NHS Grampian

Meeting:	**Grampian NHS Board**
Meeting date:	**2 December 2021**
Item Number:	**5.1**
Title:	**Operation Iris Introductory Paper**
Responsible Executive/Non-Executive:	**Caroline Hiscox, Chief Executive**
Report Author:	**Adam Coldwells, Director of Strategy & Deputy Chief Executive**

1 Purpose

1.1 This is presented to the Board for:

- Assurance
- Decision
- Endorsement

1.2 This report relates to a:

- Emerging issue
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Grampian is facing unprecedented challenges with the entire health and care system struggling to meet the normal level of performance. This is highly visible across the whole system with, for example,

- unscheduled admissions to hospital with a significant number of ambulance waits

- extended waiting times for urgent elective care (for example, the standard for cancer treatments are not being met)
- extended waiting times for routine surgery (for example, procedures of a non-urgent clinical priority are, broadly, not being undertaken at present)
- in community settings where the access to general practice and other primary care services has been a key feature of the national news

In this situation, despite the incredible efforts and hard work of health and care staff across the whole system, where it is anticipated that the current performance will not improve over the next six-months it is essential to set out our approach to ensure we have a fair and ethical approach to our delivery in the sub-optimal situation.

This paper sets out the position that NHS Grampian is facing and seeks to share the challenges in an open and transparent way, describe the actions it is taking to mitigate as much risk as is possible, ask the public for their support both though the mechanisms they choose for accessing health care and in working with us to co-create some mitigations and finally, to set out the approach to Governance that will be in place during an extended period of time.

Whilst the period of the pandemic has generated many positive and innovative changes in our system the focus of this paper is on the current challenges and therefore does not aim to provide the balance, normally evident in our Board papers.

This paper is the first of a set of papers as item 5 on the agenda for the December 2021 Board meeting and aims to set the context for the session.

2.2 Background

The pandemic, caused by the COVID-19 virus, struck some 18-months ago and has had many far reaching impacts on every aspect of our day to day lives, affecting how we live and work. In professional terms the pandemic has had a significant impact on the health and care system changing many aspects of delivery which has impacted on

how health and care is experienced by both the public and the staff delivering services.

To date we have experienced three waves of raised levels of COVID-19 infection and are currently in a fourth cycle of elevated disease. The response of the health and care system has been progressive through this period with significant learning having taken place after each wave of the disease. In the first response (named locally as Operation Rainbow) we maintained a relatively short list of "critical services" whilst turning almost all of our collective effort to the response to the COVID-19 virus. In our current response the list of "critical" services includes almost all aspects of health care delivery and the relatively large burden of COVID-19 is part of the, now, well-rehearsed response. With the passage of time, many things have become critical for ongoing delivery; a number of services and treatments were possible to pause for a few months but remaining in abeyance becomes clinically inappropriate for a longer duration. The pressure on the system is apparent in all areas from primary care to hospital services to community care and ongoing work amongst all of these groups, together, will be critical to maintain over the coming months.

Whilst the pandemic has had a profound impact on the delivery of health and care most commentators and leaders within the system were clear, pre-pandemic, that the sustainability of the health and care system was under grave threat. In a recent blog[1], Paul Gray's opening paragraph captures the situation very well:

> "The current health and care system in Scotland is overwhelmed. By health and care system, I mean everything from hospital care to primary and community care to social care; I include everything that is delivered by the NHS, local government, the third sector and the private sector. By overwhelmed, I mean that the current design and resourcing cannot meet the current and emerging challenges and nor are they designed to do so. The current system was going to be overwhelmed regardless of Covid. The virus has simply brought the date of that event forward. The intersection between demography, population health status, funding, and availability of the right skills in the right place, was going to mean that to the system would be unsustainable in the next 2 to 3 years anyway; in Scotland, the Feeley review was tacit acknowledgement of that. Some would argue that it was already unsustainable. Covid has been the tipping point."

