relation to availability of covid vaccine
Success Criteria • Greater access and Inclusion for the citizen of Aberdeen by providing person centred service (right time in right place) • Ability to plan better and meet variations in demand as a city immunisation service. • Improved uptake of immunisations within the city	
Progress **Flu Imms** • Delivery commenced 29th September • Due to system issues with generating appointment letters we have had to implement contingency which has delayed letters being issued to patients. We continue to experience issues with patients receiving appointment letters in time. • Evaluation was developed and capturing feedback from 20 patients per day	**Next Steps** **Flu imms** • Delivery of flu clinics - schedule to continue to be refined based on available workforce and venues. • Put solution in place in conjunction with NHSG to address risk in relation to delay in patients receiving appointment letters • Continue to implement communication plan **Routine Imms**

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• Workforce been identified for mass immunisation clinics and continuing to identify workforce going forward • Venues for mass immunisations – layout is working effectively to ensure patient flow and we are receiving positive information. • System – delay in implementation of vision anywhere by 5 weeks • Flu Communications Plan – flu comms plan being implemented. National flu campaign was delayed and commenced on 8th October **Routine Imms** • **People** - Recruitment for posts ongoing – job profile being refined and ongoing discussions with HR (Imms Coordinator x 2 WTE/ business support coordinator/ business support administrator/ Imms Nurses) • **Venue** – continue to work with partners to progress relocation into community assets. Progressing access agreement for Tillydrone Hub which will collocate service within community hub.	• Premises – continue discussions with partners in relation to collocation of routine immunisation service. • People –Agree timescales in relation to organisational change process for implementing redesign of immunisation teams **Covid Vaccine** • Governance arrangements in relation to Covid vaccine programme needs to be developed and approved by start November • Develop delivery models to include walk and drive through clinics

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4. Digital

Key Updates	New Risk/Issues/Escalations
Digital	
The ordering of IT infrastructure & hardware through NHS procurement, is now back to BAU. Teams will be required to provide a budget code when ordering.	

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Name of project: Health Visiting Digitisation (part of the Digital programme)	**Report Author: Eve Whyte Date of report: 20/10/20**
Objective of project: - Move ACHSP Health Visiting from a paper-based case record and scheduling to a digital Platform called Morse.	
Context: The Health Visiting Service offers a service to assess the developmental health and wellbeing of all children between the ages of ten days - five years (or when the child starts school). Within this time, the Health Visitor acts as the named person for the child and will intervene where additional support is required, the Health Visitor is central to any further interventions. The named person service is a central part of the Scottish Government's 'Getting it right for every child' (also known as GIRFEC) policy, the national approach in Scotland to improving outcomes and supporting the wellbeing of our children - The aim of this project is to support the health visitors from a digital perspective	**The Challenge** • **100 health visitors – 12000 paper records** • Decide Technologies – **Complete** • Procure Software & Devices – **Complete** • Implement Software - **Complete** • Rollout Ipad devices – **Incomplete Keyboards still an issue** • Rollout scheduling appointments – **Complete** • Rollout Forms (child digital record) **– GIFIC Forms Complete. a couple of other electronic forms are yet to be launched** • Back scanning paper records **– On hold dependency on another project**
Next Steps Agreed back scanning with vendor Launch last of forms Keyboards and perhaps wireless headset	**Success Criteria** • **Complete Device Equipment Rollout** • **Complete Forms** • **Back scan all paper records**
Progress/Updates since last report Handover done James Maitland is the new PM – New board meetings set up Support Resource ehealth funding investigated – Original funding 11 months, Pulling together a report which indicates is we need to extend the support resource . This is being worked on buy Heather Tennant and Alex Robertson from E-Health	

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Name of project: Near Me Roll Out Aberdeen City (part of the Digital programme)	**Project Manager:** James Maitland/Heather Tennant **Date of report:** 20/10/2020
Objective of project: To rapidly scale up virtual video consultation within health and social cares services.	
Context: Aberdeen City Health and Social Care Partnership are currently working collaboratively with NHS Grampian, Aberdeenshire HSCP and Moray HSCP to transform the way people are accessing health and care services. In response to COVID-19, a 12 week scale up plan was launched on 9 March 2020.	**The challenge:** Aberdeen City had only a handful of GPs who had accessed the video conferencing platform. Virtual waiting rooms would be required to be set up for all practices. A training plan was required for scale and investigation of the technical set up of all practice areas. The first priority scale-up was within Primary care. Barriers to increase scale up include a lack of equipment, current models of care, and patient and clinician confidence using new technology.
Next steps • Deployment of the New tool for updating NHS email associated with Near Me has been delayed and is expected to go live by w/c 26th October, this will enable NHSG colleagues to update their email address from nhs.net to nhs.scot • Approval for access to the Local Tableau reporting has been provided and local leads will be provided with log in details for reporting	**Success criteria:** • Increase in citizens able to access near me virtual consultations • maintain current user statistics for Aberdeen city • increase number of other ACHSCP services using Near me • users reporting positive experience of using Near me **Week 32 stats 11th October – 17th October 2020:** ❖ **262** consultations – **80.7** consultation hours (GP, Community Nurses, Link Practitioners, Podiatry, OT, Physio, SALT and Orthotics)

