

NHS Grampian

Meeting:	Grampian NHS Board Meeting
Meeting date:	Thursday 7th April 2022
Item Number:	7
Title:	Exiting Operation Iris
Responsible Executive/Non-Executive:	Adam Coldwells, Deputy Chief Executive
Report Author:	Adam Coldwells Deputy Chief Executive

1 Purpose

This is presented to the Board for:

- Endorsement

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

At its December meeting (02/12/2022) the Board approved and endorsed a package of papers which established Operation Iris, NHS Grampian's response to winter pressures and the COVID-19 virus.

This paper provides the Board with information about the planned exit from Operation Iris.

2.2 Background

The NHS Grampian Board received a paper at its closed Board session in November (04/11/2022) and a package of papers at its Board meeting in December (02/12/2022) establishing Operation Iris, which was NHS Grampian's response to the winter pressures and COVID-19 virus.

The package of papers at the December Board meeting included:

1. Operation Iris introductory paper
2. Grampian system pressure report
3. Grampian Operational Escalation System (G-OPES)
 - a. Appendix 1 – G-OPES
 - b. Appendix 2 – G-OPES operational readiness assessment
 - c. Appendix 3 – Approach to risk analysis and its application to G-OPES
 - d. Appendix 4 - Approach to ethical consideration associated with G-OPES
4. Implementing the new leadership model
5. Staff wellbeing
6. Communication and engagement plan

Operation Iris was time-limited with a proposed cessation in April 2022, following a review in March 2022.

2.3 Assessment

The assessment is presented in three parts, namely, the approach and review of the cessation of Operation Iris, secondly, describing the transition period from the end of Operation Iris to the implementation of the Plan for the Future and finally, the timing for the cessation of these actions to be taken.

1. Exiting Operation Iris

The Chief Executive Team on 22 March 2022 agreed a paper which sets out what will happen with each aspect of Operation Iris as it is ended, in terms of either maintaining, modifying or ending the practice as we enter business as usual. For information, the recommendations agreed by the Chief Executive Team are shown in Appendix 1.

2. Transition period from Operation Iris to Plan for the Future

The Board will consider the Plan for the Future (NHS Grampian’s strategic intent) at its June 2022 meeting. The Chief Executive Team has considered a number of issues that need to be in place to navigate the organisation from the end of the Operation Iris period up to the adoption of the Plan for the Future. The key thrust of this transition period (probably 3-5 months) is to prime the organisation such that the implementation of the 3-year delivery plan for the Plan for the Future is successful.

The Chief Executive Team has agreed to concentrate on three key things for this priming period, namely,

- (1) Staff wellbeing and safety
- (2) Learning from the pandemic and maintaining and embedding positive developments (for example, working whole system, digital approach, working to full professional competence, working dynamically, ability to deliver surge related to shorter lived critical incidents (for example, storms) right through to a protracted period (pandemic)).
- (3) New normal working arrangement (systems and processes, smarter working etc.) which provide resilience and maximise value/efficiencies

Beyond this the Chief Executive Team has placed ongoing importance on its approach to subsidiarity, providing a number of principles that teams can use to help them make local decisions about their service delivery over the coming months while the awareness and comprehensive understanding and adoption of the Plan for the Future takes place. These principles are consistent with the direction of travel that the Plan for the Future will set out.

The key risk identified for this transition period is that of the system “slipping back” to pre-COVID approaches when models adopted during the pandemic offer alternative and more sustainable opportunities. One simple example of this is the use of digital consultation methods which were widely adopted during the pandemic; it is important that these are maintained, at appropriate

levels and in appropriate circumstances, rather than abandoned as face-to-face consultations re-emerge.

3. Timing for the cessation of Operation Iris

The operational paper which sets out the changes required for the cessation of Operation Iris was shared widely with operational teams as it was developed. During this engagement phase (much of March) the system was under considerable pressure and it was therefore agreed by the Chief Executive Team that t 31st March as the end date seemed inappropriate. The agreement was for the Weekly System Decision Making Group and, in turn, the Chief Executive Team to agree all of the actions which will take place, however, to undertake a weekly review for the implementation date. The decision about the date to formally exit Operation Iris will be taken by the Chief Executive Team after consultation with the Weekly System Decision Making Group.