[1] A critical moment for health and Care – Paul Gray (04/10/2021). A Critical Moment For Health and Care - Paul Gray - Reform Scotland

A very simple analysis of our current situation suggests that the day-to-day delivery of services is challenging with a reduced and exhausted workforce and various limitations for delivery associated with the ongoing presence of the COVID-19 virus. This is combined with significant backlogs in elective treatments and seriously diminished productivity (associated with limitations of operating with the threat of COVID-19 and the pressures associated with unscheduled admissions to hospital). For our colleagues in the Integration Joint Boards there are many similar challenges within community settings in both health and care contributions.

There are no simple 'fixes' to the situation we are in, rather we are needing to redesign our health and care system for the next chapter of delivery. This means that there is a prolonged period of challenge facing us all as we co-create a system which will be fit for the future and then make all of the changes which will enable its delivery in a sustainable manner. The development of the NHS Grampian "Plan for the Future" (the strategic intent of the organisation) will indicate the first steps in this journey of transformation and will be considered by the Board in 2022.

2.3 Assessment

2.3.1 Naming the period

At the inception of the pandemic we were given two military liaison people (two Majors from the British Army) who supported us with planning. One issue which they suggested was very important was to give a name to the operation. As a consequence of this advice we have now had Operation Rainbow and Operation Snowdrop. This coming period (approximately six months from November 2021 to April 2022) will be given a name to help everyone identify with the plan.

This period will be named OPERATION IRIS.

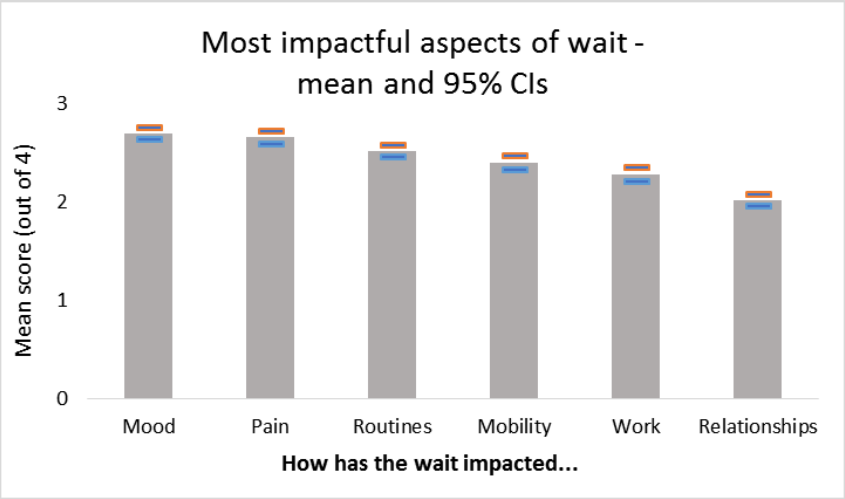
The period of the operation will be reviewed in March 2022 and could, at that stage, be extended or an agreed termination date will be confirmed.

2.3.2 How is the System Performing - Data Set & patient experience

There is a comprehensive data set being presented as part of this suite of papers at the December 2021 Board meeting. The data shows the pressure that the system is facing.

Beyond this data set we wish to provide some sense of how difficult and challenging the current position is for patients (the challenges for staff being shown in another paper). This section of the report has drawn on some survey work undertaken in April 2021 with patients who are waiting for surgery when they have been classified as 'low clinical priority'[2] and been waiting for at least one year. There were 1176 responses (29% response rate) and patients were asked about the impact that their wait had on a number of factors. These are shown in the Figure 1.

Figure 1. Mean impact score for each aspect covered in the survey. Higher scores indicate a more severe impact.



Patients who completed the survey also had an opportunity to write about their experience. A very small number of comments are listed below to illustrate the real difficulty faced by some people who are waiting for surgery despite being, from a clinical perspective, of a low priority.

> "The mental anguish during the wait for surgery is something I had never expected to feel. It's hard enough finding out there is something wrong with your body, but learning that you have to wait for an unknown amount of time to get it fixed is unbearable. I've found myself on edge with anxiety, enduring many sleepless nights".

[2] This classification is under the Elective Surgical Categorisation System (ESCat).