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5. Locality Empowerment & Engagement

Key Updates	New Risk/Issues/Escalations
Locality Empowerment and Engagement	
• Facilitated session to identify opportunities to encourage uptake of flu 05/10/20 • Invites sent for session to finalise shared purpose 7/10/20 and changes to CTAC 15/10/20 • CTAC session delivered on 15/10/20 • Weekly bulletin sent out 19/10/20	

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Name of project: Locality Empowerment and Engagement/Public Messaging	**Report Author:** Elaine McConnachie/Charmaine Mackenzie/Anna Gale/Shamini Omnes **Date of report**: 22/10/2020
Objective of project: To establish Locality Empowerment Groups (LEGs) across the three localities and ensure people are kept informed of key public health messages via social media and other platforms	
Context: **Public Health Messaging** • Creation of a coordinated social media plan with partners to ensure relevant and up-to-date info is shared. • Dedicated staff members with a remit around social media to ensure content is timely and up to date. **LEGs** • Establishment of three Locality Empowerment Groups (LEGs)	**The challenge:** **Public Health Messaging** • Not everyone has access to digital technology and not everyone follows HSCP on social media. Information is constantly changing and need to ensure it is kept up to date. **LEGs** • Ensuring LEGs are demographically representative of Aberdeen City population • LEGs being used as consultation bodies as opposed to following a co-production approach and not able to influence change • Reliance on connecting with people digitally for development of LEGs with face to face limited at present due to COVID • Systems not set up to engage with people as they wish e.g. permissions to access zoom, facebook etc.
Next steps: **Public Health Messaging** • Continue to work with key stakeholders to plan content and share/post relevant information. **LEGs** • Ensure implementation of LEG action plan to establish LEGs in each locality including; communication plan, governance, reporting and project plan for LEGs involvement in key projects • Visualisation of shared purpose • Sessions to discuss, agree and develop data profiles, discuss and agree representation from LEGs on Strategic Planning Group; awareness of ALLIANCE event -People at Centre of engagement • Involve LEGs in the development of the next strategic plan	**Success criteria:** **Public Health Messaging** • Increase followers on Facebook over the next 2 weeks (+5) and twitter (+10) **LEGs** • LEGs demographically representative of Aberdeen • LEG participants feel valued and engaged with process • LEGs established in each locality

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Progress/Updates since last report

Public Health Messaging

- Promotion of – Track and Trace; Protect Scotland App, COVID-19 guidance updates; update of flu vaccination; Locality Empowerment Groups (newsletter; Learning from COVID; Care at Home; Community Hosting; Shared Purpose); CTAC; World Menopause Day; Sober October;
- Increased engagement on social media – 20 new followers on Twitter, 41 new likes on Facebook.

LEGs

- 164 people registered an interest in LEGs.
- Weekly update shared with LEGs and on social media.
- CTAC session held (15.10.20), feedback shared with group and survey sent out.
- Care at Home survey sent out.
- Session held (22.10.20) with 8 members to create a visual statement to help people understand the purpose of LEGs.
- Further recruitment and engagement with staff groups took place.
- Draft timeline for LEGs involvement in next strategic plan in place.