As part of this decision making there are two key considerations: (1) the pressure within the system and its readiness to move in to a business as normal approach and (2) the national status of the emergency measures. The Scottish Government announced on 25 March that NHS Scotland will remain on an emergency footing until at least 30 April 2022.

2.3.1 Quality/ Patient Care

The decision to move out of Operation Iris will be taken ensuring there is no negative impact of patient safety.

2.3.2 Workforce

The exit from Operation Iris will see the exit from the use of our emergency measures and so the movement of staff between areas will return to pre-pandemic practice.

2.3.3 Financial

There are no financial implications of exiting Operation Iris, however, the Chief Executive Team continue to work on the 2022/23 budget and the cessation of monies associated with the COVID-19 response.

2.3.4 Risk Assessment/Management

The decisions, to be taken by the Chief Executive Team, on the timing of exiting Operation Iris will be risk based.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because the exiting of Operation Iris describes how we organise our system which should have no implications on equalities.

2.3.6 Other impacts

None

2.3.7 Communication, involvement, engagement and consultation

As the decision when to exit Operation Iris relates to how NHS Grampian organises its system rather than how it delivers individual services, the engagement and consultation has been internal, as described in 2.3.8 below.

2.3.8 Route to the Meeting

The operational paper was considered in draft at the Weekly System Decision Making Group on three occasions in March (03 & 10 & 17 /03/2022) and at the Chief Executive Team on four occasions in March (01 & 08 & 15 & 22 /03/2022). This paper provides the Board with high level information from the operational paper.

2.4 Recommendation

The Board is asked to:

2.4.1 Endorse the issues set out in this paper and in particular

- the operational changes being made as part of the cessation of Operation Iris (Appendix 1); and
- the priorities for the transition period that takes the organisation up to the implementation of the plan for the Future and

2.4.2. Note that the timing of the cessation of Operation Iris will be determined by the Chief Executive Team, taking into account

- the pressure within the system and its readiness to move in to a business as normal approach; and
- the national status of the emergency measures.

2.4.3 Agree that the Board receive notification, via email, of the date when Operation Iris will be terminated.

Appendix 1 – Recommendations agreed by the Chief Executive Team on 22 March 2022 for ending Operation Iris considers a number of recommendations.

NB The actions for next steps are expressed in relation to the original “set up” of Operation Iris (MAINTAIN, MODIFY, CONTINUE, CEASE).

Recommendations

- A MAINTAIN these objectives during the transition phase until the Plan for the Future objectives are adopted. These are: Responding to demand on H&C System Protecting critical services & reducing harm Keep staff safe and help them to maximise wellbeing Reshaping our relationship with communities Creating a sustainable future
- B MAINTAIN - RMP4 remains the extant plan until publication of the three year Delivery Plan.
- C The G-OPES system should be MAINTAINED, further developed (under Portfolio Executive Leads direction) and remain as a key part of understanding how clinical pathways are functioning on a live basis. The use of objective criteria should be applied, whenever possible, to generate the declared level. Non-clinical services should consider if the adoption of the G-OPES approach to their services would be sensible and add value to organisational understanding on a daily basis. The benefit of G-OPES has been significant and it needs appropriate administrative support.
- D NHS Grampian will use the G-OPES model to set out the potential deviations from standard practice as the level of escalation rises. It is clear that, under the G-OPES system, at certain stages of escalation managers within the system will have to alter standard practice raising the levels of risk that NHS Grampian is tolerating. Each time any part of the system escalates up the G-OPES system then there needs to be clear and accurate recording of the enactment of the G-OPES plan. As the G-OPES plan becomes more and more robust it reduces the need for managers to be making decisions for actions on their own or out with the pre-agreed framework providing both protection and support for the manager(s) and robust governance for the organisation.