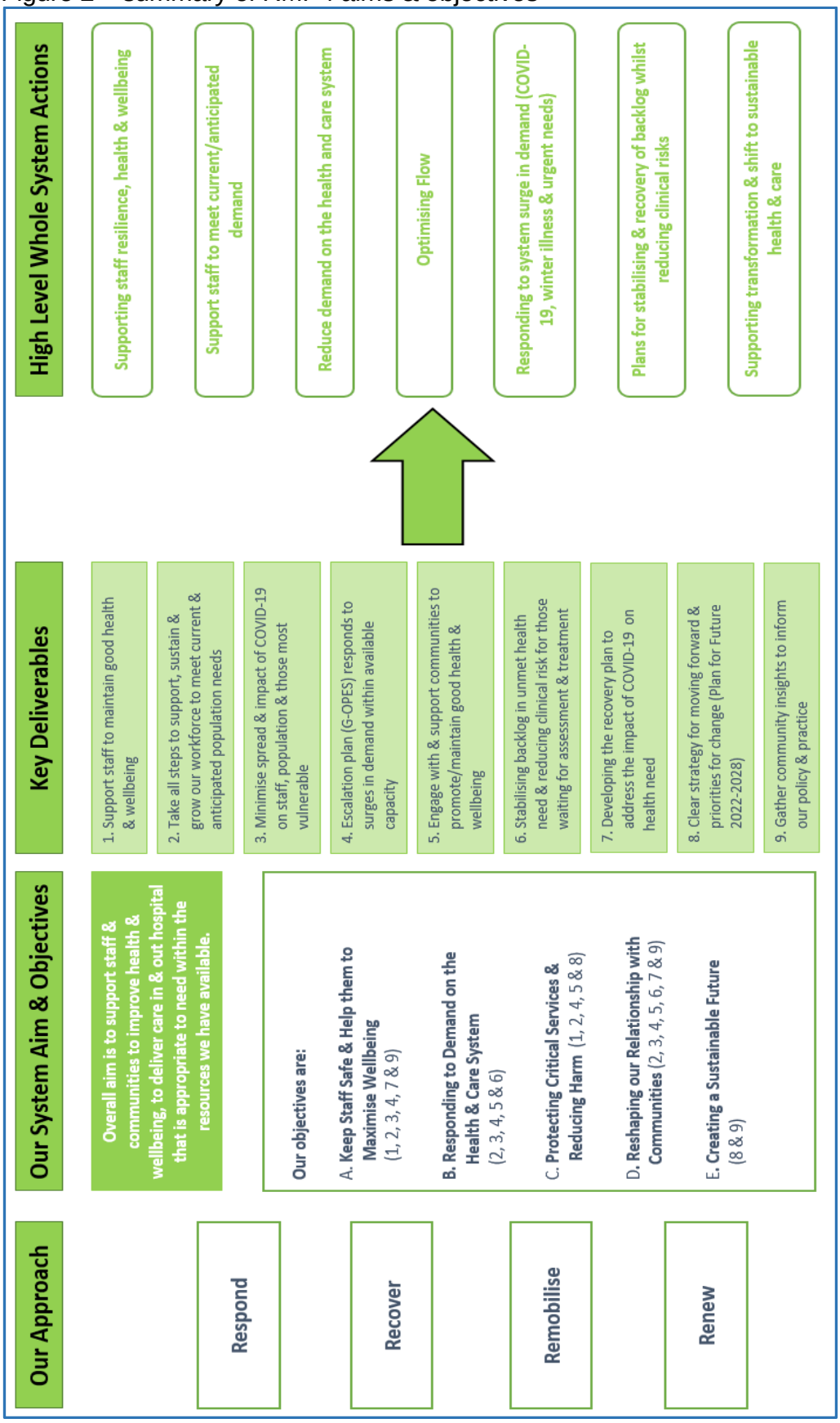
> “I don't know what to do anymore. I can't afford to live without working. I can't cope with the pain much longer. No one really cares enough to do anything. I've been keeping my chin up and staying positive for the outside world for 26 months now to keep everyone else happy but I've had enough now. I just don't want to do it any longer.”
>
> “Unable to see for reading, cooking and walking. Confidence is shattered”.
>
> “Life is just a merry go round of pain, distress, upset and frustration followed by days on strong painkillers which leave me with a sore stomach but relieves my back pain.....I am lucky that my husband completely understands my distress over my situation and is well used to me sobbing into a hanky either with frustration at the lack of understanding, or at the length of time I have waited”

2.3.3 NHS Grampian response to the challenges

Remobilisation Plan – RMP4

NHS Grampian has submitted to Scottish Government a plan to cover the period until April 2022. This plan makes a realistic assessment of what is deliverable over the coming months and sets out a plan to stabilise our system rather than one which will reduce waiting lists. The RMP4 sets out a number of objectives which are shown in Figure 2 on the following page.