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6. CTAC

Key Updates	New Risk/Issues/Escalations
Community Treatment & Care Services	
• Sub-groups established; public survey to go-live week commencing 19/10/20. • GP workshop undertaken 30.09.2020; follow up workshops commence 12.09.20 • Public & practice engagement ongoing; • Recruitment progressing to some roles (1 x B7 and 1 x B3) • Premises options workshops to commence this week	NA

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Name of project: Community Treatment & Care Services (CTAC)	**Report Author:** Sarah Gibbon **Date of report:** 26.10.2020
Objective of project: to implement the transition of CTAC services to ACHSCP delivery in Aberdeen City, in conjunction with select secondary care services as a part of the elective care programme (i.e. secondary care generated phlebotomy). *Useful background information on CTAC service can be found* @ here	
Context • *2018 GMS Contract*: delivery of CTAC by ACHSCP by 01.04.20 • *Operation Home First*: priority to ensure increased outreach from hospital-based services to support community-based care pathways • *Secondary Care:* Requirement to deliver 600 secondary care generated phlebotomy appointments in the community by October 2020.	**The Challenge** • *Demographics*: Increasing demand for CTAC services; increasing co-morbidities; ageing population • *Workforce:* decreasing capacity of existing GP workforce; recruitment & retention difficulties • *Pandemic Proof*: designing services that are safe, effective and able to continue delivery in a pandemic-situation
Success Criteria: Increased capacity / resilience | Less service disruption in event of "second surge" | Increased convenience for patients (choice of location/ appointment times) | Reduction in patient attendance at hospital	
Progress since Last report • **College Street:** operational for imms; increasing capacity to release Carden/Whinhill • **Health Village:** acute phlebotomy & paediatrics live; shared capacity • **Workforce:** progression of recruitment to B7 Team Leader; progression of recruitment to 1 WTE B3 HCSW for Denburn to cover natural vacancy • **Premises:** workshop 1/2 to take place 27.10.20 • **Comms & OD**: public survey live and has received over 500 responses; mini-workshops with GPs underway; initial workshop with LEGs complete • **IT & Systems**: agreement that expansion of the central booking system in place for secondary care hubs will be possible to include CTAC services; analysis of stakeholder requirements undertaken.	**Next Steps** • **CTAC Service Specification:** development of a city-wide, locality-based service specification for CTAC (including evaluation plan, communications & public involvement plan, and workforce plan) for longer-term delivery of CTAC from identified centralised sites (December 2020). • **Workforce:** confirmation of who will TUPE (central); collect ELI information; begin 1-1s with affected staff and incoming employer. • **Premises:** identification of short-list options for central locality as a priority • **Comms & OD:** analysis of survey; follow up focus groups; development of staff engagement • **IT & Systems:** ensure scale-up of existing booking system; link with e-consult and Vision Anywhere; explore possibilities for online booking

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7. 2C Redesign

Key Updates	New Risk/Issues/Escalations
2C Redesign	
• Submission of IJB report expected to be delayed to December 2020. • IJB workshop undertaken 20.10.20; • Progressing developing internal proposal from 2C Practice staff	**Risk:** There is a risk that staff resign from the 2C practices. A business continuity plan is being developed to mitigate against this possibility. **Issue:** Staff at 2C Practices have formally expressed they are unhappy with the process. A series of smaller group workshops with support from organisational development are planned to help support this change management.

Name of project: Partnership GP Practice Remodelling **Report Author: Sarah Gibbon. Date of report: 26/10/20**	**Objective of project:** Improving the sustainability, efficiency and effectiveness of the 2C General Practices in Aberdeen City
Context: This project seeks to remodel the six 2C General Practices in Aberdeen City to provide a sustainable model of service delivery that is person centred, takes cognisance of the learning and serviced delivery changes from the COVID pandemic, is high quality, affordable, in line with the new GMS contract and the Partnerships Strategic Plan.	**The challenge:** The numbers of General Practitioners in Aberdeen City are steadily declining, whilst the population increases, associated with increasingly complex health and social care needs. The current model of delivery may not be the most

	optimal to meet these challenges and as such, remodelling is necessary whilst still ensuring patient safety and staff satisfaction.
Next steps • **Governance:** Business case considered at IJB Pre Agenda; IJB Workshop 20.10.2020; IJB December 2020; • **Stakeholder Engagement:** 2C Staff Q&A and briefing have been circulated. • **Programme Plan:** Further development of programme plan to include processes to implement recommendations of IJB report.	**Success criteria:** • Improvements in: ***what*** services are delivered (such as exploring usage of asynchronous consulting); ***where*** services are delivered (such as scaling up and embedding NearMe for remote consultations; and ***who*** delivers services (such as multi-disciplinary teams as outlined in the Primary Care Improvement Plan) and **how** services are delivered i.e. improved sustainability

8. Care @ Home Implementation

Key Updates	New Risk/Issues/Escalations
Implementation of new Care at Home Contract	
• Transfer of packages is underway. • GCC is now a legal entity and registered with Companies House. • Contract still to be signed. • Systems agreed for block payments. • Principles and contract value agreed. • Outcome based assessments being tested. • Daily 8.30 huddles in place. •	