- E MODIFY - the NHS Grampian Board should remove their current adjustments to their meeting approach, noting that the Board Secretary has set out a draft timeline for the Board assurance framework review.
- F CONTINUE – Portfolios (whole pathways of care) should be maintained and further developed/embedded. There is a formal process underway with all partners (3 x Council and 3 x IJB) to make the five portfolio leads permanent in their posts.
- G CONTINUE - the Regeneration Cell will continue to meet to provide some support and coherence, on behalf of the system, during this transition period. The oversight of the progress during this transition phase will be undertaken through the appropriate oversight board (Transformation Oversight Board, Infrastructure Oversight Board and People & Services Recovery Oversight Board*).

*The People & Services Recovery oversight Board is currently in abeyance with the CEO managing this stream of work with individual performance review approach.

- H MODIFY – the communication cell will evolve with various stages to the transition: The Daily Brief will continue in its current form until the end of March 2022. The Communications Cell will engage with the readership of the Daily Brief to seek views on frequency and content of a regular communication with staff. The new format to go live 1st April 2022. The Communications Cell will operate as a network moving forward meeting as required. The Communications Cell in collaboration with the Portfolio Leads/CET will review and revise as appropriate the Operation Iris communication and engagement goals/actions to guide work during the period of transition until the Plan for the Future agreed. To facilitate closer working between the Communications Cell and the WSDM, communication actions will be included in G-OPES and appropriate training provided to individuals identified in the plan. The Communication and Engagement Oversight Group will oversee the delivery of the long-term programmes as set out in the EPC report.

- I The name of Operation Iris will CEASE when the operation is terminated (date to be confirmed). The Operation Iris action plan will be considered by the Director of Planning, Innovation and Programmes to ensure all outstanding actions are assigned and have an appropriate reporting line. The Transition period will not be formally named as an operation.
- J Daily System Connect meeting – MODIFIED - this will continue twice daily until the end of April. Going forward the daily huddles need to be driven by the G-OPES escalation model. Weekly System Decision Making Group will continue - MAINTAINED. Weekly Chief Executive Team meeting – MAINTAINED. The robust processes and governance associated with all groups will be MAINTAINED going forward. The above arrangements will be continually reviewed and any modifications will be made through normal governance routes.
- K MODIFIED – The weekly assurance method through WSDMG will be modified to a less frequent occurrence (TBC), in-line with direction from the PELs and the Chief Executive. The PELs will develop some “sub-objectives” to help describe progress and risk against non-assurance of whole objectives.
- L(1) The Workforce Cell lead the co-ordination of the timely de-activation of the Management of the Workforce During and After Major Incidents including a Pandemic Policy Major incident
- L(2) CEASE - NHS Grampian will ‘stand down’ its major incident response to COVID-19 to coincide with the cessation of emergency powers declared by Scottish Government. (This can be independent to exiting Operation Iris)
- M Weekly review of civil contingency level will CEASE along with the standing down of the major incident.
- N The daily system connect meeting and a single bed management / flow coordinating system operating across all areas through the G-OPES framework delivered by System Leaders will form the Leadership Model. The presence of the PEL at the daily system meetings is not expected. The GOPES system will be linked into escalation pathways to PELs. The role of

the PEL and EDOC will be reviewed together regarding the Operational Business post Operation Iris.

- O The EDOC will not routinely attend the daily huddle. The EDOC will attend the huddle (and any other required formal escalation) based on the G-OPES level or by declaration of a major incident. The G-OPES level that will require the EDOC to attend the sessions is being refined in the G-OPES model.
- P MODIFY – work with the trade unions in partnership to continue to develop our approach to seven day working, beyond traditional roles and services.
- Q Activities taking staff away from core role - this approach should be maintained during the transition phase with full understanding that as we leave emergency measures our scope to move staff is reduced.
- R Generic email addresses used through the control room system should be MAINTAINED and monitored on a daily (5d/week) basis. Control rooms, beyond the email monitoring, should be stood down. Further work will be undertaken by the Chief Executive Business Unit & Civil Contingencies Team to agree the types of information which will be channelled through this mechanism.