Figure 2 – summary of RMP4 aims & objectives



Further to these objectives it may be helpful to visualise the approach of the organisation through Figure 3.

Figure 3 – organisational approach to delivery of RMP4

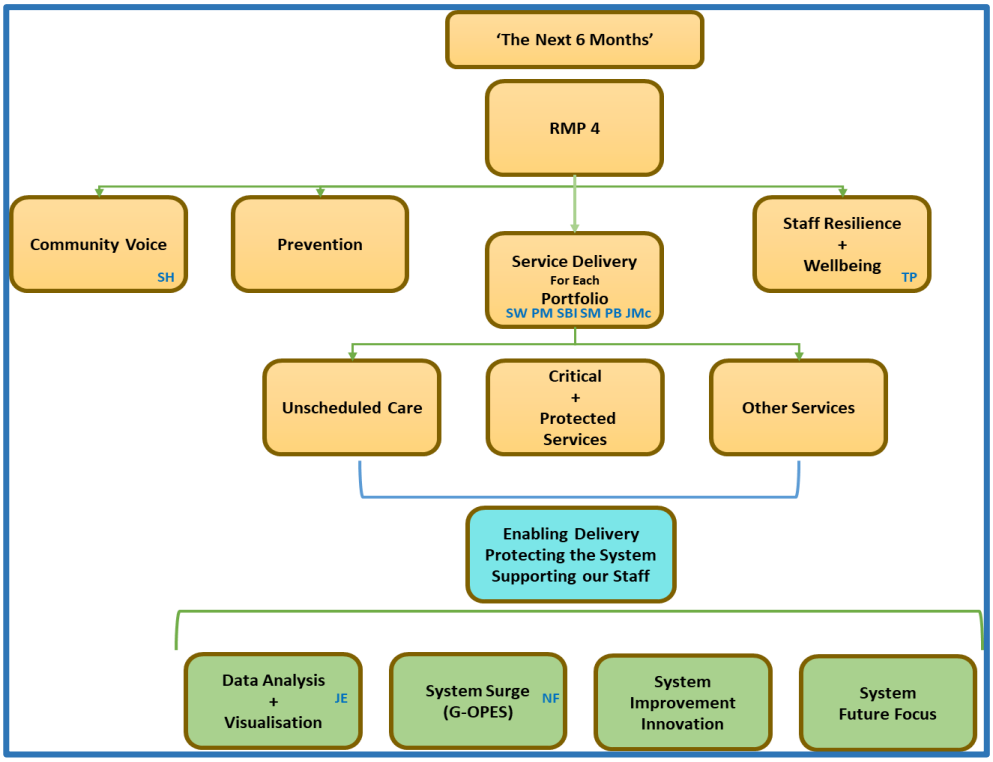


Figure 3 summarises the key aspects of RMP4 with four key high level areas of work, namely, community voice, prevention, service delivery and staff resilience & wellbeing. The figure then concentrates on the service deliver component describing the three key components of unscheduled, critical & protected and then a 'catch all' for the remainder of services. The remainder of the figure demonstrates how the delivery method is supported.

Declaring a Major Incident

At the start of the pandemic NHS Grampian, in-line with Scottish Government introduction of Emergency Powers, declared a major incident. This remains in place for the NHS Grampian system. As we have moved through the various waves of the pandemic we have continued to modify our response aiming to move closer-and-closer to a system-wide approach where there is a minimum amount of 'command and control' typically associated with a short duration major incident. However, communication & coordination (the third & fourth Cs associated with major incidents) remain critical and considerable learning has been taken from wave one (Operation

Rainbow) and wave two (Operation Snowdrop) with, for example, our system having daily system-wide gatherings to ensure robust coordination and communication are successful. The Chief Executive Team meet every week and consider the civil contingencies level of our response, which at the time of writing this paper is at level 3 (there are five levels ranging from 0-4).