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Key Updates	New Risk/Issues/Escalations
• Contract variations to be agreed next week and contract signed. IJB approval in principle. • Communication to clients to be sent as a matter of urgency once contract signed. • Staff continue to speak to clients re SDS options and movement of provider • TUPE information still to be received from 3 organisations. Joint letter issued from ACHSCP, Consortium, TU's to encourage providers • LD colleagues arranging provider meetings to ensure detailed handover of information for clients.	Disclosure Scotland awaiting confirmation of fast-track process for TUPE staff. CM2000 requirements to be scoped. Communication to clients to be sent asap – increased anxiety

Name of project: Care at Home Implementation	**Report Author: Jayne Boyle** **Date of report: 26/10/2020**
Objective of project: To implement the new care at home contract by the 1st November 2020 and ensuring all necessary systems and process are in place and effectively communicated.	
Context: ACHSCP was required to review current arrangements because of the term of the current contract. The IJB agreed an extension until December 2020. Our strategic plan is the key driver – delivering the right care at the right time in the right way, improving people's personal resilience so that they can cope with and potentially improve their health and well-being. Having the opportunity to remain connected to their community and friends is pivotal to this.	**The challenge:** • Moving from task-based commissioning to outcome based • Demand outstrips our available capacity due to a time and task focussed approach. • Low use of technology • Asset based approach to the provision of care • Our teams are not currently arranged within localities and therefore we minimise the opportunities for integrated working. • There has been a level of market instability within Care at Home in particular • Our current arrangements do not foster a culture of collaboration.

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Next steps	Success criteria:
• Implementation of successful communications plan • The development and implementation of an organisational development plan, including both ACHSCP and provider teams • The necessary adjustments to systems and processes including assessment of needs across a locality team, financial arrangements, recording arrangements • Refreshing and agreeing pathways, using recent outcomes focussed pathways as the basis for this refresh • The successful transition of care packages, recognising that some packages will be impacted by the revised definition of care at home and supported living. This transitional phase will provide an opportunity for packages to be reviewed and the group needs to ensure that there is sufficient capacity to do this • Evaluation and Measurement plan	• Contract is successfully implemented on time • Care packages successfully transferred • Staff are engaged fully and work in a collaborative manner as part of a locality Further benefits to be agreed via Evaluation plan

9. Stepped Care Approach

Key Updates	New Risk/Issues/Escalations
Stepped Care Approach	
• **H@H** -Part Time GP has started and have 5 day PT consultant geriatrician input – plan FT consultant led team by end of November. • **ECS**- Nurses now attending huddles on a regular basis. • Nationally there is a redesign of urgent care. • A lot of communication will come about this so both local and national communication will be in tandem and help shift thinking. • **SWSC** – Engagement plan needed to strengthen linkages between the tiers. Mental health and wellbeing a priority subject.	

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Key Updates	New Risk/Issues/Escalations
• Meeting with admin across the ECS huddles to agree roles • New template to capture information/actions from lunchtime huddles agreed • New OT pathways for BAC and CAARS • Grampian-wide H@H workshop with NHS Healthcare Improvement Scotland took place and was well attended. Outputs to be shared and used locally	BAC referrals inefficiency from meetings – template agreed to resolve this.

Name of project: Stepped Care Approach for Unscheduled Care	**Report Author: Susie Downie** **Date of report: 26/10/2020**
Objective of project: to deliver a coordinated response to unscheduled care needs across Aberdeen City through early identification and management of patients using a multi-disciplinary approach within localities. The approach primarily aims to reduce hospital admissions by providing rapid assessment and diagnostics within the community enabling a decision to be made whether treatment and care can be delivered at home or whether hospital admission is most appropriate for the individual. (the stepped care approach incl. linkages to H@H)	
Context In order to effectively respond to unscheduled care in the city, agreement to adopted stepped care approach in 2019 including the H@H and West visits models. Staff engagement session were run and the new model has been being tested since April 2020 during the response to Covid crisis via Operation Rainbow, the MDT triage and allocation huddles were implemented immediately. A prevention workstream 'Stay Well Stay Connected' was begun in July 2020 to increase community resilience. Linking people up to local resources may help to ensure people emerge as fit and able as possible.	**The Challenge** • Lack of a coordinated approach across services to Unscheduled Care which potentially causes an increased number of those admitted via ED and AMIA. • Large volume of referrals between professionals causing additional work • Data sharing between partners requires an effective IT solution or process. Work is underway to remove barriers to effective care and reduced room for error and duplication for patients with urgent needs. Data Protection Impact Assessment is being progressed to mitigate risk. • To have a sustainable model which copes with surge/winter capacity.

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Next Steps • H@H scale up workforce planning progressing using driver diagram to identify key actions and timelines • Consideration of longer-term GP input. • Improved communications and engagement for Stepped care approach to inform staff and wider stakeholders of work so far. Stakeholder analysis to completed and subgroup to be formed. • Proactive case finding and community resource MDT huddles established and continuing tests of change. • Admin support being sourced and embedded within current processes. • Data Impact Assessment and Information Sharing to be finalised – delayed by IG, NHSG due to capacity.	**Success Criteria** • Respond effectively to unscheduled demand • Prompt access to appropriate care & support • Improve locality opportunities & choice • Flexible, empowered & Skilled locality workforce • Streamlined referral pathways • Engagement & Participation of those who live in localities • Right care, in the right place, delivered by the right person (Home first mentality)
Progress/Updates since last report - Initial evaluation scoping and alignment to Operation Home First has been completed. Data reports to be set up via Trakcare. - Progress has been made regarding H@H medical input. We are aiming to move to a consultant-led model by end of November. On an interim basis, from October onwards part time GP and 5-day part time consultant geriatrician will be providing medical cover. This supports better communication with GP colleagues and wider general practice and community insights. - End of life / Palliative care cases agreed to be brought to weekly MDT to ensure planned support and care. - Agreement on dataset for measurement and evaluation	

10. Aberdeen Together

Key Updates	New Risk/Issues/Escalations
Aberdeen Together	
<u>Holistic Locality Planning</u> • Final stage of review. Currently draft report being completed and will be shared when ready with Sandra Macleod, Andy Macdonald and Angela Scott for considerations.	

RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
• Review paper shared and to feedback by 26/10/20 • Potential delay on raising RAID and OD checklist over project timeline. <u>Integrated Access</u> • Proposal for Integrated Access Point to be written into customer service language 1/10/20 • Citywide bid for phase 2 of Connecting Aberdeen submitted 5/10/20 • Meeting to discuss testing of online weight management resources in conjunction with phase 2 Connecting Aberdeen <u>Multi-disciplinary Intervention Teams</u> • Sessions planned for w/c 26th October with operational staff. • Neighbourhood leads report to go to AT meeting this coming week.	

Name of project: Aberdeen Together. Workstream: Holistic Locality Planning	Report Author: Shamini Omnes Date of report: 23/10/2020
Objective of project: To review the effectiveness of locality planning and delivery across the city	

RISK, AUDIT AND PERFORMANCE COMMITTEE

Context There is an opportunity to improve on locality planning and delivery following move from 4 to 3 localities with different partners e.g. Housing, ASG, Social Work. A Scottish service redesign methodology is being used e.g. User Journey mapping and Empathy mapping tools, analysis of policy, reports to propose options to identify where improvement of locality planning and delivery can be considered. This work is also reflecting on the continued development and establishment of Locality Empowerment groups.	**The Challenge** • Understanding of different structures and objectives with communities and various partners • Supporting communities with problem statements e.g. I do not know how to get involved in decision making processes; understanding and identifying needs; prioritisation of needs based on different plans • Improve engagement with communities (geography and communities of interest) • Supporting partners with early intervention and prevention on population health and wellbeing outcomes. • Potential delay on raising RAID and OD checklist over project timeline
Next Steps • Feedback to draft Integration of Locality planning model for CPA and AHSCP paper by 26th Oct. • A communication and engagement plan to be developed.	**Success Criteria** • Improved engagement and empowerment with communities based on development and establishment of Locality Empowerment groups • Communities and stakeholders (geography and interest) have an improved awareness of assets, opportunities and challenges • Co-production of locality plans with communities.
Progress/Updates since last report • Produced a stakeholder and connections list • Completed a user journey mapping and empathy mapping • Shared, discussed RAID and OD checklist with project group. Agreed on a simpler version of risk assessment ; a follow up session with Organisational and Development Facilitator (AHSCP) at meeting date to be confirmed.	