2.3.4 Working together in this challenging period – the population, communities and the NHS

It seems very likely that we are facing an enduring period of challenge and that many of the issues (both urgent and emergency responses as well as backlogs in waiting times) will take a significant period to improve to the levels of performance that we all wish to achieve. During this period of recovery and the movement to a new and different mechanism of delivery it will be ideal if the NHS can work 'shoulder to shoulder' with our population and the communities that they live in. There are three key approaches.

Firstly, we hope that people can access the most appropriate service for their needs which includes the wide range of services set out in "Know Who to Turn To". This information can be seen at NHS - Grampian (know-who-to-turn-to.com) .

Secondly, we will undertake engagement work with members of the population to see how best we can approach a number of these challenges together, ideally co-creating some of the solutions. For example, we are very keen to speak with members of the public about the waiting times for ESCaT 3 procedures which are classified as clinically routine and typically people may be waiting for much more than a year to receive the treatment. We are not able to spontaneously fix this and so we wish to explore what are the things which will help and support patients who are on such a waiting list. [The data shown in section 2.3.2 of this report was completed by people classified as ESCaT 3 on the waiting list.]

Finally, we are in the second phase of engaging with the public about our Plan for the Future. As we publish this strategy in 2022 we wish to continue the dialogue that we have started with members of the public and, in particular, we want to engage with communities about the role that they wish to play in the delivery of the strategy.

2.4 Quality/ Patient Care

Whilst every interaction between any member of staff and any patient will always be undertaken to the very best of that staff members ability there is undoubtedly, at a macro level, an increasing level of risk for the health of our Grampian population. This is manifest in a number of domains:

- Some immediate care needs, either in community or hospital settings are delayed and some may have poorer outcomes or may simply have a negative experience as a consequence of the delay.
- Despite the ongoing triage of all patients, it is likely that some patient outcomes will be poorer. Perhaps, more commonly, will be the discomfort, inconvenience and worry associated with longer waiting times.
- As the G-OPES levels of escalation are followed (as the system faces increasing pressure) then we will be undertaking various derogations against, for example, infection prevention control measures and staff-to-patient ratios. This will undoubtedly increase the risk of a reduction in the quality of care, however, this is a risk being considered against providing no care for others if we do not expand the system to meet the pressure. This broad approach (rather than the micro prioritisation) has been considered by the Ethics Advice and Support Group of NHS Grampian and their advice and support are reflected as part of the G-OPES paper being presented as item 5.3 at this December 2021 Board meeting. Key to this is that we make decisions which are fair, ethical and do not affect anyone disproportionately.

2.5 Workforce

Throughout the pandemic we have been very conscious of the enormous ask that has been placed on staff, be that undertaking their normal role in the pandemic context or a change to the role which we have asked them to fulfil, thus working in a different environment and with a different focus than normal.

The wellbeing of our staff is critical and there is a paper at item 5.5 of this December 2021 Board meeting dealing specifically with our workforce.

2.6 Financial

At present the Scottish Government are providing additional funding for the pressures we are facing as a result of the pandemic and so in this current financial year we will be supported to meet financial targets. However, looking forward we are predicting some financial challenges with an underlying deficit and the additional staff who are being funded through COVID (some £10M of cost) having no longer term funding stream. The NHS Grampian Budget Setting Group is currently working through and planning for the 2022/23 budget.

2.7 Risk Assessment/Management

The delivery of health and care always faces a series of risks. In normal times we mitigate these risks and have a system to which everyone has understood and accepted the level of risk for the delivery of health and care. In the current situation we are making a series of derogations that increase the level of risk and reduce a number of our normal mitigations. The aim is to make the least number of derogations to allow the ongoing delivery of care and to ensure that for every derogation there is a full understanding of the potential consequences of that action.

As part of the suite of papers being considered at item 5 of the December 2021 Board meeting, there is considerable focus on our approach to risk and our risk model contained within the G-OPES paper.

2.8 NHS Grampian Governance

After each wave of the pandemic, as a learning organisation, NHS Grampian has modified its approach to managing and leading the system. Ensuring that appropriate governance has been in place has remained a priority and there has been a dynamic approach to organising this to ensure that it is both proportionate and robust.

The aim of the executive team is to utilise the system leadership approach which is now in place having been developed by a large number of staff, in an iterative basis, over the past 18 months (with the initial stages starting more than 3-years ago). This approach has a large number of system leaders involved and engaged in the running of the organisation with decisions being made as close to care as is possible and a

requirement to work across the whole system ensuring a smooth and joined up response from all parts of this complex and large organisation. A more detailed description of the leadership model is one of the other papers being considered at this December 2021 Board meeting.

The NHS Grampian Board meet formally, in public, on six occasions through the year. The Board has five Committees which seek assurance on the business of NHS Grampian on behalf of the Board. NHS Scotland published The Blueprint for Good Governance in January 2019 and it sets out five key functions for Boards:

- Setting the direction
- Holding to account
- Assessing risk
- Engaging stakeholders
- Influencing culture

At December 2021 the Board is leading against each of these five functions. A brief description for each function is set out below

Setting the direction	The Board is currently leading the development of our Plan for the Future which will set out the strategic direction for NHS Grampian for the next six years.
Holding to account	Although the metrics against which we would normally be measured are altering rapidly, the Board continue to get honest and transparent reporting on the issues which are challenging the NHS Grampian system. The Board hold the responsible officers, through the Chief Executive, to account for their response to the current position and their planning for the future. Much of this work is undertaken through the Board Committees. ***** see 2.8.1 section below ******
Assessing risk	The assessment of risk is probably rising to be one of the key components for the Board. As we continue to derogate the Board is considering the consequential risks and agreeing, that on balance, the new risks are appropriate to the situations we are facing. ***** see 2.8.1 section below ******
Engaging stakeholders	The development of the Plan for the Future is undertaking greater and more meaningful engagement (at scale) than we have ever previously done.

Influencing culture	The Board (as Executives and non-Executives) is undertaking deliberate work to continue to build a Board with excellent cohesion and coherence. In simple terms, everyone is 'shoulder to shoulder' and this is perhaps the single greatest influence on culture of the organisation which chimes consistently with the system leadership approach.

The Board has considered a reduction in their activity but agree that the normal cycle of meetings and seminars should continue to support robust governance. However, the Board will be mindful of agenda items and demand on teams for preparation of items.

2.8.1 An effective Board in unusual times

One of the issues that the Board need to consider relate to two aspects from the Blueprint for good governance, namely, holding to account and assessing risk as the pre-pandemic paradigm has shifted significantly. A few of the areas for consideration are set out below.

The normal approach for 'holding to account' is performed against the nationally defined standards. If a measure of performance or safety or staff issue is considered by a Committee then the responsible officers are questioned, the situation is analysed and understood and any remedial actions are presented and agreed. Whilst the approach might remain reasonable we need to, collectively, agree what will be a reasonable level of performance for each dimension. For example, our delivery against the waiting times standard will be unachievable for a considerable period of time; it seems pointless to concentrate against these standards with no reference to the much wider complexity that we now face. A further example, relates to our approach to considering issues in the Clinical Governance Committee where the system has operated with a series of derogations. Our approach to risk might remain but the level of risks that we are carrying will undoubtedly rise as we continue to face the high levels of pressure and so some conscious modification about how we consider and appreciate risk might need to be made.

For these examples it is ESSENTIAL that we maintain the highest levels of expectation and the most robust governance that is possible but it must be in a progressive and productive manner. To this end, each of the Committees of the Board will undertake an analysis of their mechanism for performing their governance role and to create a very

transparent narrative as to what their expectations will be for performance (in its widest sense).

2.8.2 Working with our Integration Joint Board Partners

Key to achieving the best possible outcomes for the Grampian population is the successful partnership between NHS Grampian and the three local Integration Joint Boards (Aberdeenshire, Moray and Aberdeen City). Whilst NHS Grampian and the three IJBs have different responsibilities their combined work collectively delivers the health and care for our population. The Integration Join Board Chairs and Vice Chairs met with the NHS Grampian Chief Executive on the 12th November 2021 and agreed that each of their IJBs would have formal engagement (either through formal minuted briefing at the IJB or through a paper) over the next cycle of their meetings.