Name of project: Aberdeen Together. Workstream: Integrated Access Point	**Project Manager / Report Author:** Elaine McConnachie **Date of report: 19**/10/2020
Objective of project: The recent partnership approach across Aberdeen City Health and Social Care Partnership and Aberdeen City Council, under the theme "Aberdeen Together" has enabled many improvements to be put in place, at pace, during the initial Covid response. As we move into our next period of response, this collaboration is continuing and has identified several workstreams which could benefit from a wider system support including; Integrated Access, MDIT and Holistic Localities.	

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Context: **Integrated Access** An Integrated Access Point may be one enabler towards providing accessible and seamless care for the people of Aberdeen **Connecting Aberdeen** Working collaboratively with Aberdeen City Council and community organisations to identify people in our communities who are not digitally connected or digitally literate, to prioritise support and respond to other digital connectivity challenges. Devices have been allocated through a national programme.	**The challenge:** **Integrated Access** The health and social care landscape is complex and as such, may be difficult to navigate for people who need to access services. There are upwards of 40 service areas delegated to ACHSCP, with each varying in both referral routes (such as self-referral; referral by professional; or referral by significant other) and referral modes (such as face-to-face conversation; letter; online form or telephone conversation). Streamlining how these services are accessed would help achieve some of the key ambitions of the integration agenda, including people having accessible services and receiving care seamlessly. **Connecting Aberdeen** Those who are not digitally connected are often socially isolated. Challenges around identifying individuals, providing devices and training to these individuals while maintaining physical distancing. Identifying the scale and nature of the issue e.g. numbers of people not connected; lack of skills, ownership of suitable devices, access to broadband.
Next steps; **Integrated Access** • Recommendations of scoping be approved by Aberdeen Together • Recommendations presented to Senior Leadership Team **Connecting Aberdeen** • Provide support to digital champions (DC) through creation of local network of DCs. • Evaluation of project in conjunction with SCVO • Complete baseline to identify who is connected across Aberdeen • Allocation of devices for phase 2 of project – Phase 2 has been released with confirmation focus will be on households with children and young people and care leavers • Agree to undertake mapping of LOIP project charters and present to next City Digital group.	**Success criteria:** **Integrated Access** • Streamlining the number of entry points into the health and social care system and onward referral processes, thus improving efficiencies **Connecting Aberdeen** • Increase in citizens able and confident to access near me virtual consultations and other digital health and social care supports • Reduction in number of citizens traditionally at risk of not being digitally connected. • Reduction in social isolation through citizens being able to keep in touch virtually with friends/family and participation in online activities **What's Happened?** **Integrated Access** • Scoping completed recommendations presented to Integrated Access Group **Connecting Aberdeen** • Confirmation received that additional 100 devices allocated to Aberdeen (still part of Phase 1) will arrive Oct • Citywide bid for Aberdeen submitted 05/10/20

Name of project: Aberdeen Together. Workstream: Multi-disciplinary Intervention Teams (MDIT)	**Project Manager / Report Author:** Anna Gale **Date of report: 23**/10/2020

RISK, AUDIT AND PERFORMANCE COMMITTEE

<table>
<tr><td colspan="2">Objective of project: The recent partnership approach across Aberdeen City Health and Social Care Partnership and Aberdeen City Council, under the theme “Aberdeen Together” has enabled many improvements to be put in place, at pace, during the initial Covid response. As we move into our next period of response, this collaboration is continuing and has identified several workstreams which could benefit from a wider system support including; Integrated Access, MDIT and Holistic Localities.</td></tr>
<tr><td>Context:
Working in a more holistic, joined up way is a key enabler for delivering services focused on improving person-centred outcomes. Fundamental to this development will be empowered staff being involved in the co-production of how the multi-disciplinary teams can function and what needs to be put in place to encourage strong relationship-based practice.
Following an options appraisal, it was agreed to focus on regeneration areas given the opportunities for greater collaborative working and improved outcomes for citizens enabling a place-based approach tackling the socio-economic and wider determinants of health. This was further refined to the Tillydrone area given the opportunities that the new community hub presents.
A workshop was held (09.09.20) to inform, engage with and gain buy-in from key management and other stakeholders into the MDIT process and way forward.</td><td>The challenge:
Staff across AHSCP and ACC are already involved in a number of multi-disciplinary teams. Therefore, the challenge is not to create additional teams, it is to co-produce with staff actions which will create the conditions for change to enhance joint working.