2.8.3 Working with our Local Authority Partners

The support of our three local Councils (Aberdeenshire, Moray and Aberdeen City) has been greatly valued and made a significant contribution over the period of the pandemic. The very strong partnership working continues with these three organisations with both officers and elected members of the Councils.

2.8.4 Working with Scottish Government

The Chief Executive has frequent meetings with both Government officials and Ministers ensuring that they are fully briefed and aware of the position and approach within Grampian. This includes a weekly written formal position statement from the Chief Executive to the NHS Scotland Chief Operating Officer.

Beyond the Chief Executive interactions there are a host of national meetings derived around the professional roles, for example, Medical Directors, Planning Directors, Finance Directors, Nurse Directors etc. which, normally, include Scottish Government officers.

2.9 Equality and Diversity, including health inequalities

The various elements of the OPES and Operation Iris documentation were available for Equality and Diversity Impact Assessment at different times. Hence, the pragmatic

approach adopted was to Impact Assess each section as it became available in the drafting process. The Rapid Impact Assessment Checklist (RIC) approach was the most appropriate methodology, which also incorporated consideration of the Fairer Scotland Duty. A FULL EQIA approach was not required. All the comments made have been accommodated in this report. The RIC is available on request.

The Communication and Engagement paper also on this agenda at item 5.6 deals with inequalities issues in more detail.

The consequences of the pandemic have had a differential impact on our society and exacerbated the inequalities within society (this has been widely reported on the work of Michael Marmot). Locally, we have made considerable efforts to minimise differential uptake of vaccinations and this has been previously covered in a report to the Board.

The NHS Grampian Inequalities Group will continue to monitor inequalities and, more importantly, take actions where possible to reduce inequalities, for example, the current development of the 'anchor organisation' approach is progressing and will be reported to the Board in 2022.

2.10 Communication, involvement, engagement and consultation

One of our biggest challenges, in this most testing of times, is the effective ongoing communication and engagement with all of our stakeholders (public, staff and partner organisations). In recognition of its importance there is a separate paper at the December 2021 Board meeting setting out our approach to this work.

For this suite of Board papers concerning Operation Iris, it is our aim to have comprehensive engagement with our staff. The papers have been shared with our advisory structures (both Area Clinical Forum (ACF) and the Grampian Area Partnership Forum (GAPF) and will be the focus of the System Leadership Cohort Meeting (some 300 people invited with typically 120 people present) on Monday 29th November 2021 (after the publication of this paper). The timescales for sharing the papers were very tight, however, and we will continue to work with both formal advisory structures and informal networks involving as many staff as possible over the

whole period of Operation Iris with the aim of having significant involvement, engagement and ownership of the approach and actions which we take.

2.11 Route to the Meeting

The Board has received a number of informal briefings over the past few months. In terms of the detail described in this paper then the briefing of the Board, progressively as the thinking and approach has matured, has been:

- Thursday 14th October 2021 – informal briefing
- Thursday 21st October 2021 – informal briefing
- Thursday 4th November 2021 – closed Board meeting

3 Recommendations

The NHS Grampian Board is recommended to:

1. Note that The Executive Team agreed to implement Operation Iris from 8 November 2021, after Board approval on 4 November 2021 of the outline process.

2. Scrutinise the information in this paper and confirm that it provides assurance that the Executive Team are undertaking all of the necessary actions to minimise the risk to patients and staff through the duration of Operation Iris.

3. Agree that assurance on system performance for the period of Operation Iris will be provided against the priorities detailed in RMP4.

4. Agree that Board committees will continue to meet on their regular cycle of meetings to April 2022, with committees authorised to agree additional meetings as required to obtain assurance on the elements of Operation Iris that fall within their remit.

5. Agree that the Executive Team will explore with the Integration Joint Boards the mechanism for Operation Iris and the role of the IJBs to be considered in their (IJB) meetings.

6. Agree that the Executive Team will explore joint assurance processes for clinical and care governance across the Aberdeen City, Moray and Aberdeenshire IJB portfolios with the chairs of the IJB Clinical Governance Committees for Operation Iris.

7. Agree that the Chief Executive share these Board papers and the agreed recommendations with Scottish Government and provide regular reports as required to Scottish Government.