Neighbourhood Leads
The neighbourhood leads model was crucial in our ability to effectively manage the crisis as a city. Therefore, the challenge is to sustain an effective model which allows a step up/step down approach to managing emergency responses</td></tr>
<tr><td>Next Steps
MDIT
Work with staff from across ACHSCP and ACC in Tillydrone to understand what’s required to explore and provide insight into what’s required to create the conditions so that individuals, teams, services, partners and other organisations can work even more effectively across services and partners to the benefit of the person at the heart of service delivery.
Neighbourhood Leads
Discussion paper to be shared with Aberdeen Together

Progress/Updates since last report
-Invites circulated for 2 workshops taking place on 27th and 29th October. Including staff from a range of services including community nursing, housing, financial inclusion, community development, adult social care.</td><td>Success criteria:
Increased staff and citizen satisfaction
Improve efficiencies
Reduced duplication
Streamlined processes and practices</td></tr>
</table>

RISK, AUDIT AND PERFORMANCE COMMITTEE

Flash Report

Operation Home First Evaluation

Lead	**Sponsor(s)**	**Reporting period**	**Overall RAG**	
Calum Leask	OHF Steering Group	wc 12/10/20 – wc 26/10/20		Green

Key milestones	-Commission agreed by OHF Steering Group *(02/09/2020)* -OHF priorities established *(18/09/2020)* -Evaluation working group operational *(01/10/2020)* -Completed initial contact with all priority areas (14/10/2020)	**Items for escalation to OHF Steering Group**	None

Key updates

Description	Date	RAG	Owner	Comments
Thematic analysis of OHF staff survey completed	23/10/20	Completed	A Gilmartin	To be presented at 4/11/20 steering group
Collaboration with national Health Boards to measure service activity on Home Oxygen Service (part of Respiratory pathway)	20/10/20	In Progress	D Sage	
Case study methodology developed for Stay Well Stay Connected workstream (part of Stepped Care Approach)	15/10/20	Completed	C Leask	None
Operational Tableau dashboard in development	09/10/20	In Progress	R Scott	R Scott sharing link for initial prototype on 27/10/20
Acceptability data capture tool for Enhanced Community Support workstream (part of Stepped Care Approach) developed	23/10/20	Completed	A Gilmartin	

Risks & Issues

Risk / Issue	Severity	Action	Owner
None			

RISK, AUDIT AND PERFORMANCE COMMITTEE

SIT Report – As one document

Key Updates	New Risk/Issues/Escalations
Frailty Pathway	
• Further revision of the frailty pathway plan and associated timelines, at the end of last week (w/c19/10/20) the programme plan along with current actions have been revised with new timelines. • Responsible and actioning officers need to be identified for all workstreams. Still to confirm for Aberdeenshire. • The programme meeting structures, and meeting schedules will be revised • Frailty pathway FAQ document circulated with briefing on Friday 2nd October 2020 • Special IJB meeting outcome – Approved the proposal that the new integrated service to be delivered at Rosewell House with the care Inspectorate with Aberdeen City Council (ACC) as the registered provider; to develop a specific Service Level Agreement (SLA) with Bon Accord Care (BAC) to reflect the new arrangements; and to vary both the lease of the building and the current contract with BAC to reflect these changes. • Mental Health (Care and Treatment) (Scotland) Act 2003 in relation to detainments. Paper to be shared with sub group on Friday 9th October with suggestion options. Teresa Waugh and Kay Dunn developing.	Capacity needs to be created in Roswell House. COVID outbreak in Rosewell House. **SRO aware of all new risks & issues**

RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
MH/LD Service Transformation	
Unscheduled care report completed and approved by SLT 14/10/2020 (paper will be updated and submitted 28/10/20 with update for noting) and enablement costings or circa 30K to be resourced.	
Older Adult Mental Health Pathway	
Final report approved by OHF 14/10/2020 with implementation expected to be by the end of November (paper will be updated and submitted 28/10/20 with update for noting), However, as there is still a risk of clinical challenge this may be delayed. Consultation and response from with Mental Welfare Commission received 08/10/2020 and shared with MHLD Huddle 13/10/2020. First OAMH Implementation group by City completed 15/10/2020. Awaiting confirmation of dates from other areas. SRO updated on Friday 2nd of October	

RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
Immunisations	
Flu Immunisations Flu Delivery • Appointment letters in most cases continue to arrive on the day or after appointments which is creating a backlog within the city. Additional resource has been identified to support the Grampian team dealing with appointments • New flu line number went live at 9am on 20th October which will have additional lines to deal with patients rebooking • Within the city continue to experience daily staffing issues due to sickness/self-isolating • Additional resource been identified through sport Aberdeen to support logistics of flu delivery Attendances at clinics is being captured and recorded electronically to health intelligence. <u>Delivery</u> Patients from Torry, Kincorth and Westburn have started to be invited to appointments, however, due to problems with issuing appointment as below this has resulted in attendance being significantly reduced <u>Systems and Processes</u> Ongoing issue in relation to sending out appointments for clinics. Due to SIRS not identifying 18 – 64 at risk correctly we have had to resort to mail merging which has generated an additional cost and pressure on an already stretched workforce. In addition, there are significant delays in receiving the extracted patient information from e health to generate letters which is leaving patients very little notice of appointments	SRO aware and escalated to NHS Grampian wide team That flu delivery will continue for longer due to problem with appointments That budgeted costs for flu delivery will be higher due to issue with appointments That patients will not receive sufficient notice of appointment time Insufficient resource to coordinate 9 venues during school holidays

RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
Implementation of vision anywhere as solution to input patient vaccine information into GP IT systems has been delayed. Anticipated go live to be 9th November. <u>Workforce</u> Significant strain on small team coordinating flu clinics <u>Communications</u> National flu campaign has been delayed and will now not start until 8th October Question and answer briefing shared with elected members/ community councils and IJB Information session taken place with Locality empowerment groups	
Digital	
The ordering of IT infrastructure & hardware through NHS procurement, is now back to BAU. Teams will be required to provide a budget code when ordering.	
Locality Empowerment and Engagement	
• Facilitated session to identify opportunities to encourage uptake of flu 05/10/20 • Invites sent for session to finalise shared purpose 7/10/20 and changes to CTAC 15/10/20 • CTAC session delivered on 15/10/20 • Weekly bulletin sent out 19/10/20	

RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
Community Treatment and Care Services (CTAC)	
• Sub-groups established; public survey to go-live week commencing 19/10/20. • GP workshop undertaken 30.09.2020; follow up workshops commence 12.09.20 • Public & practice engagement ongoing; • Recruitment progressing to some roles (1 x B7 and 1 x B3) Premises options workshops to commence this week	
2C Redesign	
• Submission of IJB report expected to be delayed to December 2020. • IJB workshop undertaken 20.10.20; Progressing developing internal proposal from 2C Practice staff	
Implementation of new Care at Home Contract	
• Transfer of packages is underway. • GCC is now a legal entity and registered with Companies House. • Contract still to be signed. • Systems agreed for block payments. • Principles and contract value agreed. • Outcome based assessments being tested. • Daily 8.30 huddles in place. • Contract variations to be agreed next week and contract signed. IJB approval in principle. • Communication to clients to be sent as a matter of urgency once contract signed. • Staff continue to speak to clients re SDS options and movement of provider • TUPE information still to be received from 3 organisations. Joint letter issued from ACHSCP, Consortium, TU's to encourage providers LD colleagues arranging provider meetings to ensure detailed handover of information for clients.	Disclosure Scotland awaiting confirmation of fast-track process for TUPE staff. CM2000 requirements to be scoped. Communication to clients to be sent asap – increased anxiety

RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
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• **H@H** -Part Time GP has started and have 5 day PT consultant geriatrician input – plan FT consultant led team by end of November. • **ECS**- Nurses now attending huddles on a regular basis. • Nationally there is a redesign of urgent care. • A lot of communication will come about this so both local and national communication will be in tandem and help shift thinking. • **SWSC** – Engagement plan needed to strengthen linkages between the tiers. Mental health and wellbeing a priority subject. • Meeting with admin across the ECS huddles to agree roles • New template to capture information/actions from lunchtime huddles agreed • New OT pathways for BAC and CAARS Grampian-wide H@H workshop with NHS Healthcare Improvement Scotland took place and was well attended. Outputs to be shared and used locally	BAC referrals inefficiency from meetings – template agreed to resolve this.
Aberdeen Together	
<u>Holistic Locality Planning</u> • Final stage of review. Currently draft report being completed and will be shared when ready with Sandra Macleod, Andy Macdonald and Angela Scott for considerations. • Review paper shared and to feedback by 26/10/20 • Potential delay on raising RAID and OD checklist over project timeline. <u>Integrated Access</u> • Proposal for Integrated Access Point written into customer service language • Citywide bid for phase 2 of Connecting Aberdeen submitted 5/10/20 • Meeting to discuss testing of online weight management resources in conjunction with phase 2 Connecting Aberdeen	

RISK, AUDIT AND PERFORMANCE COMMITTEE

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